

Vaginal Birth After Caesarean (VBAC): Understanding Your Options



Highlights

VBAC (Vaginal Birth After Caesarean) refers to attempting vaginal delivery after a previous caesarean section.

The decision to attempt a VBAC should be made in collaboration with your healthcare team.

It's important to discuss the possibility of a VBAC early in your pregnancy to explore all options.

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What is VBAC?

Vaginal Birth After Caesarean (VBAC) refers to the attempt of having a vaginal delivery after one or more previous caesarean sections. For many women, VBAC can be a safe and positive option, particularly if they wish to avoid the risks of multiple caesareans. The decision to attempt a VBAC should be thoroughly discussed with your healthcare team, considering your medical history, preferences, and the specific circumstances of your pregnancy.

Success Rate of VBAC

The likelihood of having a successful VBAC varies based on several factors. Research suggests that success rates range from 30% to 80%, which means that success is not guaranteed and should be assessed carefully by your healthcare team.

Questions to consider with your doctor or midwife:

What are my delivery options?

What are the chances of success for a VBAC in my case?

What risks exist for me and my baby with a VBAC or repeat caesarean?

What benefits can I expect from a VBAC compared to a caesarean?

Preparing for VBAC

If you're considering a VBAC, it's essential to begin discussions with your healthcare team early in your pregnancy. Early planning gives you the time to fully understand your options and make an informed decision.

Your chances of a successful VBAC are generally higher under the following conditions:

You've had a vaginal birth before or a previous successful VBAC.

The previous caesarean was performed with a low transverse incision.

You go into labour naturally without being induced.

You have a low-risk, uncomplicated pregnancy.

The reason for your previous caesarean was related to baby's position (e.g., breech).

You maintain a healthy weight range.

VBAC may not be recommended in certain cases, such as:

Having a previous complicated caesarean or a classical uterine incision.

Placenta praevia.

A history of uterine rupture.

More than three prior caesareans.

Your baby is in a transverse position (lying across the uterus).

VBAC may also be more complicated if:

Your last caesarean was less than 18 months ago.

You have two previous caesareans.

You're expecting multiple babies.

Your baby is suspected to be large.

You have limited access to medical care.

Doctors usually recommend that women attempting a VBAC deliver in a hospital setting for safety reasons. However, the final decision about where to give birth is ultimately yours.

In some areas with limited medical resources, VBAC may not be an option. If this is the case, you can:

Discuss transfer options with your healthcare provider.

Request transfer to a hospital with adequate resources to support VBAC.

How to Decide if VBAC is Right for You

Both VBAC and repeat caesarean are considered safe options for most women, but your decision will depend on your personal preferences and circumstances.

Understanding your medical history and the specifics of your pregnancy is essential to make the best choice.

Things to discuss with your healthcare team:

The reasons for your previous caesarean(s).

Timing of your last caesarean.

Whether you've had a vaginal birth before.
Any complications from your previous birth or pregnancy.
The type of incision used during your previous caesarean.
Any complications in your current pregnancy.
Your feelings about your previous birth experience.
Your plans for future pregnancies.

Benefits of Choosing VBAC

Some of the benefits of attempting a VBAC include:

A lower risk of certain complications, such as infections or blood clots.
A quicker recovery time and a shorter hospital stay.
Reduced risk of complications in future pregnancies.
Less abdominal pain following delivery.
Faster recovery, allowing you to care for your newborn and any other children.
A lower risk of breathing problems for babies born vaginally.
Better chances of successful breastfeeding initiation and continuation.

Risks of VBAC

While VBAC is generally safe, there are risks, particularly regarding uterine rupture. The likelihood of uterine rupture is low, around 5 to 7 per 1,000 VBACs, but it is the main reason why doctors recommend giving birth in a hospital setting with close monitoring.

In rare cases, uterine rupture may lead to severe complications, including significant bleeding, which could require a hysterectomy (removal of the uterus).

Another risk is the possibility of needing an emergency caesarean during labour. Around 1 in 4 women attempting a VBAC may require an emergency caesarean, which increases the risk of bleeding and infection compared to a planned caesarean.

Care During VBAC

Every birth is unique, and a VBAC is no different. Clear communication with

your healthcare team in advance is key to ensuring that your preferences are known and that you receive safe, respectful care. However, be prepared for any changes that may arise during labour.

It is generally recommended that you give birth in a hospital setting when attempting a VBAC. This ensures that medical staff are on hand to address any complications quickly. Some hospitals offer midwife-led care for VBAC, so discuss this option early on with your healthcare team.

During labour, your healthcare team will monitor your contractions and your baby's heart rate using cardiotocography (CTG). They will also monitor your blood pressure, heart rate, and any vaginal loss.

Pain management options, including epidurals, are available. Should complications arise, your healthcare team will discuss the situation with you and recommend the best course of action.

Tools and Assistance

If you're considering a VBAC, the following tools and support can assist you in making an informed decision and preparing for your birth:

VBAC Birth Plan Templates: Use a birth plan template to outline your preferences for labour, pain management, and potential interventions. This can help guide your discussions with your healthcare provider.

Due Date Calculators: Use a due date calculator to estimate your baby's due date and plan your pregnancy timeline.

Hospital Choice Guides: Research local hospitals and birthing centres to understand their policies on VBAC, resources available, and their support for VBAC births.

Pain Management Options: Learn about different pain relief options available during a VBAC, including epidural, water births, or medication-free techniques, and discuss these options with your healthcare team.

Support Groups: Join online or in-person support groups where you can connect with other women who have had or are planning a VBAC. Sharing experiences can provide valuable insight and emotional support.

VBAC Counselling Services: If you're feeling uncertain or anxious about your decision, counselling services with a midwife or birth coach can provide

guidance and emotional support tailored to your unique situation.

Uterine Rupture Risk Assessments: Ask your healthcare provider about tools they use to assess the risks associated with uterine rupture and discuss how your specific circumstances impact your chances of a successful VBAC.

Online VBAC Resources: Read trusted articles, blogs, and books about VBAC to further educate yourself on the risks, benefits, and personal experiences of women who have attempted VBAC.

These resources will help you make an informed decision about your birth options and ensure you have the appropriate support throughout your pregnancy. Always consult with your healthcare team for guidance specific to your situation.