

Prenatal Education

Key Messages for Ontario



Vaginal Birth after Caesarean (VBAC)

Key Messages

Giving birth vaginally after a previous caesarean birth can be a safe alternative to a repeat caesarean birth. This is known as a VBAC.

The benefits of having a VBAC instead of a repeat caesarean birth include:

- ▶ No risk of complications from an abdominal operation.
- ▶ Reduced risk of blood loss.
- ▶ Less pain.
- ▶ Reduced risk of a postpartum fever.
- ▶ Reduced risk of an infection.
- ▶ Being able to walk sooner after birth.
- ▶ A shorter recovery time.
- ▶ Satisfaction of having a vaginal birth.
- ▶ Earlier start to breastfeeding and better success with breastfeeding at three to six to six months.
- ▶ Fewer potential complications for the newborn.

If you are planning to have more children, choosing a VBAC may be the safest option for you. The more caesarean births you have, the more likely you will have problems with the placenta in future pregnancies.

Discuss with your health care provider if a VBAC is right for you.

In order for a VBAC to be safe it is important that:

- ▶ The incision (cut) in your uterus during your last caesarean birth(s) was made in a horizontal direction (across) the lower part of your uterus. The incision in your uterus is not always in the same direction as the incision in your skin. To learn where the incision in your uterus was made, your health care provider can review your health care record from your previous caesarean birth(s).
- ▶ You have not had any surgery (other than your caesarean birth) where an incision was made in your uterus.
- ▶ Your uterus has never ruptured (come apart).
- ▶ The reason you needed to have a caesarean birth the last time is not a reason this time and that there are no other reasons why you should not labour and give birth vaginally.

Risks associated with a VBAC include:

- ▶ Uterine rupture. This involves a tear along the scar on your uterus from your previous caesarean birth(s). If this occurs, an emergency caesarean birth will be done. Uterine rupture can lead to the need for a blood transfusion and/or the removal of your uterus.
- ▶ The need for a repeat, possibly urgent, caesarean birth if there is an urgent health concern during labour.

Risks associated with a VBAC are higher for women who:

- ▶ Have had a caesarean birth less than 18 months ago.
- ▶ Are older than 35 years of age.
- ▶ Have a body mass index (BMI) greater than 30 kg/m².
- ▶ Are given medication to start (induce) or speed up (augment) their labour.

Even after two or more caesarean births, a VBAC can be attempted, although the risk of complications is higher.

If you choose to have a VBAC, you and your baby will be monitored closely during labour.

If you choose to have a VBAC, you may still need to have a caesarean birth. For this reason, the Society of Obstetricians and Gynaecologists of Canada (SOGC) does not recommend a home birth for a VBAC. A midwife may still be your primary health care provider if you decide to have a VBAC. If you are interested in a VBAC at home, you should discuss the risks and special considerations with your midwife.

When you are in active labour, your contractions and your baby's heart rate will be monitored continuously. Your vital signs and your labour progress will also be checked regularly.

A strong support system can be especially helpful if you choose to have a VBAC.

During a VBAC, you may choose your method of non-medical or medical pain relief, including an epidural.

If you choose to have a VBAC, some methods to induce or improve your labour progress are safer than others.

It is safest for you and your baby to go into labour on your own. However, sometimes women need help to start their labour (induction) or to speed up their labour (augmentation). These methods may include:

- ▶ A catheter inserted into cervix to soften and widen it.
- ▶ Small, gradually increasing doses of oxytocin medication given through an intravenous (IV) line.

Oxytocin is a hormone which causes contractions to occur. During a VBAC, it will only be given if necessary as it can increase the risk of uterine rupture.

Please see the Interventions in Labour Key Messages for more information on methods of induction and augmentation of labour.

You will be closely monitored after your baby is born if you have VBAC, or if you try to have a VBAC and have a caesarean birth.

Following a VBAC or a trial of labour with a repeat caesarean birth, your health care providers will closely monitor the amount of vaginal bleeding that you have. Uterine rupture, although rare, could still occur. Tell your health care provider if you have an increase in vaginal bleeding after the birth.

Whether you have a VBAC or a caesarean birth, following the birth, talk to your health care provider about your future birthing options. This can help you make decisions in future pregnancies.

Learn more about vaginal birth after caesarean.

You can find out more about VBAC from the following resources.

- ▶ Your health care provider
- ▶ Your local public health unit 1-866-532-3161
- ▶ Society of Obstetricians and Gynaecologists of Canada (SOGC): Pregnancy Info - Birth
<https://www.pregnancyinfo.ca/birth/>
- ▶ Association of Ontario Midwives (AOM)
<https://www.ontariomidwives.ca/client-handouts>
- ▶ Power to Push Campaign
www.powertopush.ca/birth-options/types-of-birth/vaginal-birth-after-caesarean
- ▶ oMama
www.omama.com