

## **Birth After Caesarean Section**

Delivery by Caesarean Section occurs in 15-25% of births in Canada. In subsequent pregnancies women must choose between repeat elective caesarean section (ERCS) and a trial of labour (TOL). Successful TOL results in a vaginal birth after caesarean (VBAC). The recommendations from obstetricians and midwives about TOL have changed over the past 20 years. Here we have tried to summarize the current recommendations from the Society of Obstetricians and Gynecologists of Canada (SOGC) and the Association of Ontario Midwives (AOM) to help you in your decision. This is a personal decision and your midwives will support your informed choice.

### **Benefits of VBAC**

For women who want a VBAC there may be emotional benefits such as an increased feeling of control and satisfaction. There are physical benefits of successful VBAC. Caesarean section surgery is a safe procedure and the risks are low. However, women who have an elective repeat caesarean section have twice the rate of maternal death as with vaginal birth.

Other benefits of VBAC include

- Fewer women needing blood transfusions
- Fewer hysterectomies at the time of birth
- Fewer women with fevers
- Shorter hospital stays

### **Some women should not plan a TOL**

Women should plan a repeat caesarean section if:

1. they have had a caesarean with a classical or T incision
2. they have had certain other surgeries on their uterus
3. they have had a uterine rupture before
4. there is a reason to plan caesarean for this pregnancy (ie placenta previa, breech or other malpresentation, etc)
5. she chooses a repeat caesarean

### **Trial of Labour vs Elective Repeat Caesarean Section**

Between 50% and 85% of women who have a TOL will have a successful VBAC. The highest chance of VBAC is for women who:

- Have had a vaginal birth before (especially if the birth was after their caesarean)
- Had their first caesarean for a reason that has not happened again (like breech or placenta previa)
- Are younger than 40 years old
- *Want* a trial of labour and vaginal birth
- Have normal blood pressure
- Have a baby in a head down position

The chances of successful VBAC are lower for women who:

- Have had more than one caesarean
- Have been diagnosed with true CPD (a pelvis that was too small to deliver a baby)
- Are obese or who have diabetes
- Have a big baby
- Are past their due date

Information for this handout taken from AOM and SOGC guidelines. Ask your midwife for copies of these to see complete references.

## What are the risks of a TOL?

The most serious risk is **uterine rupture** which happens in 0.1% to 1.5% of TOL. A uterine rupture means that the first caesarean scar opens during labour. Uterine rupture can result in death or serious brain injury to the baby and serious haemorrhage or death for mothers. Although this complication is very rare, a uterine rupture is a serious emergency and an immediate caesarean is needed if it happens. For this reason, we recommend that women planning TOL or VBAC plan a hospital birth.

Some women have a higher risk of uterine rupture. Women whose due date is within 2 years of their caesarean have an increased chance of rupture.

Women who have a trial of labour which ends in a caesarean section after labouring have a higher rate of complications than women who planned a caesarean from the start. These complications can include fever, need for blood transfusion, and infection.

## What are the risks of ERCS?

Most women who have an ERCS will have an uncomplicated surgery. Women still have a higher risk of some problems compared to a vaginal birth. These include:

- More infections
- Haemorrhage
- Blood clots
- Placental problems in future pregnancies
- Longer hospital stays

Babies born by caesarean section have more chance of having breathing problems at birth because of increased fluid in their lungs.

## Midwifery care for women who have had a caesarean?

The College of Midwives requires us to discuss amongst your care team every woman who has had a caesarean section. The community standard in Guelph is for us to also offer and arrange a consultation with an obstetrician towards the end of pregnancy. We are required by our College to arrange an obstetrical consult for any woman with a history of more than one caesarean surgery or if the incision was a classical or T type as well as other reasons. Midwives will make every effort to get a copy of the surgery record to aid in decision making around TOL.

## What would midwives do differently during a labour after caesarean?

### Fetal Heart Rate Monitoring

The first sign of a uterine rupture is usually an abnormal fetal heart rate pattern. The SOGC recommends **continuous electronic fetal monitoring** for women planning TOL and VBAC. The AOM recommends using an intermittent auscultation protocol for high risk pregnancies *or* continuous electronic fetal monitoring. The AOM recommends using continuous monitoring if there are abnormalities in the labour. Fetal monitors are only available in the hospital.

## Progress of labour

Information for this handout taken from AOM and SOGC guidelines. Ask your midwife for copies of these to see complete references.

Research tells us that an abnormally slow labour may be related to uterine rupture. Midwives monitor closely for signs of a prolonged labour, and would consult an obstetrician as outlined in our College of Midwives guidelines.

### **Pain Relief in Labour**

Some would argue that women planning VBAC should not have epidural because it may mask the pain that can accompany a uterine rupture and delay diagnosis of the problem. It is also worth considering that an epidural may slow labour progress and slow progress is a specific concern for women planning VBAC. Others would say that an epidural means that an emergency caesarean could happen more quickly if it is needed. There is no research evidence that shows that women should not choose the pain relief options that are right for them.

### **Induction of Labour**

The best situation for women wanting VBAC is for labour to start naturally. Women who need induction of labour for any reason, and who are planning VBAC would have a consultation with an obstetrician to review the options available to them. Depending on the specific details of your history, an obstetrician may not recommend the medications usually used for induction because of the increased risks of uterine rupture. Women who need or want induction should discuss their options during an obstetrical consultation.

### **Homebirth and VBAC**

The CMO guidelines clearly indicate that midwives offer choice of birthplace to our clients. However, this does not mean we do not have strong recommendations based on our experience and training. As a group we recognize the benefits of homebirth. As a group we also recognize that being at home can increase the time required to access emergency care. Weather, distance from hospital and closest hospital all affect the availability of an emergency caesarean section. The SOGC recommends hospital birth for women planning VBAC. **As a practice, based on our experience and training, we strongly recommend planning for hospital birth.**

### **IV in labour**

Neither the AOM nor the SOGC recommends an IV in a normal spontaneous labour after caesarean. However, an IV is a standard hospital protocol for women wanting VBAC. Starting an IV is one of the first steps that would be taken in an abnormal labour, and may be recommended depending on your situation.

### **Some final thoughts**

As midwives we strive to protect and support normal birth. Deciding about a TOL or ERCS can be difficult for families. It is important for you to know that we will support your informed choices. Additional information is available to you at any time. Please talk to your midwives about any questions or concerns you have.

Once you have considered these factors, talk with your midwives about your choices for your birth. We will review and have you sign our plan of care for women with a history of caesarean section.

# Family Midwifery Care of Guelph

## Plan of Care for women with history of caesarean section

I, the undersigned, have reviewed my history of caesarean section with my care team. I have had the opportunity of an obstetrical consultation. The risks and benefits of Trial of Labour and Vaginal Birth After Caesarean as well as the those of Elective Repeat Caesarean have been discussed. I have had the opportunity to review the recommendations from the SOGC and AOM.

After review and discussion I have chosen to proceed with:

TOL \_\_\_\_\_

ERCS \_\_\_\_\_

Additional considerations for my care (IV, EFM, etc):

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Woman's signature

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date

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Midwife's signature

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date