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ने उदाहृत उदाहरणों में लैंगु वै उं विरुधा करके इस नंघर उे डेन करे: 01932 723553

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Birth after a previous Caesarean Section

Women's Health



Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk

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Further Information

Further information about Birth after a previous Caesarean Section available at:

www.RCOG.org.uk Green Top Guideline No.45.

NHS Direct 0845 4647 www.nhsdirect.nhs.uk

Please read this leaflet again before your 30 week appointment and make a note of any questions you would like to ask at your consultant appointment.

Birth after a previous Caesarean Section

This leaflet is intended to give you additional information to that received from a healthcare professional.

It is adapted from a guideline produced by the Royal College of Obstetricians and Gynaecologists (RCOG).

This leaflet will support the information given by your consultant and midwife, and enable you to make an informed decision about the way you would like your baby to be born. This will be either a Vaginal Birth (VBAC) or a Caesarean Section (CS). It is not uncommon for one baby to be born by Caesarean Section and the next to be a vaginal birth.

Babies born by Caesarean Section account for approximately a quarter (25-28%)¹ of all births at St Peter's Hospital. Some of these are planned, others happen in an emergency situation. If you have already given birth to at least one baby by Caesarean Section you will probably be aware of the reasons to why the decision was made.

You will have an appointment after 30 weeks of pregnancy to see a consultant to discuss your options regarding the birth of your baby.

In some circumstances, there may be reasons for the obstetrician to advise that your baby is born by Caesarean Section.

¹ Years between 2007 to 2009.

Vaginal Birth after Caesarean Section (VBAC)

If you decide to opt for a vaginal birth after a previous Caesarean Section there is approximately a 72-76% success rate (RCOG 2007). This rate increases to 90% if you have previously had a vaginal birth, after a caesarean section.

Advantages of a Vaginal Birth

For you, the Mother

- You will experience a much quicker recovery after the birth of your baby and your stay in hospital will be reduced.
- There is a reduced risk of bleeding, infection and developing Deep Vein Thrombosis or a Pulmonary Embolism (blood clots in your legs or lungs).
- Breast feeding is easier and more likely to be successful.
- You will be able to return to driving and shopping etc. earlier in postnatal period.
- You are less likely to experience difficulties in mobility and caring for your baby.
- You will have a reduced risk of readmission to hospital,
- You will have a reduced risk of bladder damage.
- You will have a reduced risk of requiring a hysterectomy (womb removed).
- You have an overall lower risk of dying during this pregnancy.

(RCOG 2007, NICE 2004)

Women who have a Caesarean section usually take longer to recover from their baby's birth, and -

- Usually require a longer stay in hospital.
- Find moving around and getting in and out of bed more difficult and painful.
- May find it difficult to climb stairs.
- May find it difficult to perform activities which require bending, lifting or stretching.
- May not be able to drive in first six weeks after the operation (check with your insurance company)
- Increase the likelihood of some complications in future pregnancies.

There is a possibility that the baby can sustain a small cut as the uterus is opened during the surgery, however this is very rare.

Please discuss any issues raised with your midwife or the consultant looking after you.

References

National Institute of Clinical Excellence (NICE) 2004 Caesarean Section Clinical Guideline No.13. www.nice.org.uk

NHS Institute for Innovation (2007) Focus on Normal Birth and Reducing Caesarean Sections. www.Institute.nhs.uk

Royal College of Obstetricians and Gynaecologists (RCOG) 2007 Birth after previous Caesarean Section Birth. Green Top Guideline No.45. www.rcog.org.uk

Advantages of a Caesarean Section

Some women feel they would like a further Caesarean section because they:

- Had a previous difficult labour and want to avoid labour altogether.
- Want to plan the birth and feel in control (although 10% will labour before the planned operation date).
- Are worried that a vaginal birth may increase damage to the vagina or cause problems with their bowel or bladder control.

A caesarean section birth involves major abdominal surgery, so the benefits need to be weighed against the risks. A vaginal birth is approximately four times safer for a woman than having a caesarean section.

Risks of a Caesarean Section

Following a repeat CS, you are more at risk of the following complications:-

- Wound infections and infections of the womb (1 in 55 women)
- Haemorrhage (1 in 25 women)
- Blood clots developing in your legs and/or lungs (less than 1 in 100 women, but very serious if it occurs)
- Damage to your bowel or bladder (increased risk if this is a repeat Caesarean section, less than 1 in 100 women).

For your baby

A vaginal birth will help reduce the risk of your baby developing respiratory distress syndrome, which could lead to him/her being admitted into the Neonatal Intensive Care Unit.

Risks of a Vaginal Birth after Caesarean Section (VBAC)

As you have previously had a caesarean section, there will be a scar where the cut to your womb/uterus was made. Once labour begins and you start experiencing contractions, there is a very small chance that the scar may reopen (uterine rupture).

UTERINE RUPTURE IS A RARE EVENT

The following table indicates the likelihood of a uterine rupture occurring:-

Type previous surgery or trauma	Incidence of uterine rupture (RCOG, 2007)	Equivalent rate of rupture for individual
No previous uterine surgery/trauma	2 per 10,000	1 woman in every 5000
Elective CS following previous LSCS	12 per 10,000	1 in 833
VBAC labour, following one previous LSCS	36 per 10,000	1 in 277
VBAC labour following two previous LSCS*	92 per 10,000	1 in 109
VBAC labour following three or more prev LSCS	No studies to inform	No studies to inform

(LSCS – Lower Segment Caesarean Section)

*Data suggests that the difference in rate of rupture for VBAC after 1 and after 2 previous Caesarean Section is NOT statistically significant (RCOG, 2007)

Problems for the Baby

Of every 10,000 women who attempt VBAC there will be

- 9,970 women who do not experience uterine rupture
- 10 women who have a uterine rupture and the baby is unaffected
- 10 women who have a uterine rupture and the baby is admitted to the NICU². The baby may or may not have lasting damage
- 10 women who have a uterine rupture and the baby dies. (this is equivalent to the number of babies that die in a first pregnancy, that is 10 babies in 10,000 first pregnancies)

If you have a pre-term labour there is a lower likelihood of uterine rupture and the success rate of a vaginal birth remains 72-76%.

If you are not successful in achieving VBAC, you will have a CS in labour and there is a slight increase in the likelihood that you may require a blood transfusion, or have a womb infection afterwards.

Precautions that are undertaken when you are in Labour

Uterine rupture is a serious event, although rare, and therefore every effort is made to ensure that if it did occur the delivery of your baby could be performed as quickly as possible to help ensure the safety of you and your baby. For this reason the following precautions will be undertaken

- You will be advised to have your baby in hospital rather than at home. As soon as you think you are in labour, or if your waters break, you need to contact the maternity triage unit (Tel: 01932 722835).

- You will be advised to have an earlier admission to the labour ward than someone who has not previously had a caesarean section; this is to ensure you remain closely monitored.
- Your baby's heart rate will be continuously monitored to help ensure your baby's wellbeing.
- Once admitted to the labour ward, a cannula (small plastic tube) will be inserted in a vein in your arm, and a blood test taken in case you need to go to the operating theatre quickly.
- Once in established labour, you will be asked not to eat anything and just drink water, in case you need to be transferred quickly to the operating theatre. You will also be given antacid tablets to reduce the acidity of your stomach contents.

If at any time during your labour there appears to be any sign that your uterus has started to rupture you will be taken immediately to the operating theatre, where a Caesarean section will be performed urgently, your baby will be delivered and your uterus repaired. Very rarely, a hysterectomy may be necessary.

- If induction of labour is required this will be discussed on an individual basis between yourself and a Consultant Obstetrician; you will be given an appointment at around 40 weeks of pregnancy.
- If an induction has been planned then it will be carried out on the labour ward, where you can be monitored more closely.

² Neonatal Intensive Care Unit