

## Vaginal Birth after Cesarean Section (VBAC)

This handout explains the option of choosing a vaginal birth after cesarean (VBAC). This helps our patients decide if they want to attempt a vaginal birth or to have a repeat C section.

### Is it possible to have a vaginal birth if you have had a C section?

Yes, even if you have had one or two C sections in the past, you may be able to have a VBAC in the future. The success rates of women trying VBAC range between 60 and 80%.

### Why choose to VBAC?

- Shorter recovery time
- No surgery
- Less chance of infection
- Less blood loss
- Less complications with future pregnancies
- Less risk for future deliveries

### Why choose a repeat C section?

- Avoid the risk of uterine rupture (separation of uterine scar), which may injure the infant or result in hysterectomy (removal of the uterus)
- Avoid the chance that you will go through most of labor, and still need a C section
- Ease of having a scheduled birth

### Who can have a VBAC?

- Women who have had one or two C sections.
- C section incision on the uterus must have been “low transverse” rather than vertical. Skin incision may be different than the incision on the uterus. We will need to get the report of your prior C section to confirm this.

### Some reasons women may not be able to try VBAC include:

- If your baby is not head down
- If the placenta is covering the cervix (placenta previa)
- If you have had more than two C sections
- Prior uterine rupture
- If your former doctor advised against having a future VBAC

### What are the risks of trying VBAC?

- Uterine rupture
- Emergency C section
- Risks to your health
- Risks to baby’s health
- There is more risk if C section needs to be done after an attempt at labor compared to having a planned repeat C section

### How can these risks be decreased?

- Continuous fetal monitoring, to assure baby’s health through labor.
- Lab work (to include blood count and blood typing)
- Intravenous line (IV) while in labor
- Using certain medicines known as prostaglandins to soften and ripen the cervix as the due date gets closer
- Delivery in a hospital and with a doctor able to recognize and manage problems
- Avoid prolonged labor, and proceed to repeat C section if problems arise

**What can increase my chances of having a successful VBAC?**

- Labor that starts on its own
- Labor before the due date
- A history of a successful vaginal delivery in the past
- Good prenatal care, that includes a healthy diet and exercise

**Lastly**

All types of deliveries, vaginal and cesarean, are subject to risks. Keep in mind that most women and their babies have happy and healthy outcomes.

Discuss these issues, your concerns, and your obstetric history with our Ob/Gyn doctors to set a plan that you are both at ease with and agree to follow.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2018. University of Wisconsin Hospital and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6687