

## Vaginal Birth after Cesarean (VBAC)

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As long as you're an appropriate candidate for a vaginal birth after a cesarean, also known as a VBAC, there's a good chance you'll succeed. Of course, your chances of success are higher if the reason for your prior c-section isn't likely to be an issue this time around.

For example, a woman who has already had an easy vaginal delivery and then had a c-section when her next baby was breech is much more likely to have a successful VBAC than one who had a c-section after being fully dilated and pushing for three hours with her first baby who was small and properly positioned. (Having given birth vaginally boosts your odds dramatically.)

That said, it's impossible to predict with any certainty which women will achieve a vaginal delivery and which will end up with a repeat c-section. Attempting a VBAC is called a **Trial of Labor After Cesarean (TOLAC)**. Overall, about 60 to 80 percent of women who attempt a VBAC deliver vaginally.

If you decide to try it, you'll need a caregiver who supports the idea. Your caregiver must also have admitting privileges at a hospital that allows VBACs and where appropriate coverage is available around-the-clock.

Not all hospitals meet the criteria for offering a VBAC. In addition, some hospitals simply avoid the controversy – and the potential for legal issues – surrounding VBAC by not allowing them. Most often, however, it's up to individual doctors whether or not they are willing to provide a VBAC.

VBACs are controversial, and it may be challenging to find a practitioner who is willing to do one. Give yourself plenty of time to look around.

### **What would make me a good candidate for a VBAC?**

According to the American College of Obstetricians and Gynecologists, you're a good candidate for a vaginal birth after a c-section if you meet all of the following criteria:

- Your previous cesarean incision was a low-transverse uterine incision (which is horizontal) rather than a vertical incision in your upper uterus (known as a "classical" incision) or T-shaped, which would put you at higher risk for uterine rupture. (Note that the type of scar on your belly may not match the one on your uterus.)
- Your pelvis seems large enough to allow your baby to pass through safely. (While there's no way to know this for sure, your practitioner can examine your pelvis and make an educated guess.)
- You've never had any other extensive uterine surgery, such as a myomectomy to remove fibroids.
- You've never had a uterine rupture.
- You have no medical condition or obstetric problem (such as a placenta previa or a large fibroid) that would make a vaginal delivery risky.
- There's a physician on site who can monitor your labor and perform an emergency c-section if necessary.
- There's an anesthesiologist, other medical personnel, and equipment available around-the-clock to handle an emergency situation for you or your baby.

**Factors that would work against your having a successful VBAC include:**

- Being an older mom
- Having a high body mass index (BMI)
- Having a baby with a high birth weight (over 4,000 grams, about 8.8 pounds)
- Having your pregnancy go beyond 40 weeks of gestation
- Having a short time between pregnancies (18 months or less)

**What are the benefits of having a VBAC?**

A successful VBAC allows you to avoid major abdominal surgery and the risks associated with it. These include a higher risk of excessive bleeding, which can lead to a blood transfusion or even a hysterectomy in rare cases, as well as a higher risk of developing certain infections and other organ damage during the procedure. All of the potential complications of major abdominal surgery increase with each cesarean delivery because the scarring usually makes each procedure technically more difficult.

A c-section requires a longer hospital stay than a vaginal birth, and your recovery is generally slower and more uncomfortable.

If you plan to have more children, you should know that every c-section you have increases your risk in future pregnancies of placenta previa and placenta accreta, in which the placenta implants too deeply and doesn't separate properly at delivery. These conditions can result in life-threatening bleeding and a hysterectomy.

**What are the risks of attempting a VBAC?**

Even if you're a good candidate for a VBAC, there's a very small (less than 1 percent) risk that your uterus will rupture at the site of your c-section incision, resulting in severe blood loss for you and possibly oxygen deprivation for your baby.

Also, if you end up being unable to deliver vaginally, you could endure hours of labor only to have an unplanned c-section. And while a successful VBAC is less risky than a scheduled repeat c-section, an unsuccessful VBAC requiring a c-section after the onset of labor carries more risk than a scheduled c-section.

With an unplanned c-section after laboring, you have a higher chance of surgical complications, such as excessive bleeding that could require a blood transfusion or a hysterectomy, in rare cases, and infections of the uterus and the incision. And the risk of complications is even higher if you end up needing an emergency cesarean.

Finally, there is the risk of the baby having a serious complication that could lead to long-term neurological damage or even death. While this risk is very small overall, it may be higher in women who undergo an unsuccessful VBAC (which would mean a c-section after failed labor) than in women who have a successful vaginal delivery or a scheduled c-section.

**What kind of interventions will I need if I attempt a VBAC?**

If you decide to try for a vaginal birth after a cesarean, you'll need continuous electronic fetal monitoring because a change in your baby's heartbeat is usually the earliest sign that there might be a problem. You'll also need an IV (which most women in labor receive), and you'll have to refrain from eating anything during labor in case you require an emergency c-section later.