

Trial of Labour after a Caesarean Birth: Deciding What's Right for You and Your Baby

If you have had a caesarean section (c-section) you will have to decide how to have your next baby. You may decide to try to have your baby vaginally, called a vaginal birth after caesarean section (VBAC), or you may choose to have another c-section (an elective repeat c-section). This handout will answer some of your questions so you can make an informed choice when you talk to your doctor or midwife.

You **can't** try a trial of labour after a c-section if:

- you have been told you had a classical c-section (the scar on the uterus goes up and down instead of across)
- the incision in your uterus is longer than usual

If you have any questions about your scar, talk to your healthcare provider.

If I try labour, how likely am I to have my baby vaginally?

About 76 percent of women who try a trial of labour deliver their baby vaginally. Some factors that affect your chance of having a vaginal birth are:

- the labour started on its own and you have already had one vaginal birth or VBAC (90 percent chance of a vaginal birth)
- the c-section was for a reason that is **not likely** to happen again, like your baby is coming down the birth canal face up instead of face down (posterior presentation), your baby is bottom or feet first (breech), the placenta is in the lower part of the uterus (placenta previa), or your baby's heart rate or movements show that he or she is having trouble (fetal distress) (80 percent chance of a vaginal birth)
- the c-section was for a reason that is **likely** to happen again, like a difficult labour (dystocia), failure to progress (labour stalls), or your birth canal is too small for the size of your baby (pelvic disproportion) (60 percent chance of a vaginal birth)
- having your labour induced when your cervix isn't ready or you haven't had a vaginal birth before (45 percent chance of a vaginal birth)

What will increase my chance of having a vaginal birth?

- **Your age** → If you are under 40, you are 2½ times more likely to have a successful VBAC.
- **You already had a vaginal birth** → If the vaginal birth was before the c-section, you are 1½ to 2 times more likely to have another vaginal birth. If the vaginal birth was after the c-section, you are 3 to 8 times more likely to have a VBAC.

- **The reason you had the c-section** → If the c-section was because of your baby's position, or if it had to be done while you were in labour (e.g., concerns about your baby's heart rate, size, or a difficult labour), you are 2 times more likely to have a VBAC. However, if the c-section had to be done during the pushing stage, the chance of a VBAC goes down a little.
- **If your labour starts on its own.**

What will decrease my chance of having a vaginal birth?

- If you have had **more than one c-section** → You are 60 percent less likely to have a VBAC.
- Your **pregnancy goes into the 41st week** → You are 20 percent to 30 percent less likely to have a VBAC. (The due date is for the first day of the 40th week.)
- Your **baby weighs more than 4000 grams** (8 lbs. 13 oz.) → You are 40 percent less likely to have a VBAC. There is no way to know exactly what a baby weighs before delivery (even an ultrasound estimate can be out by 10 percent).
- If **medicine was used to get labour started** (induced) → You are 50 percent less likely to have a VBAC.
- If **medicine was used because the labour stalled** (augmented) → You are 50 percent less likely to have a VBAC.

What happens if I try a trial of labour but can't deliver vaginally?

Some women who try a trial of labour end up with an unplanned c-section. Women who have a c-section after a trial of labour have a slightly higher risk of complications than those who have an elective c-section. Babies born by an unplanned c-section are usually healthy and don't have long-term problems from the c-section.

Is it safer trying labour or having a planned c-section?

Having a baby vaginally or by c-section has some risks. The risks for both are usually small. Studies show there is no difference between the two when it comes to the mother's risk of death. There are a few other risks to think about:

Infection

Of women who choose a trial of labour, 7 percent will get an infection. Of women who choose a planned c-section, 9 percent will get an infection.

Uterine Rupture

During **any** labour there is very small risk of uterine rupture (the uterus tears open). Even though the c-section leaves a scar on the uterus, the chance of uterine rupture is less than 1 percent.

Factors that **increase** the risk of a uterine rupture include:

- if medicine (syntocinon) was used to induce labour or help it along (about a 1 percent risk)
- if the birth is less than 24 months after the c-section
- if there were complications (like a fever after the surgery) with the previous c-section
- the trial of labour doesn't progress like it should

Even those women who have no other risk factors will have a slight chance of uterine rupture (of 1000 women in labour, 7 will have a uterine rupture). Steps are taken to find ruptures early including:

- labouring in the hospital so that a c-section can be done right away, if needed
- starting an intravenous (IV) during labour so that medicine can be given right away, if needed
- continuous monitoring of the baby's heart rate during labour (so any changes are picked up, as a change in the baby's heart rate could be a sign that the uterus might rupture)

Very rarely, no matter what is done, the uterus might still rupture. This is a serious problem for both the mother and the baby. Less than 1 percent of women who try labour after a previous c-section are at risk for having a symptomatic uterine rupture. With this type of rupture, a woman might have symptoms like pain or bleeding, which might mean there is a higher chance of the mother needing a blood transfusion. Very rarely, a uterine rupture can cause the death of a baby.

Infant Concerns

No studies can tell for sure which delivery is safest for a baby. The risk of a c-section to the baby can include:

- a higher chance of fluid left in the lungs after birth. During a vaginal birth, fluid is squeezed out the baby's lungs. Not as much fluid is squeezed out during a c-section. The fluid left in the lungs can cause the baby to work harder to breathe until the body absorbs the extra fluid.
- being delivered too early due to dating errors
- an increased chance that the baby will have to go to the intensive care nursery, which might increase the chance of other complications (e.g., infection). This might also interrupt bonding and breastfeeding.
- a higher risk of asthma and allergy in childhood

What else do I need to think about?

Recovery Time

Your recovery time and hospital stay tends to be shorter if you deliver vaginally. It also might be easier to care for your baby and other children. You can't do any heavy lifting (e.g., lifting older children) for several weeks if you have a c-section. You also can't drive for several weeks after a c-section. Breastfeeding might be harder after a c-section because of the discomfort (studies show there is a slightly lower success rate breastfeeding after a c-section).

The Delivery

For some women having a vaginal birth is more emotionally satisfying than having a c-section. Partners also may feel more involved.

Having More Children

Having more than 3 to 4 c-sections is usually not recommended as the risks increase with each surgery. The number of children a woman is planning to have might affect the decision to do an elective c-section instead of a trial of labour.

Studies show that women who have had a c-section have an increased chance of fertility problems later on. Studies also show an increased chance of serious risks such as miscarriage, placenta previa, placental abruption (the placenta tears away from the uterine wall before the baby is born), and placenta accrete (the placenta is very hard to separate from the uterine wall) for future pregnancies.

Pain During Labour and Delivery

If a woman remembers her labour and delivery as very painful, she might be afraid to go through it again and choose to have an elective c-section. There are ways to manage pain if a woman decides on a trial of labour.

How do I decide what to do?

You and your partner should work with your doctor or midwife to make a decision before your due date. Once your doctor or midwife has gone over the choices you have and the risks and benefits, you will have to sign a consent form for either a trial of labour or an elective c-section.

This material is for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have questions, speak with your doctor or appropriate healthcare provider.