Thinking about VBAC: Deciding what's right for me

If you have had a caesarean section (c-section) before, your midwife will talk to you about your options for this pregnancy. This handout aims to help you think and talk about your decision with your midwife, your partner and family and friends.

What are my options when giving birth after a previous c-section?

You will have the choice of planning either:

vaginal birth after caesarean section (VBAC)	repeat caesarean section (c-section)
VBAC is a safe choice for most people who have had a c-section. Many who have had a c-section in the past will still be able to give birth vaginally. Some who plan VBAC will end up having a c-section again.	You may prefer to have another c-section. For some a planned c-section may be a safer option.

What are my chances of having a VBAC?

Most VBACs happen as planned.

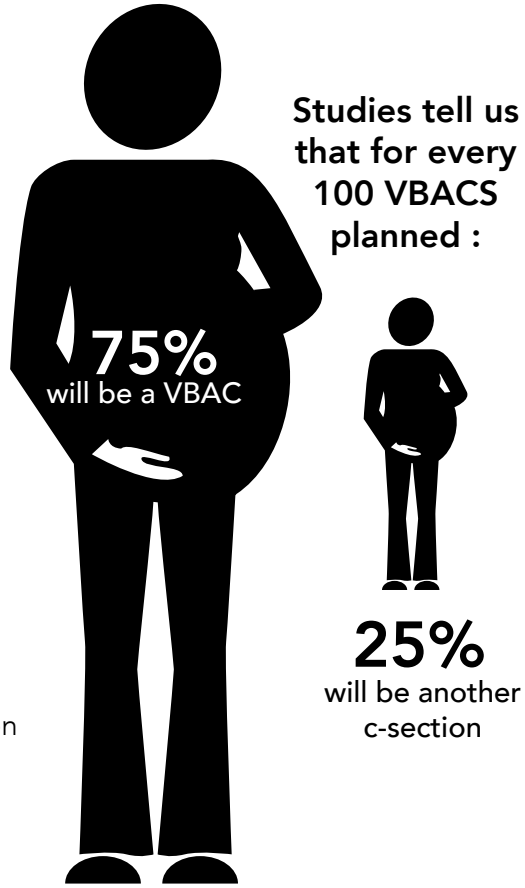
It's hard to guess your chance of having a VBAC. Some things about your own health history and previous birth experience(s) may make it more or less likely that you will give birth vaginally.

Your chances of having a VBAC are **INCREASED** if:

- You have had a vaginal birth before.
- The reason for your last c-section is not a factor this time (for example, your last c-section happened because your baby was in a feet-first (breech) position, and your baby's head is down this time).

Your chances of having a VBAC are **DECREASED** if:

- You are given drugs to induce (start) or augment (strengthen or speed up) your labour.
- Your BMI is over 25 – 30.
- You are 35 years of age or older.



You may have a higher or lower chance of having a VBAC if one or more of these factors apply to you. But there is no way to know for certain whether or not you will have a VBAC. Research shows that even if your chances of having a VBAC are decreased, you still have a greater than 50% chance of having a vaginal birth.

This document provides client-friendly information based on the Association of Ontario Midwives' Clinical Practice Guideline No. 14: Vaginal Birth after Previous Low-Segment Caesarean Section. It is designed to help you better understand some of the considerations and choices you may face while receiving care from your midwife. It is not intended to replace the informed choice discussions that you and your midwife will have. If you have any questions, concerns or ideas after reading over this document, please share them with your midwife.

What are some of the differences between VBAC and c-section?

Studies tell us that both VBAC and planned c-section are very safe. However, having a baby always involves some risk of complications, no matter what kind of birth you have.

Some risks of VBAC

Uterine rupture:

- Uterine rupture occurs when the wall of the uterus splits during pregnancy or labour. This usually happens along the scar of a previous c-section.
- Uterine rupture requires emergency surgery.

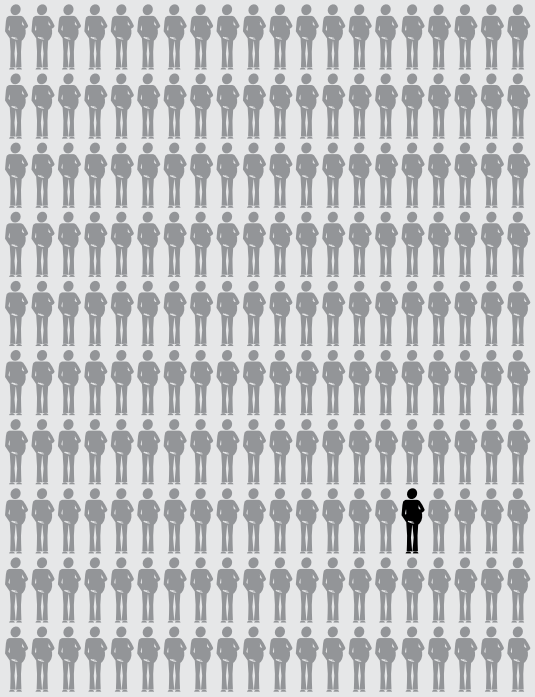
Uterine rupture happens in about 0.5% of ALL VBAC labours. This means that one uterine rupture would be expected to occur for every 200 people who plan to have a VBAC.

Most birthing parents and babies will recover completely after uterine rupture. On rare occasions, uterine rupture can have serious effects:

- birthing parent: excessive bleeding or removal of the uterus (hysterectomy)
- baby: brain damage or death

These sorts of results occur in fewer than 5% of cases of rupture. Because rupture occurs so rarely, the chances that a VBAC will lead to problems for you or your baby are very low.

1 in 200 who plan a VBAC will experience uterine rupture:



There is no way to know for certain who will have a uterine rupture. Your chances may be higher if:

- you had your last c-section less than two years ago, or
- you are given drugs to induce (start) or augment (strengthen or speed up) your labour this time.

Having one of these factors doesn't mean it is unsafe to plan a VBAC – it just means that the likelihood of having a uterine rupture is slightly higher, but still low.

Having an emergency c-section:

Even if you plan VBAC, you may need to have a c-section. This happens to about 1 in 4 who plan VBAC. Having a c-section after labour has begun is associated with more risks (such as uterine infection) than a c-section before labour.

Some risks of repeat c-section

Problems related to surgery:

- Like any major surgery, repeat c-section can result in surgery-related problems: fever, infection, injuries to the bowel or bladder, or blood clots.

Neonatal breathing difficulties:

- Vaginal birth helps squeeze fluid from your baby's lungs. That's why babies born by c-section are more likely to have trouble breathing compared to babies who are born vaginally.
- Midwives and hospitals are well prepared to deal with babies' breathing problems. Most of the time these problems are mild and babies quickly recover.
- Breathing problems may mean your baby requires admission to a special nursery or newborn intensive care unit (NICU) for observation or treatment. This may mean that you are separated from your baby.

Problems with the placenta in future pregnancies:

- Scars from c-sections can cause problems with how the placenta attaches itself to the uterus in future pregnancies (placenta previa and placenta accreta). These problems can cause serious bleeding and in rare occasions may cause death.
- The risk of placenta problems increases with each additional c-section.

How can I decide what's best for me?

You may find it helpful to think about some of the common reasons others might choose each option. Like any aspect of childbirth, VBAC and repeat c-section each have risks. They also have their own benefits.Thinking about what benefits and risks matter most to YOU can help you decide whether to plan a VBAC or a repeat c-section.

You can add checkmarks to the table below to identify the reasons that matter most to you. Please feel free to add additional reasons that are important to you. Look to see where you have put the most checkmarks – you might want to give those reasons extra thought.

How much does this reason matter to you?	only a little ☑☐☐ matters somewhat ☑☑☐ matters a lot ☑☑☑

Some reasons you might choose to plan a VBAC:	
You are more likely to have a shorter hospital stay and a faster recovery • This can mean you're able to return to your usual activities sooner.	☐☐☐
You are less likely to have problems related to surgery	☐☐☐
You are more likely to hold and nurse your baby sooner • This is partly because babies born by c-section are more likely to be admitted to a nursery or NICU for breathing difficulties.	☐☐☐
You want to have more children after your current pregnancy • If you are planning to have more than two children, planning a VBAC is likely the safest option for you. The more c-sections you have, the more likely you will have placenta problems in the future.	☐☐☐
You are more likely to have a positive birth experience • In one large Canadian study, women who had a VBAC rated their birth experiences more positively than women who had a repeat c-section.	☐☐☐
Other reasons	☐☐☐
	☐☐☐
	☐☐☐
	☐☐☐

Some reasons you might choose to plan a repeat c-section:	
You are less likely to experience uterine rupture.	☐☐☐
You avoid the risk of an emergency c-section • Some people who plan VBAC will still have a c-section. This happens to about 1 in 4. Having a c-section after labour has begun is associated with more risks (such as uterine infection) than a c-section before labour.	☐☐☐
You can know when your baby will be born.	☐☐☐
You will know what to expect from surgery.	☐☐☐
Other reasons	☐☐☐
	☐☐☐
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If I plan for a VBAC, can I still have a home birth?

Having had a c-section in the past may impact your choice of birthplace. There are many different factors to consider and your midwife is well-suited to help you explore your options and make a decision.

One challenge of decision-making is that there is little research to help us know whether attempting a VBAC at home is less safe than attempting a VBAC in hospital. In one study of Ontario women cared for by midwives from 2003-2008, babies born by VBAC at home weren't any less healthy than babies born by VBAC in hospital.

Who is helping you make this decision?

Are there other people in your life whose support or advice is important to you? Your partner? Family? Friends?

You may find it helpful to share this information with them as it may help them understand the options available to you, and get them thinking about what benefits and risks that THEY think are most important. This can also be helpful if you have already made a decision and you need them to understand why you have chosen one option over another.

Other resources

Two teams in British Columbia have published very useful resources if you are thinking about VBAC:

- Optimal Birth BC: ***optimalbirthbc.ca***
- The Power to Push campaign, based at BC Women's Hospital: ***powertopush.ca***

There are also some American resources that you might find helpful:

- Childbirth Connection: A not-for-profit organization in the United States that has worked to improve the quality of care for mothers, babies and families since 1918: ***childbirthconnection.org***
- A Woman's Guide to VBAC: an online guide developed by Lamaze International to address issues and questions about VBAC: ***givingbirthwithconfidence.org***

Organization:
International Cesarean Awareness Network: ***icancanada.ca***

I still need more information to help me with my decision.

Your midwife can provide you with additional resources to help you with your decision. If you have specific questions please write them down below and bring this sheet to your next appointment.

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The AOM is committed, through our statement on Gender Inclusivity and Human Rights, to reflect and include trans, genderqueer and intersex communities in all aspects of our work. In this document, there are references to sources that use gendered language to refer to populations of pregnant and birthing people. In order to accurately represent these sources, we may have maintained gendered language. We support research and knowledge translation that engages and reflects the entire childbearing population.

Association of Ontario Midwives
Delivering what matters.

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