

Vaginal Birth After a Caesarean Section



In many Chinese hospitals, the caesarean section rate exceeds 40%, and in some hospitals, it is as high as 80%! If you have had a CS before and are now pregnant again, you might wonder if it is possible to have a normal birth this time round. The best way to deliver after a CS is different for each woman. Individual chances and risks have to be considered in order to make the right choice. It is also important to understand that not all hospitals in China will offer the option of a vaginal birth after a CS. It is therefore important to talk to your doctor to understand what your hospital's policy is in this matter. If your hospital does offer vaginal births after a CS, then your doctor will discuss your individual situation with you in order to come to the best choice for you. Some of the things that need to be considered will be discussed in this handout.

Weighing the risks

Both an elective CS as well as a vaginal birth after a previous CS have risks. A vaginal delivery after CS is associated with fewer complications than an elective repeat CS. However, if the attempt to deliver normally fails, then the risk of complications is greater.

Advantages and disadvantages of a repeat CS

A CS is a major abdominal surgery. As with any surgery, a CS comes with risks. Some problems that might occur after a CS are: anemia, urinary infection, hemorrhage, infection of the skin wound, thrombosis, delayed bowel activity, damage to the bladder, bowel or other nearby organs. Recovery and hospital stay after a CS is longer than after a normal birth. A CS can make initiating breastfeeding a little more difficult. ([Read handout "Breastfeeding After a Cesarean Delivery."](#)) If you have had a CS, then there will be a scar in your womb. A placenta praevia (low lying placenta) is slightly more common if there is a scar in the womb. There is a small chance of 0.2-1.5% that the scar will rupture with a subsequent normal birth. With a repeat CS the chance of a uterine rupture is very low. An elective repeat CS has the advantage of not having to go through labour pains and the date of the birth is more predictable.

Advantages and disadvantages of a vaginal birth after a CS.

A vaginal birth after a CS has the advantage that recovery is faster, you avoid major abdominal surgery with its risks (see above) and initiating breastfeeding is easier. Most women who have had both a normal birth and a CS prefer a vaginal birth.

Uterine rupture is the greatest risk of trying for a normal delivery after a previous CS (0.2-1.5%). The risk of such a rupture is greater (2-9%) if a classical (vertical) incision was used.



Your individual situation

60-80% (roughly 3-4 out of 5) women who have previously had a CS can successfully give birth vaginally. The chance of a normal delivery after a CS depends on each woman's individual situation.

Factors that increase your chance of a normal birth after a CS

There is an increased chance of success if:

- You had a previous vaginal delivery, especially if this normal birth occurred after the CS.
- Your labour starts spontaneously.
- The original reason for a CS is not repeated with this pregnancy.
- You have no major medical problems.
- Your baby is head down and is a normal size.

Factors that decrease your chance of a normal birth after a CS

The chance of a normal birth after a previous CS is reduced in the following situations:

- You have had no previous normal births.
- Your labour is induced.
- The reason for the previous section was "failure to progress".
- You are obese (BMI >30).
- You have preeclampsia.
- You are past your due date.
- There are less than two years since the last birth.
- You are an older mother.
- You are shorter than 1.55 m.
- Your baby is large (expected birth weight > 4000 gram).

Situations in which a normal birth after a CS is not recommended

- You have had a CS with a classical (vertical) incision.
- You have had extensive transfundal uterine surgery.
- You have had a uterine rupture before.
- You have had three or more CS.

Compiled from the following sources:

1. ACOG Practice Bulletin, No. 115, August 2010
2. American Pregnancy Association, VBAC: Vaginal Birth After Cesarean, January 2014
3. Tijdschrift voor Verloskundigen, Bevalen na een eerdere keizersnede en de rol van de klinisch verloskundige, juli/augustus 2013

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