Mackenzie Health

Patient Information

Vaginal Birth after Cesarean Section (VBAC) and Elective Repeat Cesarean Section (ERCS)

This information is intended to help you make informed decisions about your care. Many women can safely have a VBAC and the chance of succeeding is good. 60 to 80% of women who attempt VBAC have a vaginal birth.

The following may increase the success of having a VBAC:

- You have had a vaginal birth before, especially a vaginal birth after a cesarean section (c/s)
- Reason for previous c/s is not likely to happen again (position of baby or placenta)
- You are less than 40 years of age
- You prefer to have a vaginal birth and will have a lot of support during labour
- Labour begins on its own, the cervix is soft and ready to open

The following may decrease the success of VBAC:

- You had more than one previous c/s
- Your previous baby's head didn't fit your pelvis
- Obesity, diabetes
- The baby is large
- Post term pregnancy (delivery after 42 weeks)

Your doctor or midwife will recommend ERCS if:

- You have ever had surgery on your uterus
- Your uterus ruptured with a previous birth
- You have a vertical or inverted T incision on the uterus
- There is a reason why you should not go into labour
- Your hospital cannot do a c/s in an emergency

What are the benefits of VBAC?

- Less risk of too much bleeding, therefore less need for a blood transfusion and/or hysterectomy (lifesaving operation to remove the uterus)
- Less risk of fever and infection
- Faster healing and recovery time, leading to a shorter hospital stay

- Less postpartum pain and discomfort
- Most women are more satisfied with a vaginal birth compared to surgical delivery

What are the risks of VBAC?

The main risk of VBAC is uterine rupture in a future pregnancy or labour. This is a rare complication but if it occurs there is some risk to the baby during the time it takes to arrange an emergency c/s. Uterine rupture requires emergency surgery and can lead to other serious complications (bleeding, removing the uterus) or death for the mother and/or baby. There is a greater risk of uterine rupture with labour after a previous c/s than with an ERCS. The rate of uterine rupture is low in women with a horizontal uterine scar (from 0.1% to 1.5%).

The rate of uterine rupture is higher when there is:

- Less than 18-24 months between pregnancies
- Previous uterine incision closed in one layer instead of two layers
- More than one previous c/s
- Previous c/s with a preterm baby
- Abnormally slow progress of labour
- Medication (such as Oxytocin) to begin labour or to increase the strength of the contractions

What are the benefits of ERCS?

- Less risk of uterine rupture compared to VBAC
- Less risk of complications that lead to emergency c/s compared to VBAC
- No labour

The risks of ERCS are the same as risks for any cesarean section birth and include:

- Infection and bleeding which may lead to losing the uterus or death
- Blood clots, especially in the legs
- Future pregnancy problems with the placenta (attaches too low or too deeply)
- Injury to organs that are close to the uterus (e.g. bladder, intestines)
- Paralysis of intestines causing pain, swelling and blocked stool
- Complication from anesthetic (pain medication)
- Longer hospital stay

Risks for the baby include:

- Baby may be accidentally cut
- More newborn breathing problems. Mother and baby are then separated and baby stays in the Neonatal Intensive Care Unit for blood tests, IV fluids (to give medicine), and/or antibiotics (to prevent infection).

What can help you to have a safe VBAC experience?

- Go into labour spontaneously
- Lower stress and anxiety by using comfort techniques (bath, massage, relaxation, change positions)
- Less use of interventions, such as medicines to start labour
- Use electronic fetal monitoring to know the baby is well
- If labour is long, the doctor or midwife will discuss treatment options
- Use medicine appropriately for pain relief
- Continuous, one-to-one support during labour

There are many benefits and risks to both VBAC and ERCS.

Please review this information and discuss it with your husband or partner, obstetrician, midwife or family doctor and make decisions that are best for you.

If you choose VBAC, the on-call obstetrician, family physician, or midwife will keep you informed and discuss possible changes to your plan when you are in labour.

If you choose ERCS your doctor will plan to do the surgery before you are in labour. The attached consent form should be signed and returned to your physician or midwife by 36 weeks.