PATIENT EDUCATI N

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Vaginal Birth After Cesarean Delivery

*A history of a past **cesarean delivery** does not mean that a woman must give birth the same way with her next pregnancy. Some women can safely give birth to their next babies vaginally. This is called vaginal birth after cesarean (VBAC). There are many benefits to having a VBAC, but there also are risks. Not all women can have a VBAC. For women who can, recovery may be quicker and less painful than having another cesarean delivery. VBAC also may reduce problems in future pregnancies.*

This pamphlet explains

- *how to plan your delivery*
- *reasons to consider VBAC*
- *risks of VBAC*
- *where to have a VBAC*
- *reasons your plan might change*

Planning Your Delivery

If you have had a previous cesarean delivery, you should discuss the options for your next delivery with your ***obstetrician–gynecologist (ob-gyn)*** or other health care professional. These options might include

- a scheduled cesarean delivery
- a trial of labor after cesarean (TOLAC)

If your ob-gyn or other health care professional agrees, you can choose a TOLAC. With TOLAC, you labor under close supervision. If it is successful, TOLAC results in a VBAC. If it is not successful, you will need a cesarean delivery. An unscheduled cesarean delivery carries more risk of infection and other complications than a planned cesarean delivery. For this reason, many factors should be considered before deciding to try a VBAC.

Reasons to Consider VBAC

There are many reasons why a woman may want to think about a VBAC. A successful VBAC has fewer risks compared with a planned cesarean delivery. It also has the following benefits:

- No abdominal surgery
- Shorter recovery period

Chances for Successful VBAC

No one can predict if VBAC will be successful, but several factors can affect the outcome:

- Previous vaginal delivery—Women who have had a prior vaginal delivery are more likely to have a successful VBAC.
- Letting labor start on its own—The success rate for VBAC is higher if labor starts without the use of drugs or other methods.
- Reason for previous cesarean delivery—If your previous cesarean delivery was done for a problem that may happen again, such as a slowed or stopped labor, VBAC is less likely to be successful than if it was done for a problem that is not likely to happen again, such as a ***breech presentation***.

Other factors that may decrease the chance of a successful VBAC include the following:

- Increased age of the mother
- Having a large baby
- Being obese
- Pregnancy beyond 40 weeks of ***gestation***
- ***Preeclampsia***
- Short time between pregnancies (less than 18 months)

- Lower risk of infection
- Less blood loss

Many women would like to have the experience of vaginal birth, and when successful, VBAC allows this to happen. For women planning to have more children, VBAC may help them avoid certain health problems linked to multiple cesarean deliveries. These problems can include bowel or bladder injury, ***hysterectomy***, and problems with the ***placenta*** in future pregnancies. If you know that you want more children, this may figure into your decision.

Before you decide to try for a VBAC, you and your ob-gyn or other health care professional should discuss factors that could increase risks to you or your ***fetus*** (see "Risks of VBAC"). You also should consider your chances for having a successful VBAC (see box "Chances for Successful VBAC"). There is no right answer that applies to every woman about VBAC. You may not be comfortable with some of the risks involved. Also, you may feel that the benefits of trying to have a VBAC outweigh the risks. You and your ob-gyn or other health care professional should discuss your options early in your pregnancy.

Risks of VBAC

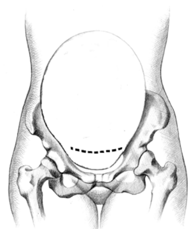
Both VBAC and planned cesarean delivery have risks, such as infection, blood loss, and other complications. One rare but serious risk with VBAC is that the cesarean scar on the ***uterus*** may rupture (break open). The rupture of a uterine scar can harm you and your fetus.

After cesarean delivery, you will have a scar on your skin and a scar on your uterus. Some uterine scars are more likely than others to cause a rupture during VBAC. The type of scar depends on the type of cut in the uterus:

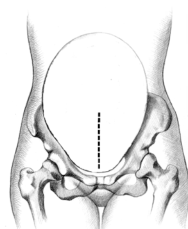
1. Low transverse—A side-to-side cut made across the lower, thinner part of the uterus. This is the most common type of incision and carries the least chance of future rupture. Women who have had previous deliveries with low transverse cuts may be able to have a VBAC.
2. Low vertical—An up-and-down cut made in the lower, thinner part of the uterus. This type of incision carries a higher risk of rupture than a low transverse incision. VBAC may be considered if a woman has had a low vertical incision.
3. High vertical (also called "classical")—An up-and-down cut made in the upper part of the uterus. This is sometimes done for very preterm deliveries. It has the highest risk of rupture. Women with this incision type generally should not consider VBAC.

You cannot tell what kind of cut was made in the uterus by looking at the scar on the skin. Medical records from the previous delivery should include this information. It is a good idea to get your medical records of your prior cesarean delivery so your ob-gyn or other health care professional can review them. If medical records are not available, you may still be able to try for a VBAC unless your ob-gyn or other health care professional thinks you had a high vertical incision.

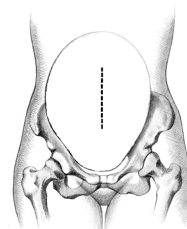
Types of Cesarean Incisions



Low transverse



Low vertical



High vertical

The cut made in the uterus for a cesarean delivery may be low transverse, low vertical, or high vertical. The type of cut made in the skin may not be the same as the cut made in the uterus.

Where to Have a VBAC

VBAC should take place in a hospital that can manage situations that threaten the life of the woman or her fetus. Some hospitals may not offer VBAC because hospital staff do not feel they can provide this type of emergency care. You and your ob-gyn or other health care professional should consider the resources available at the hospital you have chosen and whether these resources are appropriate for VBAC. If the hospital you have chosen does not have appropriate resources, you may be referred to a hospital that does.

During labor, the fetal heart rate will be monitored continuously with a machine. This monitoring allows your ob-gyn and hospital staff to detect problems early and respond quickly to prevent complications.

When Plans Change

No matter which option you choose, be prepared for changes to your delivery plan. If you have chosen to try for a VBAC, things can happen during pregnancy and labor that alter the balance of risks and benefits. For example, you may need to have your labor induced (started with drugs or other methods). This can reduce the chances of a successful vaginal delivery. Labor induction also may increase the chance of complications during labor. If circumstances change, you and your ob-gyn or other health care professional may want to reconsider your decision.

The reverse also is true. For example, if you have planned a cesarean delivery but go into labor before your scheduled surgery, it may be best to consider VBAC if you are far enough along in your labor and your fetus is healthy.

Finally...

VBAC and repeat cesarean birth have risks and benefits. When considering your options, you need to know the risks and weigh them against the benefits. Your ob-gyn or other health care professional can guide you in making the best decision.

Glossary

Breech Presentation: A position in which the feet or buttocks of the fetus would be born first.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the woman's abdomen and uterus.

Fetus: The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

Gestation: Pregnancy; the period from fertilization until birth.

Hysterectomy: Removal of the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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The American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920