



Giving Birth After Cesarean

CONGRATULATIONS ON YOUR PREGNANCY!

This booklet is for women who are pregnant, but have had a C-section in a prior pregnancy.

Since you had a C-section with your last birth, you now have two choices as to how to give birth to this baby. Some women plan to have another C-section (called an elective or planned repeat cesarean birth), while others plan to have the baby vaginally (called a vaginal birth after cesarean or VBAC).

Making the choice about how your baby is born is something each woman has to decide on her own. It can take time to understand what you want, the needs of your family, and the risks and benefits of each option. If you have any questions about anything in this handout, talk about them with your nurse practitioner, doctor, or midwife.



Overall

- A successful VBAC (meaning you have a vaginal birth) has the least amount of risk for mom and baby
- An unsuccessful planned VBAC (meaning you tried to have a vaginal birth, but ended up having to have a C-section) carries a higher risk
- A repeat C-section (meaning you planned to have a C-section all along), has a risk that is somewhere in the middle

For many women, VBAC is a safe option and their chance of having a successful vaginal birth is about the same as a woman having her first baby. At Boston Medical Center (BMC), 70 out of 100 women who choose to VBAC are successful. At BMC, our VBAC rate is one of the highest in the area!

Why Women Choose to Plan a VBAC

- To avoid having major abdominal surgery and the risks associated with surgery
- To have a quicker recovery and a shorter hospital stay
- To have less of a chance of having problems with how the placenta attaches during the next pregnancy
- To have less of a chance of infection, blood clots, or postpartum fever
- To allow Mom to get to hold the baby and start breastfeeding sooner
- To reduce the risk of breathing problems for the baby after birth
- To increase the chance of vaginal birth in future pregnancy

Why Women Choose to Have a C-Section

- To be able to plan in advance for the date and time of the birth
- To know what to expect from the surgery
- Because of a bad experience with a prior pregnancy when trying to give birth vaginally, and fear of having a similar experience with this birth
- To avoid labor and the risks associated with vaginal birth after C-section
- To avoid the chance of going through labor and still needing a C-section

Ensuring Your Support and Safety, Whichever Option You Choose

- Highly qualified team of nurses, midwives, and doctors work together to ensure the safety of you and your baby



- Surgical and anesthesia doctors are always available in the hospital to perform a repeat C-section if needed
- Our recommendations for your care during pregnancy and your delivery are based on the best research available
- A Birth Sister will be there to support you in labor if you ask for one during a prenatal appointment
- Childbirth education classes are available at the hospital multiple times a month

When is VBAC Likely to be Successful?

- You had a previous vaginal birth
- Your labor starts on its own
- You are in active labor (meaning you are having strong contractions and your cervix is opening) when you come to the hospital
- You really want to have a vaginal birth
- You have not had more than two C-sections
- You are less than 40 weeks pregnant
- Your baby's weight is estimated to be less than 4,000 grams (8 pounds 13 ounces)
- You have good labor support and pain control
- You are an average weight
- Your previous C-section was not done because of a problem with the shape of your hip bone

When is VBAC Less Likely to be Successful?

- You have never had a vaginal birth
- You need medication to begin labor
- You are more than 35 years old
- You are in labor less than 18 months since your last C-section
- You are unsure about having a vaginal birth
- Your baby's weight is estimated to be more than 4,000 grams (8 pounds 13 ounces)
- You are admitted in early labor (meaning your contractions are not too strong and your cervix is not open very much)
- You are overweight
- You do not have good support or pain control
- You have the same problem that led to your previous C-section



Risks of VBAC

- There is an increased chance of infection if you have a C-section after labor has started (and you do not successfully give birth vaginally)
- There is a small risk that the scar from your C-section could tear open during labor, which is called a uterine rupture
- If a uterine rupture occurs you would need an emergency C-section
- If a uterine rupture occurs there is a higher chance that the uterus will have to be removed to stop heavy bleeding and you would not be able to have more children
- If a uterine rupture occurs there is a 1 in 1,000 chance that the baby will have a brain injury or die

The chance you will have a uterine rupture is less than 1 in 100 (meaning that for every 100 women who VBC, 1 have a rupture)

Risks of C-Section

For Mom:

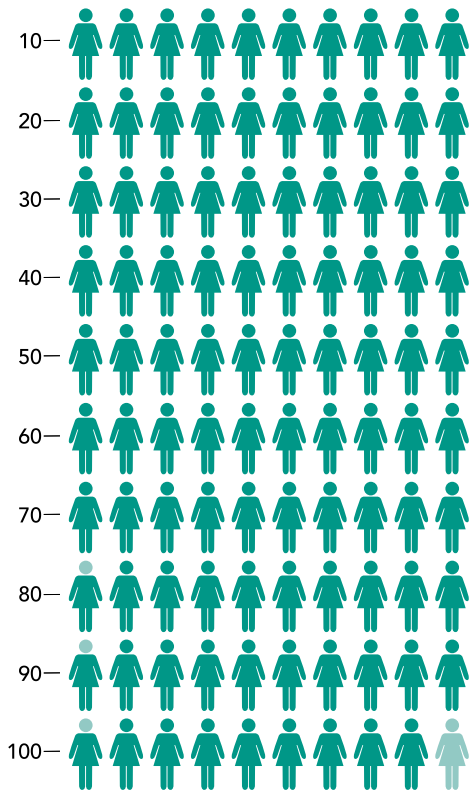
- A C-section is major surgery, and so has surgery-related risks including:
 - Infection
 - Severe bleeding that may lead to removal of the uterus, meaning you would not be able to have more children
 - Blood clots that can block the blood vessels in your lungs or legs
 - Blockages of your bowel from the surgery scars
 - Long lasting severe pain
 - A longer hospital stay and increased risk of having to come back to the hospital
- Delayed bonding and breastfeeding, making the baby less likely to be breastfed

For Baby:

- Having difficulty breathing at the time of birth
- Minor cut during surgery

Future Pregnancy:

- Increased risk of uterine rupture
- Increased risk of pregnancy outside the uterus
- Increased risk of abnormal location and growth of the placenta
- Problems after birth leading to heavy bleeding, which could lead to the removal of your uterus



Tips for Having a Successful VBAC

- Avoid gaining too much weight during your pregnancy
- Get regular exercise and have a healthy lifestyle
- Attend childbirth classes
- Select a prenatal provider who supports your decision to try to have a VBAC
- Have a good support person or a trained Birth Sister
- If the baby is not positioned head-down, discuss if a doctor could try to turn the baby around from the outside
- Try to wait for labor to start on its own
- Go to hospital when you are having very strong and frequent contractions
- Really believe that you can have a vaginal birth
- Have good pain control when you are in labor
- If you are frustrated with pushing, setting an end point is reasonable. If you reach that point then you can decide if you want to go further
- If it is not an emergency and a C-section is suggested to you, ask questions, if you have them
- Be patient

Tips for Having a Safe C-Section

- Receive antibiotics at the time of C-section to decrease your chance of infection (this is standard practice at BMC, and not something you need to ask for)
- Get up and walk as soon as possible after the C-section
- Make sure your pain is well controlled after the C-section
- Keep your support persons with you before, during, and after surgery
- Get plenty of help at home
- Keep your baby with you after birth, start skin-to-skin and breastfeeding as soon as possible if that is your plan
- Get help with breastfeeding if you need

If You Plan a VBAC, What Can You Expect During Your Hospital Stay?

- You will be asked to sign a consent form stating that you understand the risks and benefits of trying VBAC, and that you want to try to have a vaginal birth
- You will meet the anesthesiologist to discuss whether you want an epidural or not (your options for pain medication during labor are not different because you had a previous C-section)
- If your cervix is not opened very much a Cervical Foley Balloon may be placed in your cervix to help start your labor, or you may be given Pitocin through your IV line to help start your labor
- Your contractions and the baby's heart rate will be monitored the entire time you are in labor

A planned VBAC is not a guarantee that you will avoid another C-section.



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