



East Suffolk and  
North Essex  
NHS Foundation Trust

# Your options for birth after one previous Caesarean section

This leaflet is for you if you have had one Caesarean section (CS) and are thinking about your next birth choices.

***Maternity Department  
Ipswich Hospital  
Tel: 01473 702666  
(Monday to Friday, 9am–5pm)***



For most healthy fit women, successful vaginal birth after Caesarean (VBAC) has fewer complications, compared to repeat Caesarean section.

Three out of four women with uncomplicated pregnancies will be successful in having a VBAC.

VBAC and elective repeat Caesarean section (ERCS) are both very safe. This information will explain why and provide information to help you to make the right birth choice for you.

## **What are my choices after one previous CS?**

You can choose between a VBAC or ERCS (see back of leaflet for explanations of these terms). We will make a recommendation for you which will take into account:

- the reason for your CS;
- whether you have also had a vaginal birth;
- how you recovered from previous births;
- whether your CS was uncomplicated;
- if there have been any complications in your current pregnancy or if you have any medical conditions;
- what your plans are for future pregnancies, as risks increase with each CS;
- how you felt about your last birth and your feelings about this birth.



## **What if I have had more than one CS?**

We will discuss your individual circumstances with you.

## **What are my chances of a successful VBAC?**

Three out of four women will birth normally, if their pregnancy is straightforward, labour starts spontaneously and they have a body mass index (BMI) of less than 30.

If you have had a previous vaginal birth as well, this likelihood increases to 8–9 out of 10.

## **What are the advantages of VBAC?**

A successful VBAC has fewer complications than ERCS.

You are likely to:

- recover quicker;
- have less time in hospital;
- avoid the risks of surgery;
- have immediate and uninterrupted skin-to-skin contact with and breastfeed your baby; and
- a greater chance of vaginal birth in future.

Your baby is:

- less likely to have breathing problems.

## **What are the disadvantages for you of VBAC?**

- One in four women may need an emergency CS during labour, compared to one in five women in labour for the first time. CS is most commonly needed if labour doesn't progress or if there are concerns for the baby.



- There is an increased chance of needing a blood transfusion compared to ERCS.
- The scar on your uterus may tear/rupture. This happens in 1 in 200 women. The risk of this increases by 2–3 if you are induced. You will be monitored closely for signs of this, so that a CS can be arranged quickly.
- You may need an assisted birth or experience injury to your perineum.
- Serious risks (brain damage or stillbirth) for your baby are higher than if you have ERCS, but the same as if you were in labour for the first time.

## **What are the advantages of ERCS?**

- There is a smaller risk of scar rupture (1 in 1,000).
- It avoids the rare, serious risks to your baby.
- You will know the planned date of birth, although 1 in 10 women will go into labour before the date.

## **What are the disadvantages of ERCS?**

- Scar tissue from your last CS can make your operation take longer and result in damage to your bowel or bladder.
- You may get an infection in your wound, which can take several weeks to heal.
- You are at increased risk of developing a blood clot in your legs or lungs.
- Your recovery will take longer and you will need extra help at home.



- Driving is not usually allowed until around six weeks.
- You are more likely to need a CS in the future.
- There is an increased risk of serious complications in future pregnancies relating to where and how the placenta grows.
- Your baby may get a cut to the skin at CS.
- Your baby is more likely to have breathing problems after birth (4–5 out of 100 compared to 2–3 after a successful VBAC). The risk of this is reduced if CS is not before 39 weeks.

## **What if labour starts when I am booked for ERCS?**

When you come to hospital, our team will review your individual circumstances (including how far your labour has progressed and how you feel about vaginal birth) and make a plan with you, which may be that you give birth vaginally or have an emergency CS.

## **What if I don't go into labour when I am planning a VBAC?**

Between 41 and 42 weeks of labour, it is usual to consider inducing labour as the placenta doesn't work so well after this time. Using drugs to induce labour does increase the risk of a problem with your scar, so your consultant will discuss whether this is appropriate for you (with close monitoring of both you and your baby) or whether it would be better to plan an ERCS.

## **What should I do when labour starts if I am planning a VBAC?**

Your midwife will talk with you about when you should contact the Delivery Suite. This will be:

- when you are having regular contractions or surges;
- if your waters break;
- if you have any bleeding which is more than a 'show';
- if you have any pain over your CS scar; or
- if you have any other concerns.

Make sure you tell the midwife you speak to that you have had a CS before.

Always call straightaway if you are worried about your baby's movements.

## **What happens now?**

Your plan for antenatal care will be agreed between you and your lead professional (either your midwife or consultant) depending on your individual needs. In addition, you will be offered an appointment between 21–28 weeks to answer any questions you might have so that you can make an informed decision about your birth.

## **Can I change my mind?**

If you change your mind about your choice of birth, please let your midwife or obstetrician know as soon as possible so that a revised plan of care can be discussed with you.



## **Some technical terms explained**

**VBAC – Vaginal birth after Caesarean:** This is the term used when a woman gives birth vaginally having had a previous Caesarean section. It includes normal birth and instrumental (forceps and ventouse) births. We recommend that women planning a VBAC plan to birth on our delivery suite.

**ERCS – elective (or planned) repeat Caesarean section:** This is better for baby if it is not done before 39 weeks, as breathing problems are more common if done before this time.

**CTG (cardiotocograph) monitoring:** This is the recommended method of recording a baby's heart rate during VBAC labour.

Two transducers will be attached with elastic belts to continuously record your baby's heart rate and contractions. It provides important information about how your baby is coping with labour.

Wireless, waterproof equipment is available which means you can be active during labour and birth, which may help labour to progress normally.

### **CS – Caesarean section**

**Perineum:** This is the area between the vagina and the anus (bottom).

# Notes

Please ask if you need this leaflet  
in an alternative format.

Issued by:  
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