

Vaginal Birth after Caesarean (VBAC)

Women's and Children's





General Information

This leaflet is for all pregnant women using Maternity services at the East and North Hertfordshire NHS Trust who have previously had one Caesarean section. Unless there are specific medical reasons to have a repeat Caesarean section, we support women to plan for vaginal birth. This is because recovery is quicker and a vaginal birth is significantly safer than undergoing repeated major surgery.

Antenatal Care

Women who have had one previous caesarean section and have no other obstetric complications will still have their antenatal care with a midwife. Your midwife may be able to access the details of your previous birth if it took place at the Lister or QE2 hospitals to discuss your previous experience and answer any questions you may have.



Care During Labour

There are very few differences in labour for women who have had a previous caesarean section compared to any other woman in labour.



The main difference in care is the recommendation of continuous monitoring of the baby's heartbeat with a CTG monitor. In view of this your care will be on the consultant led unit.

Monitoring of the baby's heartbeat should not restrict your movement, being upright and mobile in labour has shown to help women cope in labour and shorten the length of labour. If there are no other risk factors you are also able to use the birthing pool for your labour and birth as we have two monitors that can be used underwater to ensure your baby's wellbeing whilst allowing you the benefits of water.



You are also recommended to have an IV-cannula in your hand as a precaution and we will take a blood sample when we insert the cannula to check your blood group and iron levels. This will be removed shortly after birth assuming you are feeling well.

In all other aspects your labour and birth will be treated as normal, research shows that approximately 75% of women will go on to have a successful vaginal birth (90% if you have ever given birth vaginally before). To put this figure into perspective, 68% of first time mothers at the Lister had successful vaginal births in 2014.

Prolonged Pregnancy and Induction of Labour

Your pregnancy is considered 'term' between 37 and 42 weeks. The National Institute of Clinical Excellence (NICE) recommends offering women induction of labour after 41 weeks; currently we offer routine induction of labour when your pregnancy has reached 41 weeks and 5 days.

Your midwife should offer you a membrane 'sweep' when your pregnancy has passed the expected due date in order to try and encourage the onset of labour. This is a procedure where the midwife performs a vaginal examination and uses her finger to separate the bag of waters from the wall of the uterus in order to release a surge of hormones. This can increase your chances of going into labour without induction; they can be very effective and often encourage labour to start within 24-48 hours.

There are a few other things you can try which some people believe to help encourage labour to start....

- ◆ **Long walks** make sure you get enough rest in between !
 - ◆ **Foods** such as Chilli, curry etc, which can give you an 'upset stomach have been found to help. Fresh
- 



Pineapple can have this effect and also contains the enzyme Bromelain, which is thought to help soften the cervix

- ◆ **Making love** and/or having an orgasm have been shown to increase the levels of oxytocin in your body which is the hormone which stimulates contractions.
- ◆ **Nipple Stimulation** gentle rubbing, rolling or sucking of the nipples and areola (area surrounding nipple) is also proven to increase oxytocin and may help to stimulate contractions.
- ◆ **Acupuncture / Reflexology** and other alternative therapies can be useful in preparing your body and encouraging labour. Always make sure you visit a qualified/approved therapist and they are aware you are pregnant.

For women who have had a previous caesarean section there is evidence that induction of labour slightly increases the likelihood of separation of the scar however there is more than 97.5% chance your scar will not separate if labour is induced with prostaglandin pessaries and over 99% chance it will remain intact if only an oxytocin drip is required.

If your pregnancy reaches 41 weeks gestation you will be offered an appointment with a consultant obstetrician to discuss induction of labour.

Risks / Benefits of vaginal birth and caesarean section

Unless there are other obstetric complications or specific medical concerns that would indicate the need for another caesarean section we support women to have a vaginal birth as this is a safer option than undergoing repeated major surgery. We are happy to discuss your previous experience and any questions or concerns you have regarding labour and birth this time.





Benefits of vaginal birth:

- ◆ Baby is less likely to develop breathing problems associated with caesarean section
- ◆ Less risk of further surgery
- ◆ Less abdominal pain
- ◆ Less risk of injury to your bladder
- ◆ Reduced length of stay in hospital
- ◆ Less likely to suffer from fertility problems in the future
- ◆ Less likely to suffer from complications in future pregnancies
- ◆ Less likely to need a hysterectomy (removal of your womb) at the time of delivery to control severe bleeding
- ◆ Quicker recovery – able to provide care to existing children more quickly
- ◆ Able to drive a car sooner

Benefits of a planned caesarean section:

- ◆ Less risk of scar dehiscence or rupture (opening of the scar on your womb)
- ◆ Less risk of damage to your perineum
- ◆ Slightly less risk of requiring a blood transfusion or getting an infection in your uterus than if you plan for vaginal birth but require an emergency caesarean section at any point.

What now?

Please discuss your plans with your community midwife. You will be offered the opportunity to attend a VBAC birthing class to help you to prepare for labour and birth.





If you need to have a further discussion you may be referred to the midwife-led Birth Planning Clinic or to an Obstetrician, where you can also review the events of your previous labour, if required.

If you have any signs of scar pain, bleeding or changes in the baby's movements during your pregnancy please contact the labour ward. As with any pregnancy, if there are any changes to your health or concerns about your baby, your midwife will refer you to a consultant, or a member of member of their team.

If you have any questions regarding your care please feel free to speak to your community midwife, obstetrician or one of our team of Supervisors of Midwives who can be contacted via labour ward at Lister.





Further Information:

Caesarean Section—Information for the Public (NICE, 2011) See: <https://www.nice.org.uk/guidance/cg132/informationforpublic>

Induction of Labour—Information for the Public (NICE, 2008) See: <https://www.nice.org.uk/guidance/cg70/informationforpublic>

www.caesarean.org.uk

www.vbac.org.uk

Contact Numbers:

Lister Hospital

Antenatal Clinic 01438 286031

Consultant-Led Unit 01438 284124

**You and your baby are important to us –
Thank you for choosing East and North Herts NHS Trust**

www.enherts-tr.nhs.uk

Date of publication: September 2015

Author: L Darcy

Reference: Version: 1.2

Review Date: July 2018

© East and North Hertfordshire NHS Trust

