Coombe Women & Infants University Hospital
Excellence in the Care of Women and Babies
Foirfeacht i gCúram Ban agus Naíonán

Vaginal Birth after Caesarean Section (VBAC)

The majority of women who have had one previous Caesarean section are encouraged and supported to consider the option of vaginal birth in a subsequent pregnancy. Women who have had more than one previous Caesarean section are not offered this option as elective (ie non-emergency) Caesarean section in the week leading up to the baby's due date is recommended.

Women who have had a previous Caesarean section are encouraged to book early into the hospital; an ultrasound scan is routinely performed at the first visit in order to confirm the well-being of the early pregnancy and the baby's due date. The midwife and senior obstetrician providing care for you will review the circumstances surrounding your previous Caesarean section and discuss with you the option of vaginal birth. You will be encouraged and supported in your decision-making and will have the opportunity to discuss these issues on a number of occasions during the course of the pregnancy. You do not have to make up your mind in early pregnancy in relation to delivery options; in fact it is important to recognise that certain events may arise during the course of pregnancy that may require delivery by Caesarean section or facilitate vaginal delivery.

A routine ultrasound is also performed at around 22 weeks of pregnancy in order to confirm the well-being of the baby and to determine the position of the placenta. In rare circumstances the placenta may be adherent to the Caesarean section scar on the womb and delivery by Caesarean section is required.

Approximately 75 % of women who labour after one previous Caesarean section will have a vaginal delivery. Spontaneous labour is associated with higher vaginal birth rates; women who have had a previous vaginal delivery (in addition to a previous caesarean section) also have higher vaginal birth rates. Induction of labour may increase the likelihood of a repeat Caesarean section; induction of labour should only be considered if there is an important clinical reason to deliver the baby and if the clinical examination confirms suitable conditions for induction (eg that the cervix is 'ripe' and that the baby's head is well down in the pelvis). In certain circumstances, a routine repeat Caesarean section will be recommended if delivery is required and the conditions for induction are unfavourable. In general, prostaglandin gel which is used to 'ripen' the cervix during the early phase of induction is not used in women who have had a previous Caesarean section.

Women who have a vaginal delivery after Caesarean section generally have a shorter hospital stay, lower requirements for pain-relief medications and a shorter recovery time after discharge from hospital than women delivered by Caesarean section. Approximately 0.5 % of women who labour after a previous Caesarean section develop a serious complication due to separation of the Caesarean section scar on the womb (also know as 'scar dehiscence' or 'uterine rupture').

Scar separation may result in internal haemorrhage in the mother and a reduction of blood flow and oxygen to the baby; emergency surgery is required to deliver the baby and repair the womb. All women who are in labour after a previous Caesarean section are monitored very closely for evidence of scar separation. The use of syntocinon to stimulate uterine contractions in labour or during an induction is associated with an increased risk of scar separation. Syntocinon is a synthetic version of oxytocin which naturally produced by the body. The use of syntocinon in women with a previous Caesarean section is very closely monitored and may only be prescribed by a senior obstetrician.

Women with a previous Caesarean section may avail of an epidural in labour if required. If delivery by Caesarean section is required in labour, this is usually performed under epidural as well. The most common indications for Caesarean section are failure to progress in labour (i.e. failure of the cervix to dilate and/or failure of the baby's head to descend into the pelvis) and failure of the baby to cope with labour.

Complications of Caesarean section include haemorrhage, infection, thrombosis (clots in the legs and lungs) and damage to internal organs (eg the bladder). An injection of antibiotics is routinely given prior to surgery to minimise the risk of infection; injection of a special drug to 'thin out the blood' is also given on a daily basis after surgery in order to prevent thrombosis. Serious complications are unusual but are more likely to occur in emergency Caesarean sections performed in labour than in elective surgery performed before labour. Approximately 3% of babies who are born by elective Caesarean section before labour develop temporary breathing difficulties soon after delivery (known as 'wet lung' or 'transient tachypnoea of the newborn'); babies may need to be transferred to the Baby Unit for oxygen treatment; this condition is less likely to happen at or after 39 weeks of pregnancy or if the Caesarean section is performed in labour.

If there is any further information that you require in relation to delivery after Caesarean section please do not hesitate to discuss this with the midwives and obstetricians in your antenatal clinic.

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