Information for informed consent for Vaginal Birth after Cesarean Section (VBAC)

What is a VBAC procedure?
Even if you delivered by Cesarean section before, you can still choose a vaginal birth now. To make the best choice about whether a vaginal birth would be right for you, it’s important to know the type of cut that was made on the uterus (not the one made on the abdomen) during your prior surgery. VBAC (vaginal birth after cesarean section) is typically safe for mothers who have had one previous low transverse cesarean section (the incision in their uterus was made from side to side). For women whose uterine incision was vertical (up and down), VBAC is not a good choice.

Successful, uncomplicated vaginal birth after cesarean section carries the lowest risk to both mother and baby. VBAC is a safer choice when compared to an elective cesarean section (one you choose in advance) or a cesarean section done in labor. If you choose VBAC and need a cesarean section during labor, you have a slightly greater risk of complications than an elective cesarean section without labor.

Most women (about 75 percent) who select VBAC have a vaginal delivery. The rest have a repeat cesarean during labor.

In some situations, mothers who have had a previous vaginal delivery, and who have had more than one cesarean section may also select VBAC. However, the risk of complications increases with each previous Cesarean section.

What are my choices for treatment?
The only other choice is to have another cesarean delivery. Elective repeat cesarean also has some risks. A cesarean delivery is a major operation. It has all the risks of major surgery done inside the abdomen. Though uncommon, complications include infection, hemorrhage, and injury to the bladder or bowel. Hysterectomy (removal of the uterus) may be required in some circumstances. Placental problems can occur in future pregnancies especially in women who have more than one cesarean.

What are the benefits of VBAC compared to repeat Cesarean-section?
Benefits of a vaginal delivery include:
- Shorter length of hospital stay in most cases
- Less likely to need a blood transfusion
- Possibly lower rate of postpartum fever, wound infection, uterine infection
- Fewer breathing problems for the baby
- Reduced risk of blood clots developing in the leg or lung

**What are the risks of VBAC?**

There are risks with a VBAC. The most serious complication of attempting a vaginal birth after cesarean section is uterine rupture, when the old scar on the uterus opens up. This happens in less than 1 percent of cases. Even though a rupture is very rare, it changes some women’s mind about VBAC because when this happens it can be life-threatening to the baby and the mother. Because of this, VBAC is not the best medical choice for every woman.

In the very rare case of a uterine rupture, internal and/or external bleeding may occur and may require blood transfusion, major surgery, and possibly, hysterectomy. Complications associated with surgery for uterine rupture include infection, hemorrhage, and injury to the bowel or bladder.

In very rare cases during a VBAC, the baby may also be injured (including brain damage or death).

Women who attempt a vaginal delivery and then have to switch to a Cesarean-section during labor have a greater risk of bleeding and infection than those women who are able to give birth vaginally.

**What are some other important things to consider before I decide?**

If you have had more than one cesarean birth, or if you are currently pregnant with twins, then you and your doctor need to discuss VBAC in more detail. If it has been less than 18 months since your last Cesarean-section, you also need to talk to your doctor before you decide about trying a VBAC. Finally, if your doctor is able to obtain your prior Cesarean-section operation report and learn how the uterus was closed, he or she will be better able to talk to you about the risks involved.

**Who should not have a VBAC?**

- Women who have had a vertical cut during a Cesarean-section. There is a higher risk of uterine rupture.
- Women who have had some other types of surgery on their uterus, such as removal of fibroids, may not be able to have a VBAC.

**What if I end up needing to have another C-section?**

Sometimes women planning on a VBAC end up needing to have a scheduled cesarean before labor. This may happen if:

- The baby is in the wrong position
- The placenta is covering the opening to the cervix
- The baby grows too large
- You have an outbreak of genital herpes
• You go past your due date

Some women choose to avoid all the issues of VBAC and decide to schedule a cesarean delivery. You should do this only after talking to your doctor first.

**What will labor be like if I choose to have a VBAC?**
Most doctors think it’s best for women planning on having a VBAC to go into labor on their own, rather than trying to make the labor start with drugs (induction of labor). If you are having a VBAC and labor begins at home, call Kaiser Permanente as soon as your contractions are regular.

**What happens during the VBAC?**
- Usually the baby is monitored continuously during labor.
- Women having VBAC will get an IV (intravenous line) in labor.
- You can get the same pain medication as any other patient having a baby.
- If the labor does not progress normally or there is any sign the baby is having problems, your doctor will suggest changing from VBAC to a cesarean delivery.

**Be sure to talk to your doctor about…**
- Why your first cesarean was done and how the surgery was done.
- Any other surgeries you have had on your uterus.
- Whether you plan to have more children. The risk of cesarean section increases with future pregnancies.
- What the plan will be if you do not go into labor by your due date or soon after it.

**What happens after the VBAC is over?**
Your hospital stay after a VBAC is typically 1 to 2 days.

**Avoid the following:**
- Using tampons for 6 weeks. Only use pads.
- Sexual intercourse or anything in the vagina for 6 weeks.

**Follow up after the VBAC**
You should follow up with your regular health care provider 4 to 6 weeks after delivery.

**Where can you learn more?**
- Visit your doctor’s home page at [kp.org/mydoctor](http://kp.org/mydoctor). Click on “Prepare for your Procedure” (Emmi) to link to an interactive online program (Vaginal Birth After Cesarean) that provides valuable information for you and your family.
• Go online to kp.org and enter the code G378 in the search box to learn more about “Vaginal Birth After Cesarean” or code Z768 for “Postpartum Care”.