



Patient Information

Birth after Caesarean Section

Birth after Previous caesarean birth

Congratulations on your pregnancy from all of the maternity team at Swindon Great Western Hospital. This leaflet is going to provide you with all the statistics and information to make your decision on how your expected baby should be birthed following a previous caesarean.

What happened last time?

Firstly you may have questions in relation to your previous birth whether it was a planned or unplanned caesarean section. Swindon has a birth reflections service in which you can self-refer to and have all your questions answered should you wish. You can call 01793 605133 leaving your full name, date of birth, address and a contact number on the answer phone and a member of the team will get back to you to arrange an appointment.

What choices do I have?

There are two choices available to you:

- Vaginal birth after caesarean section (VBAC).
- Planned repeat caesarean section.

There are benefits and risks of both which is explained in this leaflet. Your choices will also depend on:

- What sort of incision was made last time.
- How many caesareans you have had previously.
- Where the placenta is this time.
- Whether you have had a previous uterine rupture.
- What the reasons were for your previous caesarean births.

There may also be other medical or pregnancy conditions which may influence your decision.



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What is a vaginal birth after caesarean (VBAC)?

Vaginal birth after caesarean is the medical term used when a woman has a vaginal birth with or without assistance following a previous caesarean birth. Evidence shows that VBAC is a safe choice for mothers. VBAC has a 76% success rate or 90% if you have had a vaginal birth in the past.

There are many benefits of choosing a vaginal birth, these include:

- Lower risk of complications for both Mum and baby.
- Ability to have a 'less medicalised birth' including the option for water birth.
- Better mobility following birth, able to provide care for you and your newborn baby more easily and with less abdominal pain.
- Shorter recovery time and less time spent in hospital.
- Lower risks to you in any future pregnancies.
- Ability to drive following birth and resume other day to day activities.
- Less chance of breathing problems, asthma and obesity in your newborn in comparison to caesarean birth.
- A lower risk of abdominal or perineal pain during birth compared to a caesarean birth.

As with all types of birth, there are some risks.

Risks of VBAC include:

- Uterine rupture (0.5% risk if you have one previous caesarean section). This is when the uterine wall begins to separate. With your consent, your midwife will be observing for signs of this during your labour.
- A caesarean section during labour if complications arise.
- Forceps or Ventouse may be advised if complications arise.
- As with all vaginal births, there is a 5% chance of having a serious vaginal wall tear which extends towards the anus.
- Risk of blood transfusion (1.21%)
- Hysterectomy (0.0019%)

What If I have had more than one caesarean birth before?

The RCOG (Royal College of Obstetricians and Gynaecologists) recommend that the risks for VBAC are significantly higher if you have had three or more previous caesarean scars and would therefore recommend a repeat caesarean as the safest option.



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If you have had two caesarean births before then the likelihood of successful VBAC remains high at 71.1%. However the risks of uterine rupture (1.36%), hysterectomy (0.0056%) and need for blood transfusion increase (1.99%) when compared to only having one previous caesarean scar. Your choices and preferences should be discussed with your obstetrician and community midwife but having a VBAC is not contraindicated with two previous caesareans.

What are my options and choices in labour should I choose a VBAC?

The RCOG and NICE recommend birthing in an obstetric unit. If complications occur, there is immediate medical assistance available and access to theatre to minimise the risk of long term problems for you or your baby. One study found that women who chose to have a VBAC in standalone birth units were six times more likely to require transfer to obstetric units than women who had no previous caesareans.

The Great Western Hospital recommends that you have continuous fetal monitoring in labour by cardiotocograph (CTG) because research shows an abnormal CTG can be an indication that uterine rupture may occur. However we understand that the use of continuous monitoring in labour can increase the need for more interventions.

There are alternatives, although if complications occur, the risks may be increased. These include:

- admission or intermittent CTG's during your labour
- Intermittent fetal heart monitoring using a sonicaid handheld machine

Delivery Suite pain relief options

Waterbirth:

A wireless and waterproof fetal monitoring device allows you to be mobile during labour or labour in water, if your only complexity is having a previous caesarean section. There is no evidence to confirm that water immersion is safe or unsafe with women choosing a VBAC.

In women with no risk factors it has many benefits, including

- Reduced pain
- The ability to be more mobile
- Higher satisfaction levels reported with birth.

Using water during labour may not be possible if

- There are other risks during labour



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- No telemetry monitor is available
- The pool room is in use.

You can still use water immersion in the bath at home or in the unit during the early stages of labour.

Swindon Great Western Hospital also recommend that you have a cannula (a tube that can be inserted into the body, often for the delivery or removal of fluid or for the gathering of samples) inserted during established labour. This allows for

- Administration of fluids or medication through your veins if necessary.
- An unplanned caesarean can happen quickly if indicated.

All cannulas have a waterproof dressing and can always be covered by a glove should you wish to use the birthing pool or baths available. There are benefits and risks to having an epidural in labour which can be discussed at your consultant appointment or with your midwife. There are other pain relief options available for you to use during labour- speak to your midwife to discuss further.

What about going past my “due date”?

Your circumstances will determine on when an induction of labour may be advised. If there have been no complications we recommend induction at 41 weeks. As uterine rupture is more common with the more traditional methods of induction (gels and pessaries), an alternative method using a catheter inserted through the cervix is safer. There is another leaflet which explains this in more detail.

What about if I choose a repeat caesarean birth?

There are benefits of choosing a repeat caesarean birth. There is also a smaller decrease in vaginal wall prolapse or pelvic floor damage but having a caesarean birth does not guarantee this and pelvic floor exercises still need to be undertaken before, during and after pregnancy. The other benefit is that you will be given a date for your planned caesarean birth. If there are any other medical complexities indicating a caesarean birth prior earlier than advised then this will be discussed between you and your Obstetrician.

There are many risks of choosing a repeat caesarean section. These include:

- Wound infection (3-15%)
- Deep vein thrombosis
- Heavy blood loss
- Longer stay in hospital
- Longer recovery/more abdominal pain following the caesarean



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- Allergic reactions to medications given during the procedure,
- Damage to bowel, bladder and ureters (tubes made of smooth muscle fibers that propel urine from the kidneys to the urinary bladder). (this is more common with 3 or more caesarean sections)
- Paralytic ileus (Where the bowel doesn't function well following caesarean section)
- Adhesion pain
- Hysterectomy
- Maternal death (13 per 10,000 in comparison to 4 per 10,000 with VBAC).

There are also many increased risks if you are planning on having more children in the future as with each repeat caesarean section these risks are:

- Ectopic pregnancy
- Miscarriage
- Stillbirth
- Major pregnancy complications such as placenta previa (where the placenta embeds over existing scar tissue and around the cervix)
- Placenta accreta (where the placenta embeds through the uterine wall and can cause major bleeding and possible death)

Having a vaginal birth helps to reduce these future pregnancy risks for you.

Babies who are born by caesarean birth have a significantly higher rate (4-5%) of breathing problems if they are born before 39 weeks gestation. Waiting until 39 weeks helps to mature your baby's lungs more to reduce the risk of going to Special care for additional breathing support.

Should a planned caesarean section be required earlier than 39 weeks then a course of steroids may be beneficial to reduce the risk of respiratory problems for your baby although there has been recent research to suggest some longer term health conditions such as raised blood pressure may occur. Having a caesarean birth has also been linked to childhood asthma and obesity due to the changes within your baby's gut.

Choosing a caesarean birth

- You come for your planned procedure on the day that you have agreed the week before.
- The order of caesarean births depends on other emergencies on the unit that day and on rare occasions there is a small possibility your procedure can be deferred to another day due to workload.
- A dose of antibiotics will be given to you in theatre to minimise your risk of infection.
- You will be unable to walk around until the anaesthetic has worn off.
- You will have a catheter for 12 hours



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- Depending on your risk factors, you may be given injections to self-administer to reduce your risk of blood clots; You will be given stockings to wear for a week.
- The earliest you will be able to go home is 24 hours after the procedure.
- We recommend you purchase Paracetamol and Ibuprofen in advance for use when you go home.

What if I labour before my repeat caesarean birth date?

If you labour before your caesarean birth date then a discussion of what is the safest mode of birth needs to take place with you by the midwifery and Obstetric team. If labour begins before 37 weeks then babies often adjust to the world more easily when they are born vaginally; it can also be safer for you to have a vaginal birth if already in advanced labour although this will be discussed with you by the Obstetric team.

Skin to skin

Skin to skin can happen following any type of birth as long as both you and your baby are well and comfortable. This can even happen following an assisted birth or a caesarean birth and you should let your midwife know of your preferences. Skin to skin has many benefits for both you and your baby.

What are the risks and benefits of each option for you and your baby?

Risks

Vaginal Birth after (previous) Caesarean Section (VBAC)	Elective Repeat Caesarean Section
<ul style="list-style-type: none"> • 20 out of 100 (20%) risk of requiring emergency caesarean section which carries slightly more risks of bleeding, infection and thrombosis (blood clots in legs or lungs) compared to elective caesarean section. • Very small risk that the previous scar may open or rupture. This occurs only in 2-8 women in 1000 (about 0.5%). Being induced increases the chance of this happening. If there are signs of these complications, you will need to have an emergency caesarean section. 	<ul style="list-style-type: none"> • A longer and possibly difficult operation because of previous scar tissue • Persistent wound and abdominal pain (1:10) • Risk of infection (1:16) • Risk of severe bleeding and need for blood transfusion (1:200) and hysterectomy (removal of the womb) (1:125)/ICU admission (see below) • Risk of damage to bladder (1:1000) and bowel • Risk of a blood clot (thrombosis) in the legs which can go to lungs when it is



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	<p>called a pulmonary embolus. This can be life threatening (death occurs in less than 1 in 1000 caesarean deliveries)</p> <ul style="list-style-type: none"> • Intensive care Unit (ICU) admission (1:110) • Re-admission to hospital (1:20) • Longer recovery period and may need more help at home • You may be unable to drive for about six weeks • A need for elective caesarean delivery in future pregnancies • The more caesareans you have the greater the risk of a low lying placenta (placenta praevia) growing into the scar and making it difficult to remove at your next caesarean (1:125-250). This is a serious condition and can result in bleeding and may require a hysterectomy (removal of womb) and can occasionally be life-threatening
<ul style="list-style-type: none"> • Very small risk (2 in 1000) 0.2 % of your baby dying or being brain damaged. This risk is no higher than if you were in labour for the first time. 	<ul style="list-style-type: none"> • Small risk of accidental superficial cut on the baby (1:50) • Breathing problems; sometimes the baby will need to go to the special care baby unit for few hours (1:20). This risk increases if your baby is born before 39 weeks • Very small risk (1:10000) 0.01% of your baby dying or being brain damaged

Benefits:

Vaginal Birth after (previous) Caesarean Section (VBAC)	Elective Repeat Caesarean Section
<p>Benefit to you</p> <ul style="list-style-type: none"> • Avoid surgery and the associated risks and complications of surgery. 	<p>Benefits to you</p> <ul style="list-style-type: none"> • Virtually no risk of uterine scar rupture • Reduces the risk of pelvic organ



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<ul style="list-style-type: none">• Quicker recovery and a shorter stay in hospital.• You can drive sooner.• A greater chance of an uncomplicated normal birth in future. <p>Benefits to your baby</p> <ul style="list-style-type: none">• Reduces the risk of breathing problems for the baby and admissions to Special Care Baby Unit.	<p>prolapse and urinary incontinence in the short term</p> <p>Benefit to your baby</p> <ul style="list-style-type: none">• Very small risk of your baby being brain damaged (1: 10000 or 0.01%) (versus 1:1000 (0.1%) for vaginal delivery)
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Further reading and information

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World Health organisation (2015) Statement on caesarean section rates [Online] Available from: http://apps.who.int/iris/bitstream/handle/10665/161442/WHO_RHR_15.02_eng.pdf;jsessionid=A4EA3184A945F4DB79674F461DE60D2F?sequence=1. [Accessed 30 May 2018].



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From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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