



Vaginal Birth after Caesarean Section: Induction of Labour

What is VBAC?

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

Forceps is a type of assisted vaginal delivery. In a forceps delivery, a health care provider applies forceps — an instrument shaped like a pair of large spoons or salad tongs to the baby's head to help aid the birth.

Ventouse is a type of vacuum-assisted vaginal delivery. Vacuum extraction (VE), also known as ventouse, is a method to assist delivery of a baby using a vacuum device.

What is Induction of Labour?

In most pregnancies labour starts naturally between 37 and 42 weeks, leading to the birth of the baby. Induction of labour is a process designed to start labour artificially.

When is induction recommended?

If you are healthy and have had a trouble-free pregnancy, induction of labour will be offered if your pregnancy reaches 41 weeks gestation. Induction may also be recommended for other reasons, medical conditions such as high blood pressure or diabetes, or worries about the baby being small.

When induction of labour is being considered, your doctor or midwife should fully discuss your options with you before any decision is reached. This should include explaining the procedures and care that will be involved and whether there are any risks to you or your baby.

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

If labour does not start by 41 weeks, different options will be discussed with you by your obstetrician. These are:

- continue to wait for labour;



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- induction of labour. This increases the risk of scar weakening and lowers the chance of a successful VBAC; and
- repeat elective caesarean delivery.

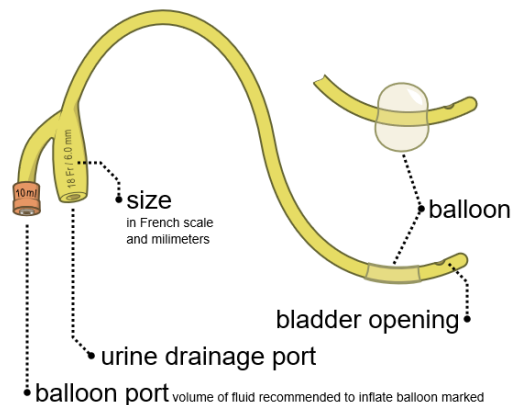
Some women choose to aim for VBAC if they labour spontaneously but opt for a repeat elective caesarean delivery rather than induction of labour.

Induction of labour in women who have had a Previous Caesarean Section

- The risk of scar breakdown following spontaneous labour is 0.5% (1:200);
- Induction increases the risk of scar weakening, however, the risk of scar breakdown is lower when mechanical methods such as balloon catheters are used to induce labour (0.9% risk) than Prostaglandin pessaries (1-1.5% risk). For this reason, at the Great Western Hospital we do not use prostaglandin pessaries to induce labour in women who have had a previous Caesarean section; and
- Induction of labour lowers the chance of a successful VBAC. (Ref 2)

Balloon catheter induction of labour

A catheter is a soft, rubber tube that is normally used to empty the bladder of urine. (When the catheter is inserted into the bladder, a small balloon in the end of the tube is inflated with water, to stop the tube from falling out).

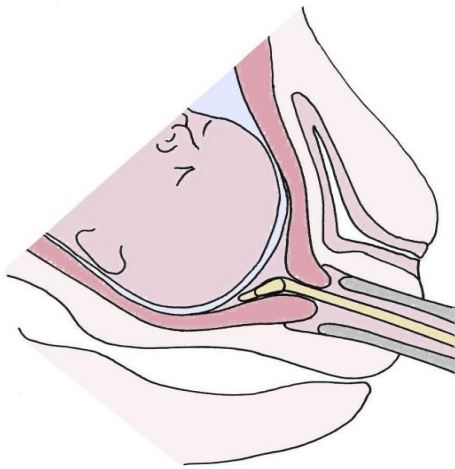


Catheters can also be used to induce labour. During a speculum examination, the tip of the catheter is passed through the opening of the neck of the womb (cervix), and the balloon is gently inflated on the other side (inside the womb). The balloon puts even pressure on the neck of the womb which stimulates the release of natural prostaglandins and can allow your cervix to open enough to allow your waters to be broken.

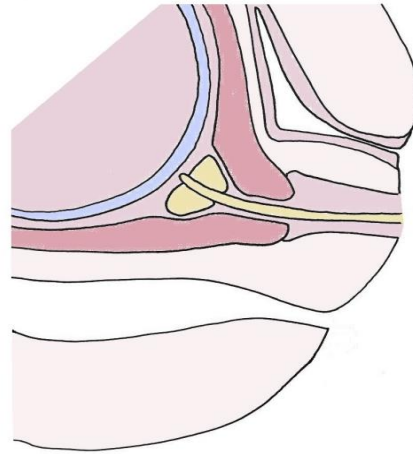
In some cases the catheter will induce labour contractions; however, often the waters need to be broken for the labour to keep progressing until the actual birth.



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Insertion of catheter



Inflated balloon

(Ref 3)

If you have this method of induction the catheter may fall out as the cervix opens, or the balloon will be deflated and the catheter removed approximately 18 - 24 hours later. You will then be assessed to see if it is possible to break your waters (see below). An Oxytocin infusion is often needed after this (see using oxytocin infusion).

Rupturing the membranes (ARM)

Following removal of the balloon catheter, you will be examined to see if it is possible to break your waters (also known as an amniotomy or artificial rupture of membranes (ARM)). This is when your midwife or doctor makes a hole in the membranes surrounding your baby to release (break) the waters, and is done on the labour ward. This procedure is done through your vagina and cervix using a small instrument. This will cause no harm to your baby, but the vaginal examination needed to perform this procedure may cause you some discomfort. There is a very small risk of the cord coming out the vagina when the membranes are broken. If this happens you will be advised to have an emergency caesarean section.

Sometimes, if your cervix is already open and ready for labour, the balloon catheter may not be required and the induction will be started with an ARM.

If the labour ward is very busy there can be a delay in performing the ARM, but every effort will be made to keep you informed of the plans and any reason for a delay.



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Using Oxytocin infusion

Sometimes your labour will start soon after breaking the waters, but if this does not happen you will need a hormone drip (Oxytocin) to encourage contractions. This is given on labour ward, through a tiny tube (intravenous [IV] cannula) in your arm. The recommended length of time between the ARM and starting Oxytocin will depend on the number of births you have had before and your personal preferences. If you had a caesarean with your first baby and this is the first subsequent pregnancy then you may need the Oxytocin soon after breaking your waters. If you have had vaginal births before, then you are more likely to start labour after your waters have been broken and so the doctors may advise waiting. As labour can be more painful with the Oxytocin you should be encouraged to discuss the pain relief options that you want. Once contractions have begun the rate of the drip can be adjusted so that your contractions occur regularly until your baby is born. The midwife will monitor your baby's heartbeat continuously whilst the Oxytocin is being given. Having a drip will limit your ability to move around, but we encourage you to stay as mobile as possible. Whilst it may be okay to stand up or sit down, it will not be possible to have a bath or move from room to room. If you have had a caesarean section before and you need Oxytocin there is an increase in the risk of the scar breaking down.

What if the induction does not work?

If it is not possible to break your waters after removal of the balloon catheter then further options will be discussed with you. In this scenario you will be offered a Caesarean section. If there are concerns with the baby's heart rate during labour or the labour does not progress as expected following the induction then an emergency Caesarean section will be recommended.

References

1. https://en.wikipedia.org/wiki/Foley_catheter
2. Birth after Caesarean Section at the Great Western Hospital (GWH) Guideline, T:drive/Trustwidedocuments
3. Heidi Kruit (2017), Induction of labor by Foley catheter, accessed via: <https://www.semanticscholar.org/paper/Induction-of-labor-by-Foley-catheter-Kruit/3005b37ad50e4fab517cc9072fed56c76ef1e261>

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.

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