

# Valley Midwifery Group

## Vaginal Birth after Cesarean (VBAC)

Repeat cesarean section after a previous cesarean delivery is no longer routine. Studies support a trial of labor after a previous cesarean delivery and successful vaginal deliveries are possible in up to 80% of appropriately selected patients. However, the VBAC decision requires much consideration.

Attempted vaginal birth for women with a single previous low transverse cesarean section is associated with a lower risk of complications for both mother and baby than routine repeat cesarean section. The morbidity associated with successful vaginal delivery is one-fifth that of elective cesarean section<sup>1</sup>. Uterine dehiscence (separation of uterine scar) or rupture, which can threaten the life of both mother and baby, occur at a combined rate of 1 in 250 to 1 in 30, with the rate of true catastrophic uterine rupture ranging from 1 in 900 to 1 in 125 births. Population based data as well as a study by Smith et al confirm that uterine rupture is a rare event, offering a uterine rupture rate of 3.5 per 1000 trials of labor<sup>2</sup>.

There is evidence suggesting that cesarean sections increases risk for future pregnancies, including stillbirths, placenta previa, and placenta accreta and percreta. These risks should be taken into account before considering a repeat cesarean section over a trial of labor especially if future pregnancies are desired.

When considering a trial of labor as a VBAC, women should consider the following:

- \* Any concerns relating to previous cesarean section, including the indication for the cesarean section.
- \* The type of incision made and the repair methods used during the previous cesarean section (single layer versus double layer closure and type of sutures used).
- \* An ultrasound near the end of pregnancy may be indicated to reveal any evidence of the placenta over the area of the scar and consider a consult with an obstetrician.
- \* Any history of infection or other reason for impaired uterine scar healing as well as time interval between previous cesarean section and current pregnancy; the shorter the interval the weaker the uterine scar. Risks of uterine rupture are higher (2.8% versus 0.9%<sup>3</sup>) if delivering a child less than two years after uterine surgery.
- \* The risks associated with uterine dehiscence and uterine rupture
- \* Distance from planned place of birth to a hospital with cesarean section capability if planning birth in an out-of-hospital setting or in a hospital without cesarean section capabilities.

Women should discuss the above with their primary caregiver and have a thorough understanding of the risks and benefits of VBAC in order to make an informed decision about a trial of labor versus a planned repeat cesarean section.

Prepared by Trang Duong ND RM

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<sup>1</sup> Enkin et al. [A Guide to Effective Care in Pregnancy and Childbirth](#). Third Edition. Oxford University Press, June 2000. Page 350.

<sup>2</sup> Smith GC, Pell JP, Pasupathy D, Dobbie R. Factors predisposing to perinatal death related to uterine rupture during attempted vaginal birth after caesarean section: retrospective cohort study. *BMJ* 2004;329: 375-7.

<sup>3</sup> Cohain J. The Many Ways to Sew Up a Uterus. *Midwifery Today*, 70: 32-34, 2004.