

Fact Sheet: Repeat Cesarean and Vaginal Birth After Cesarean

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Choices to be made:

Pregnant women who had a cesarean for a previous birth face the question of whether to plan an Elective Repeat Cesarean Delivery (ERCD), or to plan a Trial of Labor After Cesarean (TOLAC). If a trial of labor is successful, and the baby is delivered vaginally, the woman has had a Vaginal Birth After Cesarean. (VBAC)

Women make these decisions based on medical advice from their doctor or midwife combined with their own personal values and goals for their birth experience.

Chance of VBAC Success: Who is a Good Candidate for TOLAC/VBAC?

Most women who plan TOLAC and whose care providers support them in their choice have a VBAC (60-80 %).

VBAC is more likely if:

- the uterine incision from her previous cesarean is a low transverse scar (most are)
- the reason for her previous cesarean hasn't recurred
- labor is allowed to begin on its own, and is not induced or augmented
- the mother is younger than forty and has a BMI (body mass index) below 30 kg/m²
- the mother has had a prior vaginal birth, especially a prior VBAC

VBAC is less likely if:

- the mother had a uterine infection after her cesarean
- the mother has had multiple prior cesareans (or had one cesarean less than 18 months ago)
- gestation is over forty weeks and baby weighs over 9 pounds

VBAC may not be recommended if:

- her uterine incision was vertical, T- or J-shaped (only used in emergencies or unusual situations)
- she had a uterine rupture in a previous pregnancy that caused problems

Ask your care provider for advice specific to you, based on your medical history. Also ask: "Of your clients who had a previous cesarean, what percent try for a VBAC? Of those, what percent succeed in having a vaginal birth?" A care provider who strongly and actively supports the idea of VBAC and supports women's choices for their birth will say that over 60% of clients with prior cesareans plan a VBAC, and over 60% of those succeed.

What are the Potential Risks of ERCD or TOLAC / VBAC?

- For the mother, generally the lowest risk situation is a TOLAC ending in VBAC, medium risk is ERCD, and the higher risk is from an unplanned or emergency cesarean when a TOLAC was not successful.
- With a repeat cesarean (whether planned or unplanned), there is an increase in: blood loss, chance of infection, postpartum pain, length of hospital stay, chance of complications from anesthetic. Chance of maternal death is always very small, but lower with VBAC than with ERCD. (4 in 100,000 vs. 13 in 100,000)
- For baby, the risks are generally comparable between cesarean delivery and TOLAC / VBAC
- The notable area where risk differs for the baby is in the rare case of uterine rupture.
 - Uterine rupture is when the scar in the uterus opens up during labor. (Chance of rupture is about 325 in 100,000 for VBAC, and about 26 in 100,000 for ERCD) A mild rupture can be relatively harmless, and can usually be managed with a prompt cesarean.
 - In rare circumstances, rupture can lead to infant death. The chance that a baby will die is 130 per 100,000 for TOLAC compared to 50 per 100,000 for ERCD. (Note, the 130/100,000 odds are similar to the odds that any woman in labor with her first baby will experience an infant death. So the chance of this outcome is no higher with TOLAC than it was with your first birth.)

Making Your Decision:

After reading this information, and after consulting with your care provider about your unique medical situation, you (and your partner) can consider what your hopes and goals are for this birth, and make the informed choice about what is best for you and your baby.

How Labor is Managed for Women with Prior Cesareans

Because of the increased risk of uterine rupture, care providers monitor these labors more closely than they monitor a woman who does not have a scarred uterus. These women may be asked to come to the hospital earlier - as soon as they think they are in labor, rather than waiting for active labor to become established. Also, they typically have continuous electronic fetal monitoring throughout the entire labor. (Uterine rupture causes a distinct change in fetal heart rate patterns, so the monitor can quickly detect early signs of rupture. If the heart rate indicates a rupture, a cesarean can be done before baby is harmed.)

Because women with prior cesareans have a greater statistical likelihood of having a cesarean, there may be additional restrictions, such as: no food in labor. Labor induction with prostaglandins significantly increases risk of rupture, and should be avoided. Pitocin increases the risk, and should be used with caution. Women may choose to avoid pain medications, as they can slow labor, which can lead to cesarean.

Women planning a TOLAC may write two birth plans: a VBAC plan to be used if everything goes well, and a Cesarean Birth Plan to be used if cesarean becomes necessary. (see below)

Planning Repeat Cesarean / Preparing a Birth Plan for an Unplanned Repeat Cesarean

Planning Best Possible Cesarean: www.parenttrust.org/index.php?page=parenting-tips, filed under pregnancy.

Timing:

If you do choose to schedule a repeat cesarean, consult with your care provider about timing. Some care providers recommend scheduling the surgery for days or weeks before your due date so it is likely to happen before you are in labor. It is easier to do a cesarean on a uterus that is not contracting. However, there are some benefits to both mother and baby of letting labor begin on its own before doing the cesarean. There are also benefits of waiting for baby to reach full-term rather than delivering early. For example, a baby delivered in the 37th week has a 13% chance of being admitted to NICU versus a baby delivered in the 39th week has only a 6% chance. In the 37th week, there's a 3.7% chance of respiratory distress syndrome, versus 0.9% in the 39th week.

Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks. March of Dimes, 2010. www.marchofdimes.com/professionals/medicalresources_39weeks.html

Sources:

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AAFP. Trial of Labor after Cesarean: A Review of the Evidence and Recommendations. March 2005.

"What Every Pregnant Woman Should Know About Cesarean" and other materials from the Childbirth Connection. www.childbirthconnection.org

CDC statistics on cesarean trends, http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf

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