foothills
maternity group

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.

In order to try for a VBAC delivery your doctor must confirm that:

- You had a lower segment phanesteal uterine incision (the scar on the uterus goes across the lower part of the uterus) by looking at the operative report.
- There were no extensions (extra tears) from your uterine incision.
- You have not had any full thickness uterine surgeries.
- If your doctor can not get your operative report to confirm this, you will meet with an Obstetrician specialist to help you decide if VBAC is an option for you.

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

About 76% of women who try a trial of labour deliver their baby vaginally. Factors that alter 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% 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% chance of a vaginal birth).

- The c-section was for a reason that is likely to happen again like a difficult labour, failure to progress (labour stalls), or your birth canal is too small for the size of your baby (60% chance of a vaginal birth).

- Having your labour induced when your cervix isn't ready
  (45% chance vaginal birth).

What will increase my chance of having a vaginal birth?

- Your age→If you are under 40, you are 2.5 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 1.5 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.
- 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 or size), you are 2 times more likely to have a VBAC.
- If your labour this time 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 10-15%).
- If the c-section had to be done during the pushing stage, the chance of a VBAC goes down a little.
- If medicine was used to get labour started (induced) OR 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 to 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 a very small risk of spontaneous uterine rupture (the uterus tears open) 0.3% or 1/300. After a c-section there is a scar on the uterus, and the chance of uterine rupture in labour is still low but increases to 0.5% (1/200).

Factors that increase the risk of a uterine rupture include:

- If medicine (syntocinon) was used to induce labour or help it along (This doubles the risk of rupture - increasing to 1% or 1/100).
- If the birth is less than 24 months after the c-section, and especially if birth is less than 18 months.
- If there were complications with the previous C-section (like a fever or infection after the first surgery).
- The trial of labour doesn't progress like it should.

Steps are taken to find ruptures early including:

- Labouring in the hospital so that a c-section can be done right away, if needed. Women attempting a VBAC are asked to come to hospital earlier when contractions are regular or every 5-7 minutes.
- Starting an intravenous (IV) during labour so that medicine can be given right away, blood work being drawn at the start of the trial of labour in case a blood transfusion is 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. Extremely rarely, a uterine rupture can cause the death of a baby or mother.

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 of 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.
- 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 as baby does not have exposure to the good bacteria in the mother's vagina.

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
    - There are many ways to manage pain if a woman decides on a trial of labour. An epidural is typically recommended in case you need to have an urgent C-section - an epidural can quickly be converted to a spinal for the surgery. This decreases the chance you would need to be put to sleep for an urgent surgery.
    - 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.

How do I compare overall risk?

Successful VBAC Delivery **<** **Elective c-section** **<<** **Emergency c-section during trial of labour**

For this reason it can be helpful to look at factors that increase/decrease your likelihood of a successful VBAC, factors that increase/decrease your risk of uterine rupture as well as personal preferences and situation to help you make your decision.

How do I decide what to do?

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

Remember you are never tied to a decision - you can change your mind at any point in pregnancy or during labour.

If you want to have the option to VBAC a signed consent will need to be on file so that we know you are safe to have a trial of labour and that you understand the risks/benefits.
If you have questions or trouble deciding, please speak with your doctor and we can help you make a decision.