

Vaginal Birth After Caesarean (VBAC)

Vaginal Birth After Caesarean (VBAC) What To Expect



A vaginal birth after a caesarean (VBAC), especially after a LUSC (lower uterine caesarean section), in a 'normal', healthy pregnancy, is the safer choice for most women.

Statistics suggest that 7 out of 10 women, who undergo a 'trial of labour' after a previous caesarean section, can expect to give birth vaginally.

Uterine Rupture risks

The scar from your previous caesarean is strong. While many people fear that the scar will rupture, and cause the death of the Mother and/ or her Child, medical studies have shown that this risk is greatly overstated.

The only way that VBAC differs from other labours is the small increased risk of uterine rupture – about 0.3% (one in 300).

The risk of uterine rupture in a non VBAC labour is between 0.2% - 0.3%.

The risk of the baby dying because of uterine rupture in a woman trying for VBAC was 0.05% (one in 2000).

It has been suggested that between 693 and 3332 women would need to undergo elective repeat caesarean to prevent a single baby death attributable to VBAC.

Early VBAC studies did not always distinguish between a scar rupture and dehiscence. The latter is a partial separation of the uterine wall with little or no symptoms and minimal (if any) maternal or foetal death. The risk of uterine dehiscence or rupture combined occurs with the same frequency, up to 2%, whether a woman chose VBAC or planned repeat caesarean.

A VBAC, where not medically contraindicated (advised against) has advantages for the baby, too. The contractions of labour, massage the fluid out of baby's lungs and stimulate him/her ready for birth. Letting baby decide when he/she is ready to enter the world, rather than being induced ensures that baby is not immature, with lungs that may not be able to cope with life outside his/her mother's protective womb.

What to expect during a VBAC labour

A VBAC labour will progress the same way as any other woman's labour – the previous caesarean/s will not directly affect your body's ability to perform this natural function. If you've experienced labour previously, even if it ended in a caesarean, you may find that your VBAC labour progresses more quickly than your previous one.

Vaginal Birth After Caesarean (VBAC) continued...

What to expect during a VBAC labour continued...

Different hospitals have different protocols surrounding VBAC. Some hospitals require continual fetal monitoring with CTG. This often restricts a woman's movement and can interfere with the natural progression of labour. Most obstetricians will negotiate and you may agree to have it on for 20mins and off for an hour. If this is something you would like to do you will need to make a request – it will not be offered this way. They may also wish to put a drip 'bung' in your hand in case they need to put up a drip or take you to theatre. You have the right to accept or refuse.

You may also be on "the clock" once you get to hospital. This means that they would like your labour to progress within a time frame specified by the hospital. This generally means a progression of 1cm cervical dilation per hour. If your membranes have ruptured they would like to see active labour within 10hrs. If your labour is progressing well, you and baby are happy and you have a good support team, interference should be minimal.

Some women experience a stall in their VBAC labour, at the point they had reached during a previous labour; usually at the stage where the decision to perform a caesarean was decided (e.g., at 5 cms). It is not known if this has a physical cause, but it is more likely to be a response to the emotions surrounding the memories of the previous experience, triggered by reaching the same stage in this labour. Fear is a powerful emotion. If this does happen, it doesn't mean you will not birth vaginally. Nearly all women are able to work past this point, especially with the right support, and have a wonderfully empowering birth experience.

Working through memories, and informing yourself of your body's ability to birth naturally, during the interval between your caesarean and your VBAC will decrease the likelihood of your body stalling in this way.



Vaginal Birth After Caesarean (VBAC) continued ...

After your VBAC

A vaginal birth is different for all women. Nearly all women who birth this way do report feeling a mixture of emotions;

- Relief
- Exhaustion
- Exhilaration
- Love
- Joy
- Accomplishment
- Physical feelings vary depending on the individual experience. Some common physical feelings are:
 - Abdominal soreness (like bruising)
 - Strong after pains (contractions)
 - Perineal soreness (more so if you've had stitches, though the amount of bruising involved is a big factor)
 - Sore tailbone
 - Sore (bruised feeling) anus
 - Sore arms/shoulders (from hanging on to things -> hubby, bed, etc)
 - Tired legs (from standing, kneeling or squatting)
 - Sore throat -> if you have been vocal in labour!
 - Exhausted, but not at all tired!
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For perineal soreness some hospitals offer small ice packs, and these are great especially for bruising. A salt bath is also excellent for reducing any bruising and for ensuring stitches stay clean and uninfected; it is also very soothing. Also, a maternity pad soaked with witch hazel and a few drops of arnica essential oil, cooled in the fridge and then placed inside your knickers is very soothing for a sore, bruised perineum.

Panadol or Panadeine will usually help any soreness. After pains are usually stronger with subsequent pregnancies and can be quite uncomfortable. They are contracting your uterus to shrink it back down to normal size. Breastfeeding your baby helps with this process. Most women feel some degree of discomfort after having a baby, but this should only last for a short time and she should feel better each day. Discuss this with your doctor or midwife and make sure you feel comfortable. Just because you have birthed naturally doesn't mean your body doesn't deserve, or need, a lot of TLC – Tender Loving Care! Hot packs work wonders, as does a long, hot shower.

Article Summary

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