



**Power
TO PUSH**
CAMPAIGN

Know your options, take control.

PATIENT
INFORMATION
BOOKLET

Vaginal Birth After Cesarean and Planned Repeat Cesarean Birth

This information pamphlet is for women who are currently pregnant and have had a cesarean birth before.

Women who have had a baby by cesarean usually have a choice about how they will give birth to their next baby. They can plan to have another cesarean birth (called an elective or planned repeat cesarean birth), or they can plan to have the baby vaginally (called a vaginal birth after cesarean, or VBAC).

You can read this booklet, discuss it with your doctor or midwife, and ask any questions to help you decide whether planning a VBAC or a repeat cesarean birth is best for you.



Questions and Notes



As you go through the information in this booklet, be sure to write down any questions you might have so you can ask your doctor or midwife. There is a place for you to write your questions on the previous page.

The VBAC option

After a cesarean birth, some women choose to plan a vaginal birth after cesarean, or VBAC. Some common reasons include:

- To have a shorter hospital stay, and generally a quicker recovery.
- Some women want to experience giving birth normally.
- To avoid major abdominal surgery and the risks associated with repeat cesarean birth.

The repeat cesarean option

After a cesarean birth, some women choose to plan another repeat cesarean birth. Some common reasons include:

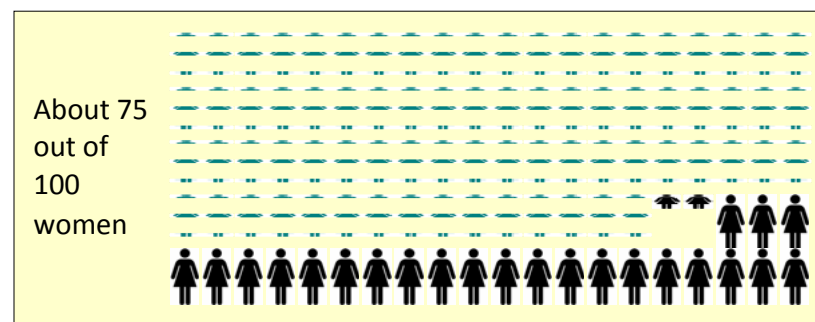
- Being able to plan in advance for the date and time of the birth.
- Some women feel more comfortable because they know what to expect from the surgery.
- To avoid labour and the risks associated with vaginal birth after cesarean.

Who should plan a VBAC?

For many women, VBAC is a safe option. If the reason you had a cesarean last time is not present in this pregnancy or labour (such as a breech baby or problems with your placenta), your chance of having a successful vaginal birth is about the same as a woman having her first baby.

If the reason for the cesarean is present with this pregnancy or labour, your chances of having a successful vaginal birth may be lower.

Overall, about 75% of women who plan a VBAC are successful in having a vaginal birth.



Some things **increase** your chances of having a successful VBAC:

- If you have previously given birth vaginally, either before or after your cesarean birth;
- If the reason for your previous cesarean birth isn't a factor this time;
- If you are younger than 40 years old;
- If your labour begins on its own;
- If your labour progresses normally.

Some things **decrease** your chances of having a successful VBAC:

- If you have had more than one previous cesarean birth;
- If you go past your expected due date;
- If your labour doesn't start on its own and needs to be induced;
- If you are significantly overweight;
- If your baby is estimated to weigh more than 8 pounds and 13 ounces, or 4000 grams (*although estimates of the baby's weight are not always accurate*).

Which is safer, a VBAC or a repeat cesarean?

Having a baby always involves a small amount of risk of complications, no matter what kind of birth you have. The risks are normally small for both VBAC and for repeat cesarean.

In general:

- A successful VBAC carries the least amount of risk for the mother and baby.
- An unsuccessful planned VBAC (requiring an unplanned cesarean) carries a higher risk.
- A repeat cesarean is somewhere in the middle.

VBAC and repeat cesarean are each associated with different risks, which are listed on the next three pages. This information is based on the best research and evidence currently available.*

*The data are based on the current, comprehensive research in the 'Vaginal Birth After Cesarean: New Insights' report published by the AHRQ for the National Institute of Health 2010 VBAC Consensus conference. The full citation can be found in the Reference list at the end of this booklet.



Risks with repeat cesarean birth:

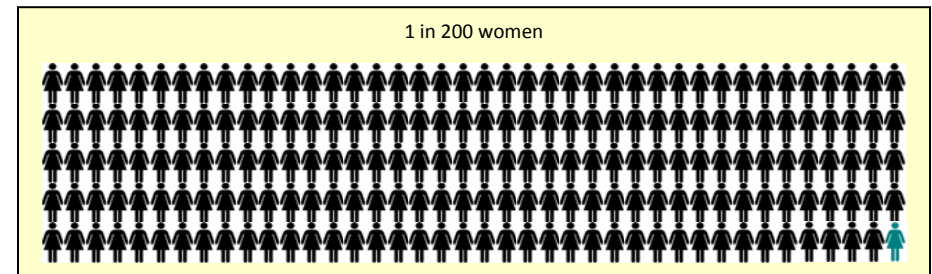
- A cesarean is major abdominal surgery and therefore has surgery-related risks which can include:
 - Infection;
 - The need for a blood transfusion;
 - Complications with the anesthetic given for cesarean birth (such as severe headache; serious complications are rare);
 - Rarely, blood clots in the leg (deep vein thrombosis) or lung (pulmonary embolism);
 - Very rarely, higher risk of death for the mother (the death rate from cesarean birth [1/10,000] is almost five times more than from vaginal birth [0.2/10,000]).
- For the baby, there is a higher risk of breathing difficulties and admission to the special care nursery for a short time after cesarean birth, which requires separation from the mother.
- In future pregnancies, there is a higher risk of problems with how the placenta attaches itself to the wall of the uterus. This includes
 - placenta previa (when the placenta covers the opening of the uterus, or cervix), and
 - placenta accreta (when the placenta grows too far into the wall of the uterus).
 These complications of the placenta can cause severe bleeding and can be life-threatening. After one cesarean birth, there is a moderate increased risk of placenta

complications; after two or more cesareans, there is a higher increased risk.

- It is important for women who may be planning more children after this birth to seriously consider VBAC, as their risk of complications increases with each repeat cesarean birth.

Risks with VBAC:

- An uncommon risk of VBAC is that the scar on the uterus



from the previous cesarean birth could tear during labour. This is called “uterine rupture”. This complication happens in about 1 of every 200 VBACs (a 99.5% chance this will *not* happen).

Uterine rupture can also occur prior to labour, even when planning a repeat cesarean (about 1 of every 4000 repeat cesareans).

- The risk of uterine rupture goes up slightly if labour is induced with oxytocin. However, oxytocin to help contractions during your labour does not increase the risk.
- Uterine rupture requires emergency surgery to repair the

- On rare occasions, uterine rupture can cause serious complications for the mother and/or the baby. There is a very small increased risk of brain damage or death for the baby, and a very small increased risk of hysterectomy (surgical removal of uterus) for the mother.

The risk of other possible problems that can occur with VBAC are similar to the risks during a normal first vaginal birth for a woman who has never had a cesarean.

During a planned VBAC, your nurse and doctor or midwife will closely monitor you and your baby's health and well-being. This is so any problems that occur during labour can be managed right away.

If you have planned for a VBAC but your labour does not progress normally, you may require an unplanned (or emergency) cesarean birth.

What if I go into labour before the scheduled cesarean?

About 30% of women who have planned a repeat cesarean go into labour before their scheduled surgery. While most women will still proceed to a cesarean birth as planned, a cesarean performed in labour carries a slightly increased risk of complications compared to a repeat cesarean. Many women who go into labour before their scheduled cesarean can choose to safely proceed with a vaginal birth if their labour is progressing normally. You can discuss this option with your

Considering your risks

It can be difficult to compare the risks of planned VBAC and repeat cesarean as the overall risks for both are very low.

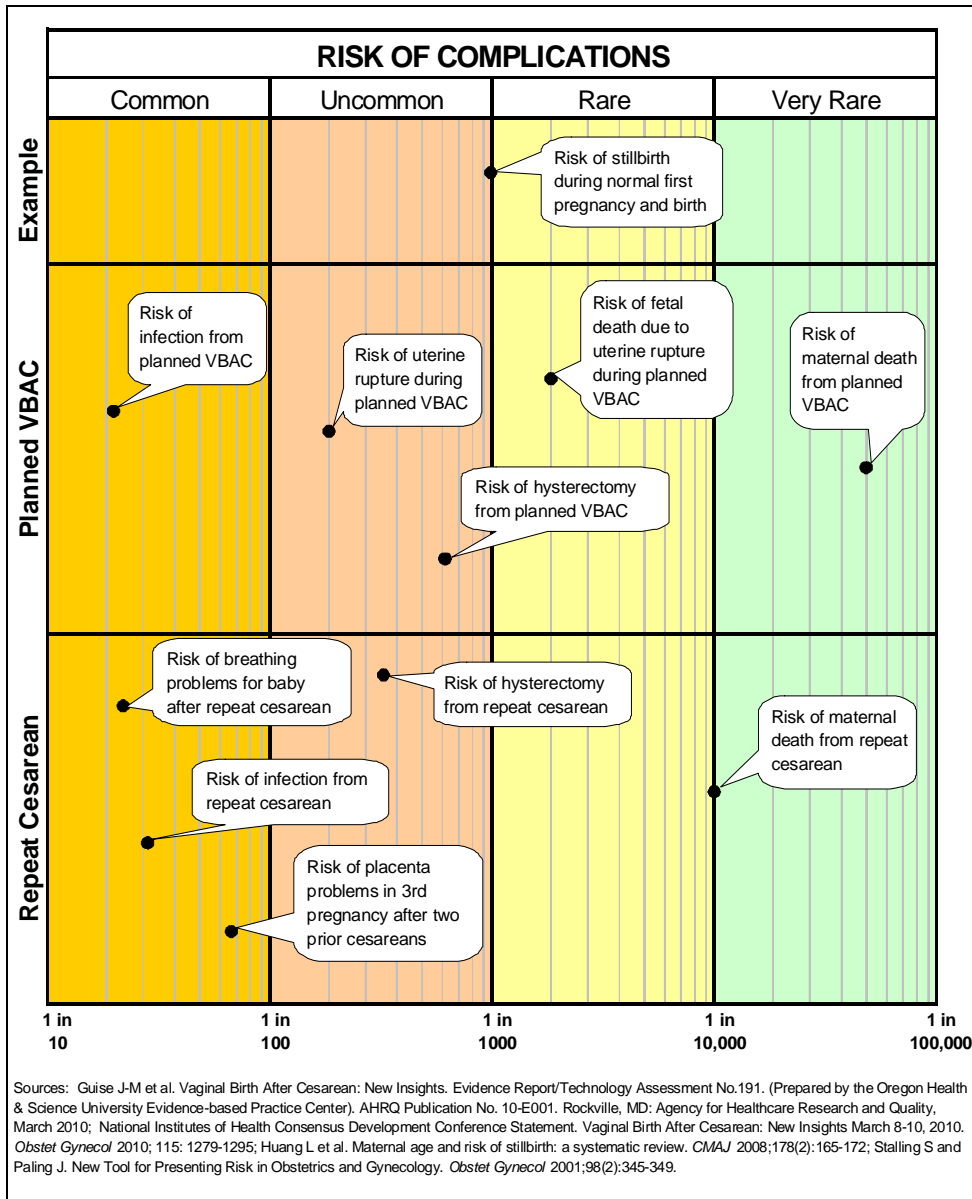
On the next page is a diagram which shows how some of these risks relate to each other.

We have used the examples below to give you some reference of the risks involved compared to everyday life.

Common	from 1 in 10	Annual risk of being injured in the workplace (1/25)
	to 1 in 100	
Uncommon	from 1 in 100	Risk of giving birth to a baby with Down Syndrome (1/650)
	to 1 in 1000	
Rare	from 1 in 1000	Annual risk of being diagnosed with breast cancer (1/1,500)
	to 1 in 10,000	
Very Rare	from 1 in 10,000	Annual risk of dying in a motor vehicle accident (1/11,000)
	to 1 in 100,000	

Data from Stats Canada, the Canadian Cancer Society and Health Canada





Sources: Guise J-M et al. Vaginal Birth After Cesarean: New Insights. Evidence Report/Technology Assessment No.191. (Prepared by the Oregon Health & Science University Evidence-based Practice Center). AHRQ Publication No. 10-E001. Rockville, MD: Agency for Healthcare Research and Quality, March 2010; National Institutes of Health Consensus Development Conference Statement. Vaginal Birth After Cesarean: New Insights March 8-10, 2010. *Obstet Gynecol* 2010; 115: 1279-1295; Huang L et al. Maternal age and risk of stillbirth: a systematic review. *CMAJ* 2008;178(2):165-172; Stalling S and Paling J. New Tool for Presenting Risk in Obstetrics and Gynecology. *Obstet Gynecol* 2001;98(2):345-349.

Adapted from the Paling Perspective Scale (John Paling, 1992)

Planning for VBAC or Repeat Cesarean in BC

When planning your baby’s birth, it is impossible to know for sure what type of birth you will end up having.

For example, while you may have planned a VBAC during your pregnancy, complications during labour might lead to an unplanned cesarean.

Or, you may have planned a repeat cesarean but go into labour before your scheduled surgery, which could lead to a successful VBAC.

Because of this, it is important to know the risks associated with the *plan* you make for your birth, including the possible outcomes, such as an unplanned cesarean birth, as well as an unplanned but successful vaginal birth.

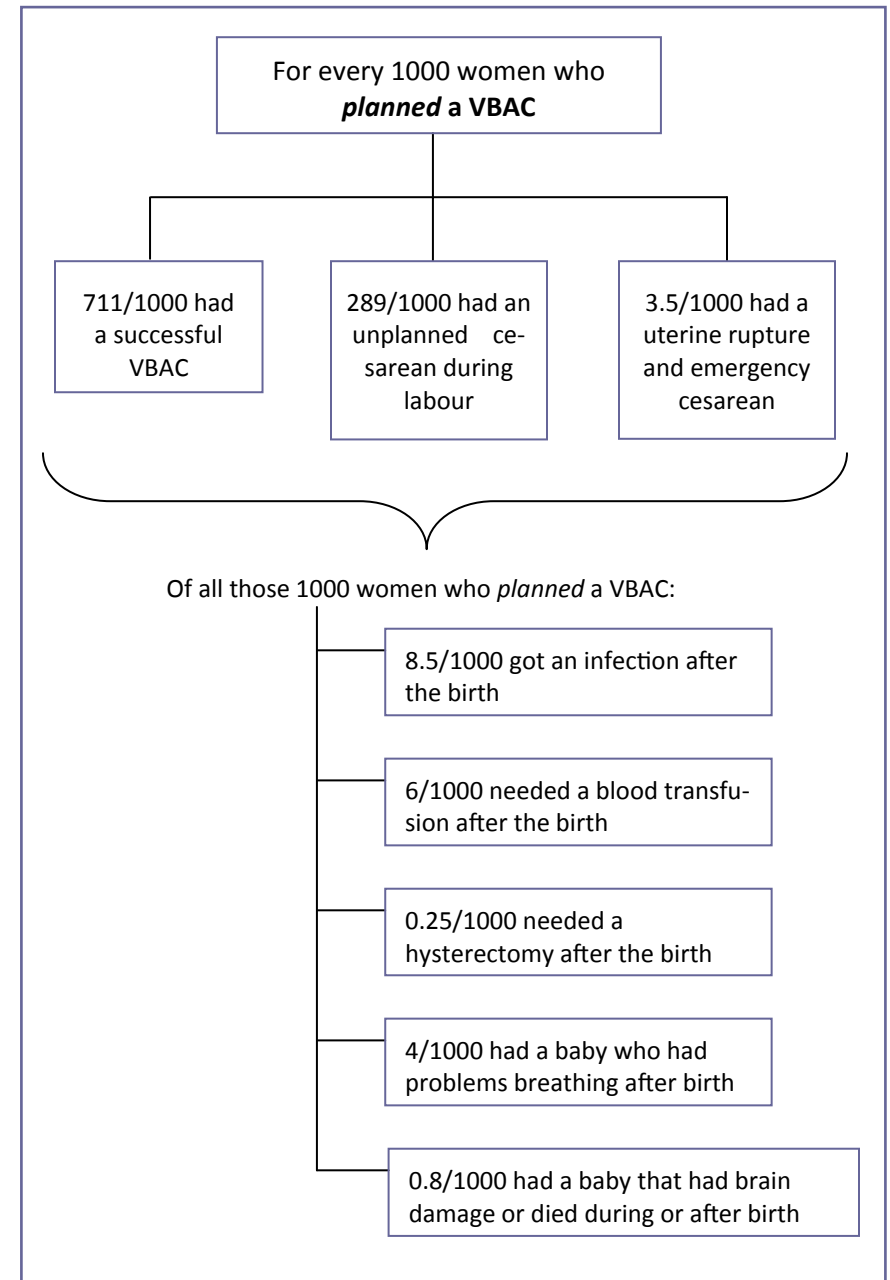


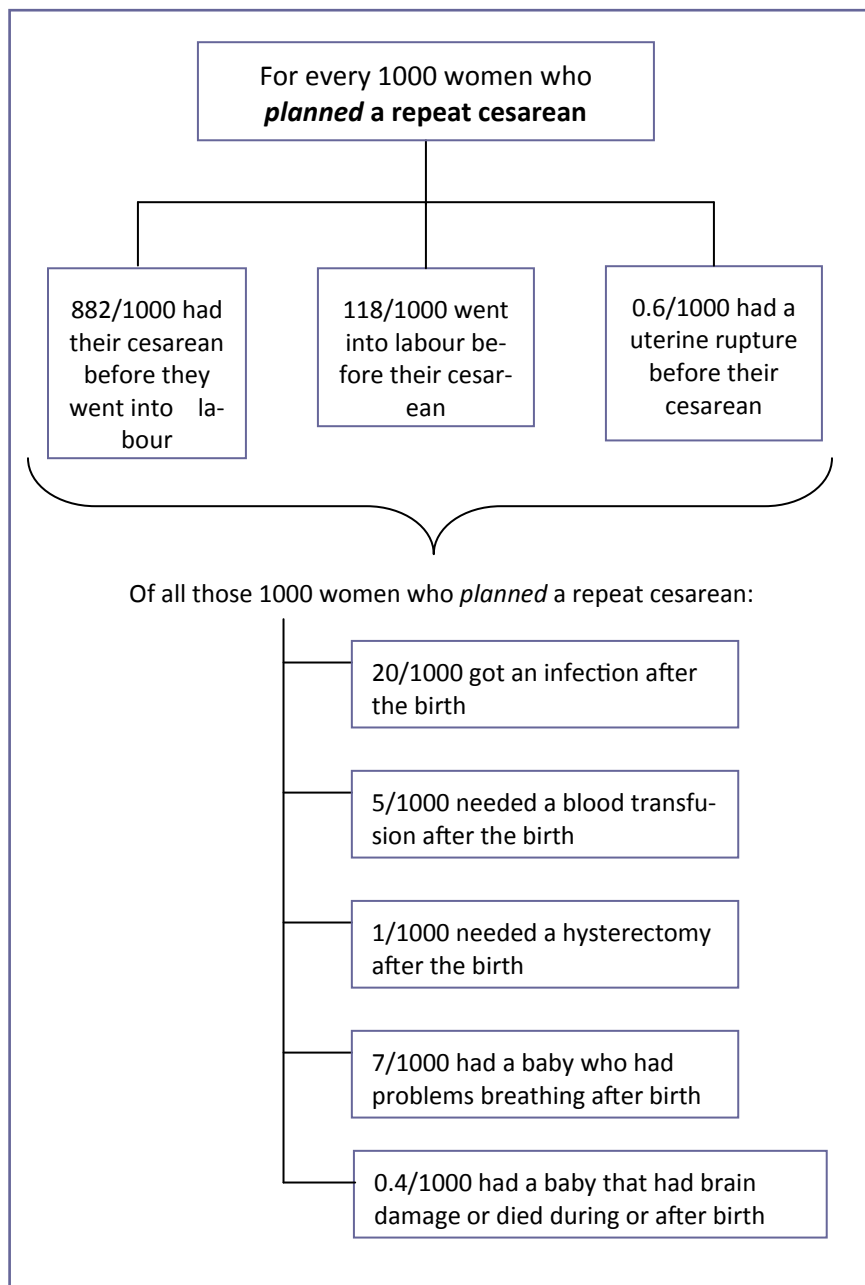
On the next two pages we show what has happened, on average, to women in BC who planned a VBAC or a repeat cesarean during the last ten years.**

The chart showing what happened to the women who *planned* a VBAC includes those women that ended up with an unplanned cesarean. Likewise, the chart showing what happened to the women who *planned* a repeat cesarean includes those women that ended up having an unplanned VBAC.

**These estimates are based on outcomes of 11,335 planned VBACs and 23,151 planned repeat cesareans in British Columbia during the years 2000 to 2009.

These outcomes are different than the data used in the lists and chart on previous pages, which are mostly from the USA. Although the total number of women giving birth in BC is much smaller, it is thought that one reason BC outcomes are better is partly due to the universal access to maternity care women in Canada receive.





Data from Perinatal Services BC

What matters most to you?

Making a choice about how you want your baby to be born is very personal. It can take time to understand what your preferences and goals are, and the needs of your family.

You can use the tool on the next page to help you consider your birth options. There is a list of the most common reasons women have for planning either VBAC or repeat cesarean. You can add any other personal reasons of your own at the bottom of the list.

Indicate how important each reason is to you by circling the correct number of stars:

- no stars = not important
- **2 stars = somewhat important
- ***3 stars = important
- ****4 stars = very important
- *****5 stars = extremely important

Add up each column of stars and write the totals at the bottom. Use the totals to help you consider which option offers more benefits that are important to you.



Reasons to...			
Plan a repeat cesarean birth	How much does it matter to you?	Plan a vaginal birth (VBAC)	How much does it matter to you?
You can know the date your baby will be born	★ ★ ★ ★ ★	You have a greater chance of having a vaginal birth	★ ★ ★ ★ ★
You know what to expect from the surgery	★ ★ ★ ★ ★	You have a greater chance of having an easier recovery and a shorter stay in the hospital	★ ★ ★ ★ ★
You have a smaller chance of having a tear in the scar on your uterus	★ ★ ★ ★ ★	You have a smaller chance of problems after surgery, such as infection, blood clots, or hysterectomy	★ ★ ★ ★ ★
Your baby has a smaller chance of very rare but serious complications from uterine rupture	★ ★ ★ ★ ★	You have a greater chance of having uncomplicated pregnancies in the future (fewer placenta problems)	★ ★ ★ ★ ★
You have a greater chance of avoiding labour altogether	★ ★ ★ ★ ★	You have a greater chance of having your baby with you after the birth (less admission to the nursery)	★ ★ ★ ★ ★
	★ ★ ★ ★ ★		★ ★ ★ ★ ★
	★ ★ ★ ★ ★		★ ★ ★ ★ ★
TOTAL STARS:	Repeat Cesarean =		VBAC =

Making a decision

If you know what you would like to plan for the birth of your baby, tick VBAC or repeat cesarean birth.

If you are unsure about your plan, you can also tick the 'unsure' box, and then tick the items listed below that might help you to make your decision.

- I would like to plan for a **Vaginal Birth After Cesarean (VBAC)**
- I would like to plan for a **repeat cesarean birth**
- I am still **Unsure:**
 - I want more information about the benefits and risks
 - I want to think more about what matters to me
 - I want to talk to a doctor or midwife about my choices
 - I want to hear stories from others who made this decision
 - I need to find help to support my choice

Ask your doctor or midwife for more information, or you can go to the website below for information, links, and stories from other women:

www.powertopush.ca



Reference List

Below is a list of some of the sources that were used to provide the information in this booklet:

British Columbia Perinatal Health Program. Cesarean Birth Task Force Report 2008. Vancouver, BC. February 2008.

Guise J-M, Eden K, Emeis C, Denman MA, Marshall N, Fu R, Janik R, Nygren P, Walker M, McDonagh M. Vaginal Birth After Cesarean: New Insights. Evidence Report/Technology Assessment No.191. (Prepared by the Oregon Health & Science University Evidence-based Practice Center under Contract No. 290-2007-10057-1). AHRQ Publication No. 10-E001. Rockville, MD: Agency for Healthcare Research and Quality. March 2010.
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More Information

The Power to Push website has links to more resources and information on VBAC and repeat cesarean:

www.powertopush.ca



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