

Giving birth after a previous caesarean section

Information and advice for women

Maternity

If you have given birth by caesarean section in the past it does not necessarily mean that you will need to have another caesarean section to deliver your next baby. If you have had 1 or 2 caesarean sections you can choose to give birth vaginally (called a 'vaginal birth after caesarean') or to have another caesarean section (called an 'elective repeat caesarean section'). Your consultant and midwife will discuss these choices with you and will be able to give you advice on what is the best option for you. This will depend on why you had a caesarean before, how it was done, your current health, your medical history and your previous pregnancies.

Vaginal birth after caesarean section (VBAC)

If you choose to have a vaginal birth to deliver your next baby you will be advised to give birth on the Delivery Suite at City Hospital. Once you are in labour, your wellbeing and your baby's heartbeat will need to be monitored continuously.

What are the benefits of a vaginal birth after caesarean (VBAC)?

- You will be giving birth vaginally which gives most women a sense of satisfaction. 7 out of 10 women who have had 1 previous caesarean section and have not given birth vaginally before will be successful in having a vaginal birth. The success rate is higher for women who have given birth vaginally before, do not need to be induced and women who were a normal weight for their height at the start of pregnancy.
- You are more likely to be successful with breastfeeding than if you have a caesarean.
- You will recover more quickly after the birth than with a caesarean and go home sooner.
- The risk of your baby having breathing problems after birth is lower if you have a VBAC than if you have a caesarean.

What are the risks of a VBAC?

Risks for your baby

- 8 in 10,000 babies born by VBAC do not get enough oxygen during labour/birth which can lead to brain damage.
- There is a very small increase (an extra 2 – 3 in 10,000) in the risk of your baby dying during or just after birth if you have a VBAC compared to a repeat caesarean section however this is no higher than if you were having your first baby vaginally.

Risks for you

- 1 out of 5 women who choose a VBAC may not be successful and will need an emergency caesarean section.

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- A tear to the womb occurs in 2 – 8 out of 1000 women who have a VBAC. This can be serious enough to need emergency treatment such as surgery to repair the damage or a hysterectomy (removal of womb). If you have a hysterectomy you will not be able to have other children in the future.
- Your baby could also break through your damaged womb. This will affect his/her blood and oxygen supply and, unless he/she is delivered quickly, they can suffer from serious problems such as brain injury or, in serious situations, death.
- An extra 1 in 100 women who have a VBAC either need a blood transfusion or develop an infection in the lining of their womb, compared to women who have an ERCS.

A VBAC is not advisable for you if:

- you have had 3 or more caesarean sections;
- you have had a tear to your womb during a previous birth;
- the incision from your last caesarean was down the middle of your tummy (high uterine incision/classical vertical caesarean);
- you have other pregnancy complications that mean you need a caesarean.

This is because there is an increase in the risks to your health.

What happens if I do not go into labour when planning a VBAC?

If you are planning a VBAC and your labour has not started by 42 weeks of pregnancy your consultant and midwife will discuss the following options with you:

- **Wait for labour to start and your baby will be monitored more closely** – This increases a small risk of the baby being stillborn.
- **Have your labour induced** – You will be offered induction with a catheter balloon (see induction of labour leaflet for more information). This does not use any medication and has fewer risks for you than induction with medication.
- **Have a repeat elective caesarean section.**

Elective repeat caesarean section (ERCS)

An elective repeat caesarean section is usually planned 7 days before your due date, unless there is another medical reason to do it before.

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What are the benefits of an ERCS?

- You are less likely to have a tear to your womb than with VBAC.
- It avoids the risk of needing an emergency caesarean.
- You will know the date your baby will be born so this gives you time to prepare at home and plan support for after the birth.

What are the risks of an ERCS?

Risks for your baby

- 1 - 2 out of 100 babies born by caesarean section sustain an injury from the scalpel during the procedure.
- Your baby is more likely to have problems breathing after birth than if you give birth vaginally. 3 – 4 out of 100 babies have problems breathing after a repeat caesarean section whereas only 2 – 3 babies do after a VBAC.
- Serious complications, such as injury to the nerve in the neck and arms, bleeding inside the skull and brain damage, are very rare and affect less than 2 in 1000 babies.

Risks for you

- 1 in 10 women who plan an ERCS will go into labour before this. If this happens phone the delivery suite and tell them what is happening. When you come into hospital the consultant will discuss the options with you; you may be offered an emergency caesarean section or in some cases a VBAC may be more suitable.
- There is a risk of causing some damage to your bladder during the procedure. This happens to 1 in 1000 women.
- You are more likely to lose blood than if you have a normal birth. 5 in 1000 women bleed heavily enough to need treatment and some of these women may need to be looked after in intensive care if the bleeding is severe.
- There is a risk of causing a tear to your womb during the procedure. This happens to 3 in 10,000 women.
- 7 – 8 out of 1000 women need to have an emergency hysterectomy (removal of womb) after their baby has been delivered because of heavy bleeding or injury to the womb. If you have a hysterectomy you will not be able to have children in the future.
- 5 out of 1000 women need surgery in the future after having a caesarean if there has been a problem or injury.

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- 4 – 16 out of 10,000 women develop a blood clot after having a caesarean section. This is dangerous because it could become lodged in your lungs which can cause very serious complications. All women having a caesarean section will be given treatment to reduce the risk of this happening.
- 6 out of 100 women develop an infection in their womb or wound after having a caesarean section.
- Women who have a caesarean section are less likely to start breastfeeding in the first hours after the birth, but when they do start they are just as likely to continue breastfeeding as those who have a vaginal delivery.

Risks for future pregnancies

- You are more likely to need a caesarean section to deliver future babies.
- With each caesarean you have there is an increase in the risk that the placenta could grow into the scar in your womb, making it more difficult to remove and may result in severe bleeding.
- ERCS significantly increases the risk of serious complications such as bladder, bowel or womb injury and needing a hysterectomy, blood transfusion or treatment in an intensive care unit in future deliveries. The risk of these events happening increases with each caesarean you have.
- Women who have a caesarean section are more at risk of having a stillborn baby in the future.

When to contact us

Please contact maternity triage as soon as you think you have gone into labour, if your waters break or if you have any concerns.

Maternity Triage

0121 507 4181

Further information

If you have any questions or concerns about having giving birth after a previous caesarean section please speak to your consultant or midwife.

For more information about pregnancy, childbirth and our maternity services please see the maternity pages of our website www.swbh.nhs.uk follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

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Sources used for the information in this leaflet

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