

Vaginal Birth After Cesarean (VBAC)

Answers to Six Common Questions



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If you are interested in this pamphlet, you have probably given birth by cesarean and are thinking about a future pregnancy and delivery.

Every woman's pregnancy and birth is different. Your choices for birth after having had a cesarean depend on many factors. This pamphlet is designed to answer some of the questions you might have while you consider your options.

The answers we provide are based on information about birth outcomes gathered in British Columbia over the last ten years. We have compared outcomes between planned vaginal births and planned cesarean births for women who have already had a cesarean. This comparison shows that it is safe for most women to plan a vaginal birth after cesarean (VBAC).

- **In BC during the last ten years, 70% of women (8,056 out of 11,335) who planned a VBAC delivered vaginally.**
- **One major study shows that about 50% of mothers have some pain during the first two months after vaginal delivery but only 2% report pain at six months after the baby is born. In contrast, 80% of mothers report pain two months after a cesarean birth and 20% are still experiencing some pain at six months.¹**

01

What are the benefits of having a vaginal birth if I had a cesarean before?

A vaginal birth has several benefits:

- Less risk of infection (0.7% risk for vaginal birth compared to 1.4% risk with a cesarean).
- A shorter stay in hospital (1-2 nights instead of 3 or more).
- A faster recovery, making it easier to breastfeed, look after other children and return to your usual level of activity.
- Less pain overall. Labour may be painful, but if you deliver vaginally, the pain is mostly over once your baby is born.

02

How likely is it that my baby will experience major complications if I choose a VBAC?

During the last 10 years in BC it has been extremely rare (0.05%) for a baby to experience life-threatening complications after a VBAC or a planned cesarean. Other complications that can cause concern (admission to an intensive care nursery, help with breathing, low overall health rating at birth) are also uncommon. In fact, the rates are similar for women having a VBAC (0.6%) or cesarean (0.5%).

03

What is the likelihood of a major complication for me if I plan to give birth vaginally?

The risk of a major complication after a previous cesarean is low and not that different for women planning a vaginal birth (1.4%) compared to those planning another cesarean (1.0%).

Major complications for either group can include uterine rupture, hysterectomy, blood transfusion or infection, or complications of anaesthesia. Uterine rupture is a tear of the uterus or womb and it causes internal bleeding. This rare but serious complication is hard to predict for any woman having a baby but is slightly more likely to occur (0.3%) among women who planned a VBAC compared to those who planned a cesarean (0.1%). These complications are usually recognized quickly and treated in hospital.



04

What if I have a vaginal tear during my VBAC? Aren't I at risk of ongoing problems and pain?

In the last ten years, less than 5% of women having a VBAC had a major vaginal tear.

Women are concerned about pain in the genital area and problems with sexual relations after a vaginal birth. In fact, persistent pain at one year postpartum is almost three times more common among women having a cesarean (23% vs. 8%).² Fortunately, problems related to sexual functioning are temporary and studies have shown that by six months after giving birth, there is no difference in symptoms between women having a vaginal birth vs. cesarean.³

05

I'm in my late 30s. Does my age make it more risky for me to give birth vaginally after a previous cesarean?

There is an increased risk of complications in pregnancy and birth for all women over the age of 35 compared to younger women. For women over 35 planning a VBAC, the risk of major complications is 1.9% compared to 1.4% for 25-30 year olds.

06

The reason I had a cesarean last time was because my baby was large and my labour didn't progress. Isn't it likely to be the same this time?

Not necessarily. Among women in BC who had a cesarean because of a lack of progress in labour, 56% went on to have a vaginal birth the next time. For women who had a previous vaginal birth at any time, this number increases to 72%.



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If you decide to plan a VBAC

If you have decided to plan a vaginal birth after cesarean, your doctor or midwife will probably advise you to go into hospital soon after your contractions start in order to monitor you and your baby during labour.

During labour, it is important to inform your care provider about how you are feeling. For example, they will need to know if your contractions stop, if you are having trouble managing your pain, or if the nature of your pain changes.

After reading this pamphlet you may have other questions about your own situation. Please discuss this pamphlet, and your choices, with your doctor or midwife.

→ **Complications from planning a VBAC are rare for both mother and baby.**

Please note: this pamphlet is not intended for women with ongoing health issues such as diabetes, high blood pressure, or heart problems. If these conditions apply to you, or if you are having twins, experiencing early labour (before 36 weeks), or have had uterine surgery other than a routine cesarean, your doctor will give you personal advice related to your situation.

1 Declercq E, Cunningham K, Johnson C, Sakala C. Mothers' reports of postpartum pain associated with vaginal and cesarean deliveries: results of a national survey. *Birth*, 2008; 35 (1): 16-24.

2 Kainu J, Halmesmaki E, Korttila K, Sarvela P. Persistent pain after cesarean delivery and vaginal delivery: A prospective cohort study. *Anesthesia & Analgesia*, 2016;123:1523-43.

3 Barrett G, Peacock J, Victor C, Manyonda I. Cesarean section and postnatal sexual health. *Birth*, 2005; 32 (4): 306-311.