Information for you

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Birth options after previous caesarean birth

About this information

This information is for you if you have had one previous caesarean birth and want to know more about your birth options when having another baby. It may also be helpful if you are a partner, relative or friend of someone who is in this situation.

The information here aims to help you better understand your pregnancy and your options for planning the birth of your baby. Your healthcare team is there to support you in making your decision. They can help by discussing your preferences, providing you with further information and answering your questions.

Within this information, we may use the terms 'woman' and 'women'. However, we know that it is not only people who identify as women who may need to access this information to understand their choices around birth. Your care should be appropriate, inclusive and sensitive to your needs whatever your gender identity.

A glossary of all medical terms is available on the RCOG website at: www.rcog.org.uk/for-the-public/a-z-of-medical-terms/.

Key points

- If you are healthy, both vaginal birth after caesarean (VBAC) and planned repeat caesarean birth can be considered as birth choices. Each has small risks, and your healthcare team will help you understand what they mean for you.
- Three out of four women who have had one caesarean birth and labour spontaneously, go on to give birth vaginally, if they choose VBAC.
- Giving birth vaginally carries some risks for you and your baby but if you have a straightforward vaginal birth, you are likely to recover more quickly, and future labours are less complicated with fewer risks for you and your baby.
- Most women who have a planned caesarean birth recover well and have healthy babies, although there can be complications and it can take longer to get back to everyday activities after your baby is born. Having caesarean births can also make future births more complicated.

How common is it to have a caesarean birth?

Around 1 in 3 women in the UK currently give birth by caesarean. About half of these are as a planned operation and the other half are unplanned or emergency caesareans. Many women have more than one caesarean birth.

What are my choices for birth after one caesarean birth?

If you have had a caesarean birth, you may be thinking about how to give birth next time. Planning for a VBAC or choosing a repeat caesarean birth have different benefits and risks.

In considering your options, think about your previous pregnancies and medical history, including:

- The reason you had your caesarean.
- Whether you have had a previous vaginal birth.
- Whether there were any complications at the time or during your recovery.
- The type of cut that was made to your uterus (womb).
- How you felt about your previous birth.
- Whether your current pregnancy has been straightforward or whether there have been any problems or complications.
- How many more babies you are hoping to have in future. The risks increase with each caesarean birth, so if you plan to have more babies it may be better to try to avoid another caesarean birth if possible.

It is important to consider the benefits and risks carefully. People view risk differently and how you view risk depends to a large extent on your own experience and preferences. You can find out more about risk from the RCOG patient information *Understanding how risk is discussed in healthcare* (www.rcog.org.uk/for-the-public/browse-our-patient-information/understanding-how-risk-is-discussed-in-health-care/).

To help you decide, your healthcare professionals will discuss your birth options with you at your antenatal visit, ideally before 28 weeks of pregnancy.

What if I have had more than one caesarean birth?

If you are considering a vaginal birth but have had more than one caesarean birth, you will be advised about the potential benefits and risks of birth options in your individual situation.

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 birth in the past. Vaginal birth also includes birth assisted by forceps or ventouse (vacuum cup).

What is an ERCB?

ERCB stands for ‘elective (planned) repeat caesarean birth’. You will usually have the operation after 39 completed weeks of pregnancy. This is because babies born by caesarean birth earlier than 39 completed weeks are more likely to need to be admitted to the neonatal unit for help with their breathing.

What are my chances of a vaginal birth if I am aiming for VBAC?

Three out of four women who have had one caesarean birth and go into labour spontaneously will go on to give birth vaginally.

You are more likely to have a vaginal birth, if:

- You have had a previous vaginal birth, either before or after your caesarean birth (about 8–9 out of 10 women can have another vaginal birth).
- Your labour starts spontaneously.
- Your booking body–mass index (BMI) is less than 30 at booking.

What are the advantages of a VBAC?

Having a vaginal birth tends to have fewer complications than a caesarean birth. If you have an uncomplicated vaginal birth:

- You will have a greater chance of a vaginal birth in future pregnancies.
- Your recovery is likely to be quicker. You should be able to get back to everyday activities more quickly and you should be able to drive sooner.
- You are likely to have a shorter stay in hospital after your baby is born. Women having straightforward vaginal births can often be discharged the same day. Women having straightforward caesarean births are usually discharged after an overnight stay (24–36 hours).
- You will avoid the risks of an operation.
- While the risk of any woman dying during or soon after birth is very low, a planned vaginal birth carries a lower risk than a planned caesarean birth (four compared to 25 in 100 000 women).

What are the disadvantages of VBAC?

- You may need to have an emergency caesarean birth during labour. This happens in around 1 out of 4 women. This is only slightly higher than if you were giving birth for the first time, when the chance of an emergency caesarean is around 1 in 5 women. An emergency caesarean birth carries more risks than a planned caesarean birth. The most common reasons for an emergency caesarean birth are if your labour slows or if there is a concern for the wellbeing of you or your baby.
- You have a slightly higher chance of needing a blood transfusion compared with women who choose a planned second caesarean birth.
- You may need an assisted vaginal birth using ventouse or forceps. See the RCOG patient information *Assisted vaginal birth (ventouse or forceps)* (www.rcog.org.uk/for-the-public/browse-our-patient-information/assisted-vaginal-birth-ventouse-or-forceps/).
- You may experience a tear involving the vagina, perineum or the anal sphincter, the muscle that controls the anus or rectum (a third- or fourth-degree tear).
    - See the RCOG hub for *Perineal tears and episiotomies in childbirth* (www.rcog.org.uk/tears) for more information, including how to reduce the chance of having a serious tear during birth.
    - See the RCOG patient information *Care of a third- or fourth-degree tear that occurred during childbirth* (www.rcog.org.uk/for-the-public/browse-our-patient-information/care-of-a-third-or-fourth-degree-tear-that-occurred-during-childbirth-also-known-as-obstetric-anal-sphincter-injury-oasi/) for more information.
- The scar on your uterus from your previous caesarean birth may separate and/or tear (uterine rupture) and this can happen in up to 1 in 200 women. This risk can increase by two to three times if your labour is induced (induction of labour). If there are warning signs of uterine rupture, it will be recommended that your baby is born by emergency caesarean. In most cases, both you and your baby recover well, although there is a small risk of serious or long term complications.
- Uterine rupture can cause heavy bleeding and up to 1 in 3 women who experience a uterine rupture may need an emergency hysterectomy. Serious risks to your baby, including brain injury or death around the time of birth, are slightly higher with planned VBAC than with a planned caesarean birth (affecting around an extra 10 in 10 000 babies). Most often, these complications are related to uterine scar rupture. However, the risk of your baby dying because of a planned VBAC is very low and is about the same as if you were giving birth vaginally for the first time (about 4 in 10 000 births).

When is VBAC not advisable?

VBAC is usually an option for most women, but it is not advisable when:

- You have had three or more previous caesarean births.
- Your uterus has ruptured during a previous labour.
- Your previous caesarean birth was 'classical', i.e. where the incision involved the upper part of the uterus.
- You have other pregnancy complications that require a planned caesarean birth.

What are the advantages of ERCB?

- There is a smaller risk of uterine scar rupture (less than 1 in 4000).
- You will know the date of planned birth. However, 1 in 10 women go into labour before this date and sometimes this date may be changed for other reasons.
- You can choose to breastfeed your baby after having a caesarean birth. You are no more likely to have problems with breastfeeding than if you have had a vaginal birth. You can have skin-to-skin contact with your baby immediately following a caesarean birth.

What are the disadvantages of ERCB?

- A repeat caesarean birth can take longer than the first operation because of scar tissue. Scar tissue may also make the operation more difficult and can result in damage to your bowel or bladder.
- Infection – this can be of your wound or your uterus. It is common (2–7 in 100 women) and can take several weeks to heal. You will be offered antibiotics through a drip at the start of your caesarean to reduce this risk.
- You may have a longer recovery period. You may be unable to drive for up to 6 weeks after surgery, but it is important to check with your insurance company as this varies widely.
- More scar tissue occurs with each caesarean birth. This increases the chance of the placenta growing abnormally into the scar on the uterus. This makes it more difficult to remove the placenta during any future births (placenta accreta or percreta) and can result in bleeding. If severe bleeding occurs, an emergency hysterectomy may be required. This is around three times more common when women have had a previous caesarean, affecting around 1 in 1000 women. For more information, see RCOG patient information Placenta praevia, placenta accreta and vasa praevia (www.rcog.org.uk/for-the-public/browse-our-patient-information/placenta-praevia-placenta-accreta-and-vasa-praevia/).
- You are more likely to need a planned caesarean birth in future pregnancies. All serious risks increase with every caesarean birth you have.
- Your baby's skin may be cut during the caesarean birth. This happens in 1–2 out of every 100 babies, but such cuts usually heal without long term problems.
- There is a small chance of injury to your bladder (around 1 in 1000) or other abdominal organs during a planned caesarean. This may require further

operations to repair any injury. Your healthcare team will discuss with you the chance of this happening, as it will depend on your individual circumstances.

What happens when I go into labour if I'm planning a VBAC?

You will be advised to give birth in hospital so that an emergency caesarean birth can be carried out if necessary. Contact the hospital as soon as you think you have gone into labour or if your waters break.

Once you start having regular contractions, you will be advised to have your baby's heartbeat monitored continuously during labour. This is to monitor your baby's wellbeing, since changes in the heartbeat pattern can be an early sign of problems with your previous caesarean scar.

You can choose various options for pain relief, including an epidural. For more information about pain relief during labour see the Labour Pains website (labourpains.org) from the Obstetric Anaesthetists' Association. You should be offered a chance to talk about your options with an anaesthetist.

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

If labour does not start by 41 completed weeks of pregnancy, or if birth is recommended earlier than this because of your individual situation, your obstetrician will discuss your birth options again with you. These may include:

- continue to wait for labour to start,
- induction of labour; this can increase the risk of scar rupture and lowers the chance of a straightforward VBAC,
- ERCB.

If I choose to give birth by caesarean, when will it be done?

You will usually be offered a date at or soon after 39 completed weeks of pregnancy, unless there are other reasons why your baby may need to be born earlier.

Babies born by caesarean earlier than this are more likely to need admission to the neonatal unit for help with their breathing (1 in 24 babies at 38 weeks compared with 1 in 56 babies after 39 weeks).

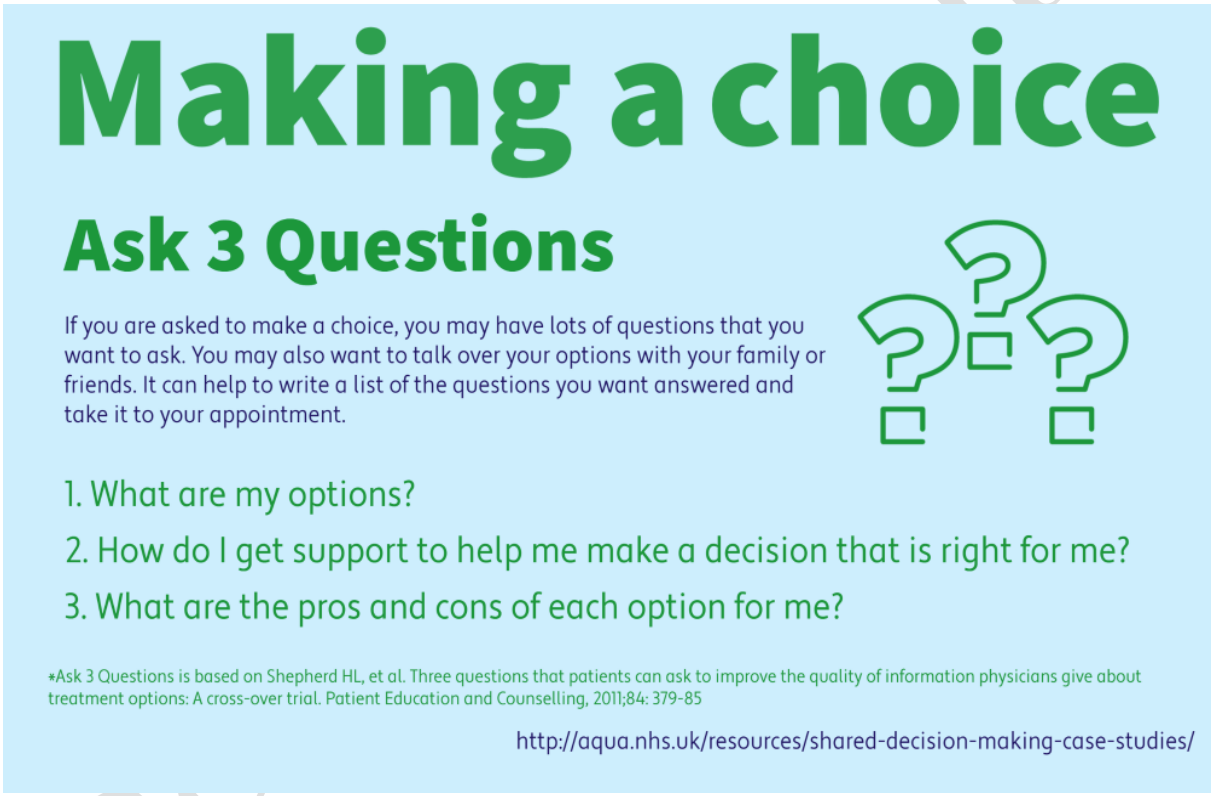
Even a short stay in the neonatal unit can be very stressful for new parents, and rarely babies can be affected in the longer term as well. This is why your healthcare professional will recommend planning for your caesarean to take place after 39 weeks.

The planned date of your caesarean may change because of emergencies on the day of your operation. It is uncommon for this to happen, but if it does your healthcare team will arrange a new date with you as soon as possible.

What happens if I have an ERCB planned but I go into labour?

Let your maternity team know what is happening. It is likely that an emergency caesarean birth will be offered once labour is confirmed. If labour is very advanced, it may be safer for you and your baby to have a vaginal birth. Your maternity team will discuss this with you.

Making a choice



Further information

NICE guideline on Caesarean birth: www.nice.org.uk/guidance/ng192.

RCOG patient information:

- *Care of a third- or fourth-degree tear that occurred during childbirth (also known as obstetric anal sphincter injury OASI)*: www.rcog.org.uk/for-the-public/browse-our-patient-information/care-of-a-third-or-fourth-degree-tear-that-occurred-during-childbirth-also-known-as-obstetric-anal-sphincter-injury-oasi/.

- *Assisted vaginal birth (ventouse or forceps)*: www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/assisted-vaginal-birth-ventouse-or-forceps/.
- *Reducing the risk of venous thrombosis in pregnancy and after birth:* www.rcog.org.uk/for-the-public/browse-our-patient-information/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth/.

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on RCOG Green-top Guideline No. 45 Birth after Previous Caesarean Birth and RCOG Consent Advice No. 14 *Planned Caesarean birth*.