

caesarean section. This increases the possibility of the placenta growing into the scar, making it difficult to remove during any future deliveries (placenta accreta or percreta). This can result in bleeding and may require a hysterectomy (removal of womb).

- A small cut on baby's skin and breathing problems at the time of caesarean section are common but usually have no long lasting effect.

VBAC

- Women need to give birth in hospital so that an emergency caesarean section can be carried out if necessary. Contact the hospital as soon as you think you have gone into labour or if your waters break.
- Once regular contractions start, baby's heartbeat needs to be monitored continuously during labour. This is to ensure your baby's wellbeing, since changes in the heartbeat pattern can be an early sign of problems with previous caesarean scar.
- Pain relief options include sedation, Entonox etc.

**What happens if no spontaneous onset of labour ?
If labour does not start by 40-41 completed weeks,
your birth options include:**

- continue to wait for labour to start naturally
- induction of labour; Mechanical induction with balloon catheter can be tried, doctor will discuss with you in detail.
- Induction can increase the risk of scar rupture and could lower the chance of a successful VBAC.
- ERCS (elective repeat caesarean section).

Depending upon the condition of baby, previous caesarean scar and progress of labour a combined decision can be taken for either ERCS OR VBAC.

REFERENCES : RCOG-GREEN TOP GUIDELINE NO 45



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BIRTH AFTER PREVIOUS CAESAREAN SECTION SUCCESSFUL VAGINAL BIRTH AFTER CAESAREAN (VBAC)

This leaflet is for women who have had one caesarean section and want to know more about their birth options when having another baby. The information also aims to help them better understand their health and options for treatment and care.

VBAC- VBAC stands for 'vaginal birth after caesarean'. It is the term used when a woman gives birth vaginally, having had a caesarean section in the past. Vaginal birth includes normal delivery and birth assisted by forceps or ventouse (vacuum cup).

ERCS -stands for 'elective (planned) repeat caesarean section'. You will usually have the operation at around 39 weeks of pregnancy depending on your symptoms.



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This Leaflet covers:

- Choices for birth after having one previous caesarean
- The chances of a successful vaginal birth after caesarean (VBAC)
- The advantages and disadvantages of VBAC and when it isn't advisable
- The advantages and disadvantages of an elective (planned) repeat caesarean (ERCS)
- What happens during labour if you're planning a VBAC
- What happens if you are planning a VBAC but you don't go into labour
- What happens if you have an ERCS planned but you go into labour

Choices of birth after caesarean section :

If a woman has had a caesarean section, she may be thinking about how to give birth next time. Planning for a vaginal birth after caesarean (VBAC) or choosing an elective repeat caesarean section (ERCS) have different benefits and risks.

In considering her options, previous pregnancies and medical history are important factors to take into account, including:

- the reason for caesarean section
- history of previous vaginal birth
- whether there were any complications at the time or during recovery
- the type of cut that was made in uterus (womb)
- experience from previous birth
- whether her current pregnancy has been straightforward or whether there have been any problems or complications
- how many more babies they are hoping to have in future; the risks increase with each caesarean section.

Chances of successful VBAC:

After one caesarean section, about three out of four women(75%) with a straightforward pregnancy who go into labour naturally give birth vaginally.

A number of factors make a successful vaginal birth more likely, including:

- previous vaginal birth, particularly if a woman has had previous successful VBAC; if a woman has had a vaginal birth, either before or after your caesarean section, about 8–9 out of 10 women can have another vaginal birth(90%)
- labour starting naturally

- body mass index (BMI) at booking being less than 30.

Disadvantages of VBAC

There may be need to have an emergency caesarean section during labour. This happens in 25 out of 100 women.(40%) This is only slightly higher than if you were labouring for the first time, when the chance of an emergency caesarean section is 20 in 100(50%).

There is a slightly higher chance of needing a blood transfusion.

The scar on uterus may separate and/or tear (rupture). This can occur in 1 in 200 women(5%). This risk increases by 2 to 3 times if your labour is induced.

Serious risk such as brain injury or stillbirth is higher than for a planned caesarean section but is the same as labouring for the first time.

May need an assisted vaginal birth using ventouse or forceps.

May have a tear involving the muscle that controls the anus or rectum (third or fourth degree tear).

VBAC not advisable

VBAC is normally an option for most women but it is not advisable when:

- Three or more previous caesarean deliveries
- Uterus has ruptured during a previous labour
- Previous caesarean section was 'classical', i.e. where the incision involved the upper part of the uterus
- Have other pregnancy complications that require a planned caesarean section.

Advantages of ERCS

- There is a smaller risk of uterine scar rupture (1 in 1000).
- It avoids the risks of labour and the rare serious risks to baby (2 in 1000).
- The date of birth can be planned.

Disadvantages of ERCS

- A repeat caesarean section usually takes longer than the first operation because of scar tissue. Scar tissue may also make the operation more difficult and can result in damage to your bowel or bladder.
- Wound infection, need a blood transfusion, a higher risk of developing a blood clot and a longer recovery period are few problems with ERCS.
- More likely to need a planned caesarean section in future pregnancies. More scar tissue occurs with each