



Mother and baby are so intertwined that whatever advantages a mother has there is also a positive benefit for her baby.

National Women's Health has introduced a multidisciplinary service for women who have had a previous caesarean section. At the **Positive Birth After Caesarean Clinic**, our midwives and obstetricians want a **positive** outcome for you and your baby. Our aim is to empower you and your family/whanau to make informed choices, and to then respect and support your choices during pregnancy and birth.

This pamphlet provides information based

On current research about Vaginal Birth after Caesarean (VBAC) and elective repeat caesarean section

If you have any questions about the information in this pamphlet, please ask your midwife, or write them down and bring them to your clinic appointment

Some terms that will be used in this pamphlet are:

Vaginal Birth after Caesarean (VBAC) = vaginal birth after a trial of labour in a woman who has had a previous caesarean section

Planned VBAC = a planned attempt to labour and birth vaginally in a woman who has had a previous caesarean section, also known as a Trial of Labour after Caesarean

Planned Repeat Caesarean Section = a planned or elective caesarean section in a woman who has had a previous caesarean section

Advantages of successful VBAC

Many of the benefits of VBAC are because for every three women who plan VBAC, two will succeed and thus enjoy all the benefits of a vaginal birth.

- Faster recovery time. No intravenous line or catheter means moving around more freely, making it easier to care for herself and baby. Women have a shorter hospital stay and return to normal activities, such as driving, more quickly
- Less blood loss and less risk of infection
- Increased chance of another vaginal birth in the future
- Lower risk of your baby having mild breathing difficulties. Labour that starts

spontaneously increases the chance that the baby will be mature at birth

- Vaginal birth is the most natural way to give birth and you should not underestimate the value of this experience. At least four more “feel good” hormones accompany vaginal birth. Women can choose to give birth in an environment of her choosing, with her own support people in the room
- For the baby, the vaginal birth process allows intimate bonding and attachment with mum and breastfeeding establishes more quickly
- There are fewer or no drugs in the breast milk so baby is more alert and suckles more readily at the breast

Possible problems of planned VBAC

- One in three women who plan VBAC will require an unplanned caesarean section in labour, and the risks associated with unplanned caesarean are higher than those with planned caesarean
- As with any woman planning a vaginal birth, there is the possibility of needing assistance with either ventouse or forceps. Having an instrumental birth is associated with an increased risk of an episiotomy or a significant perineal tear
- There is a risk that the scar on your womb could tear; this is known as scar rupture. Scar rupture may result in serious complications for you and your baby. International figures show that 3 – 8 out of 1,000 women who have a planned VBAC will experience scar rupture

What to expect if you plan VBAC

- In early labour stay relaxed, well supported, hydrated and mobile
- Go to hospital once you are in established labour
- Have a cannulate in your arm, and bloods taken on admission to the hospital
- Consultation with on call Obstetrician.
- Regular assessment of progress in labour
- Continuous monitoring of baby’s heartbeat

Advantages of planned repeat caesarean section

- You may have had a difficult or traumatic labour previously and want to avoid labour altogether
- Reduces the risk of scar rupture
- You may want to know in advance the date of your surgery
- Tubal ligation can be performed at same time as caesarean if permanent contraception is desired
- You can still have skin-to-skin contact with your baby at the time of the birth. Breastfeeding can start as soon as you wish

Possible problems of elective repeat caesarean section

- One in ten women who plan repeat caesarean will go into labour spontaneously before the scheduled date
- One in ten women will have a complication of the operation, such as infection requiring antibiotics (including wound break down), bleeding requiring a blood transfusion, injury to structures around the womb, and developing a blood clot in the leg
- Longer hospital stay, and pain and difficulty moving around after the operation. You may need extra help at home and may be unable to return to normal activities, such as driving, for six weeks after delivery
- Four out of 100 babies will have breathing problems that occasionally require admission to the nursery. This can be a stressful separation from mum. This problem can be minimized by planning the operation for after 39 weeks
- Likely need for caesarean in all future pregnancies. Each subsequent operation may be more difficult due to scarring inside the belly, and may result in more surgical complications
- There is an increased risk in a future pregnancy that the placenta may develop within the scar (placenta accrete) this may result in serious complications. This occurs in 2 in 1000 women. This risk increases with the increasing number of repeat caesarean sections

- **For any further information regarding this clinic please call 080072221 (08004pbac1)**
- Women can self-refer to the PBAC Clinic for a consultation prior to 25 weeks pregnant, or ask their LMC for a referral
- You can also watch a video about a PBAC clinic visit on the National Women's Health website at the following link
<http://nationalwomenshealth.adhb.govt.nz/health-information/information-videos#PBAC>