

MY LAST BIRTH WAS A CAESAREAN

WHAT ARE
MY OPTIONS?



the women's
the royal women's hospital

THIS BOOKLET IS FOR YOU IF:

- you have already had a caesarean birth and
- are now pregnant
- planning a future pregnancy.

THERE IS INFORMATION ABOUT:

- planned vaginal birth after a caesarean (VBAC) and elective repeat caesarean
- the benefits and risks of each option.

With the information in this booklet, we aim to help you discuss your birth options with your doctor and/or midwife. It is up to you how involved you wish to be in the decision process.

TO GET THE MOST FROM READING THIS BOOKLET IT MAY BE HELPFUL TO:

- have a pen or pencil with you
- read the booklet from start to finish
- jot down any questions you have as you read
- complete the exercise at the end of the booklet
- discuss your questions and preferences with your doctor and/or midwife.

At the end of this booklet you will find a list of the medical terms that we have used. Please refer to these at any time.

♀ The international symbol for woman is used in the graphics for pregnant women.

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WHAT ARE YOUR BIRTH CHOICES?

YOUR OPTIONS FOR YOUR BIRTH ARE...

vaginal
birth after
caesarean

OR

elective
caesarean
birth

If you have already had a caesarean, it is important to consider:

- the reason for your previous caesarean birth
- how you felt about your previous birth
- what is important for you for this birth and future pregnancies
- if your current pregnancy is straightforward or whether there have been concerns for you or your baby's health.

Each of these should be discussed with your doctor as a part of your decision making process.

If you have had a caesarean previously, your doctor will discuss the options of a vaginal birth or a repeat caesarean birth with you. If one of these options is not suitable for you, they will also explain the reasons why. You may wish to seek more than one medical opinion when considering your birth choices.

VAGINAL BIRTH AFTER CAESAREAN (VBAC)

WHAT IS A VAGINAL BIRTH AFTER CAESAREAN?

When a woman who has previously had a caesarean birth, chooses to attempt a vaginal birth, this is called a vaginal birth after caesarean or VBAC. A vaginal birth after a caesarean may also be called a “trial of scar”, a “trial of labour (TOL)” or a “trial of labour after caesarean” (TOLAC).

For most women who have had one previous uncomplicated caesarean section, a planned vaginal birth after a caesarean is a safe and suitable option.



3 OUT OF **4**

**WOMEN WHO PLAN A VAGINAL
BIRTH AFTER A CAESAREAN
WILL ACHIEVE A VAGINAL BIRTH.**

If your previous caesarean was uncomplicated and you decide to plan for a vaginal birth, then you have a 60–80% chance of achieving one. Three out of four women who plan a vaginal birth after a caesarean will achieve a vaginal birth.

If you have previously had a vaginal birth then the likelihood of you achieving a vaginal birth after caesarean increases to 87–91% (or, nine out of ten women).

WHEN CAN I CONSIDER A VAGINAL BIRTH AFTER A CAESAREAN?

- If you have had only one previous uncomplicated caesarean section
- If your previous caesarean section was more than 18 months ago

WHAT CAN I EXPECT IF I GO INTO LABOUR?

- In most cases your 'labour' will start naturally.
- Once your labour has started, you will be admitted to the Birth Centre.
- During your labour you will be monitored closely by midwives and doctors.
- You will be encouraged to use positions which are comfortable for you.
- Your doctor will recommend that the baby is monitored continually throughout the labour.
- Various methods of pain relief will be available to assist you if you need it.
- If labour does not progress normally, or if complications arise, a caesarean birth can be arranged.

WHAT HAPPENS IF A CAESAREAN IS NEEDED ONCE LABOUR HAS STARTED?

You will be moved to the operating theatre and depending on the reason for the caesarean, your partner or support person may go with you and will be shown to a waiting area. In most cases, if an epidural or spinal anaesthetic is used, your partner may stay with you during the operation.

POSSIBLE BENEFITS OF A VAGINAL BIRTH AFTER A CAESAREAN

What are the benefits for you?

The majority of women who choose labour and have a vaginal birth will experience:

- a shorter hospital stay
- less need for strong pain relief after the birth
- a quicker recovery period
- a greater chance to start breastfeeding and continue breastfeeding their baby.

Some women also describe positive psychological or emotional effects after the birth. Women who experience normal vaginal birth often feel more satisfied with their birth experience.



What are the benefits for your baby?

Your baby is more likely to:

- be cared for by you, as you will feel more physically able
- have immediate skin to skin contact after the birth. This increases your chances of starting to breastfeed and continuing to breastfeed. It also assists with bonding.

POSSIBLE PROBLEMS WITH A VAGINAL BIRTH AFTER A CAESAREAN

There are risks with any labour. If problems do occur they might include the following:

Instrumental birth

During labour, you or your baby can become exhausted. In some cases the doctor may need to help the baby out with forceps or a vacuum cup. Complications can occur with a forceps or vacuum birth – your doctor can discuss this with you.

Bleeding (also called haemorrhage)

This can occur with any labour or birth. If bleeding is excessive a blood transfusion may be needed.

Stitches

Sometimes a cut is made in the lower part of the vaginal opening to assist with the birth. This is called an episiotomy. This cut will need stitches. You may also need stitches if you tear during the birth. If stitches are needed a local anaesthetic is used. The stitches will be sore at first and ice-packs or pain killers can help with any pain. The stitches will dissolve as the area heals.

Caesarean

Some women who attempt a vaginal birth after a caesarean will end up having an emergency caesarean birth. There is more likelihood of surgical complications or problems with an emergency caesarean, than with a planned caesarean. (For more information see the section on 'Possible problems with caesarean birth' on page 13).

Hysterectomy

This is a possible complication associated with any of your birth options. The chances of needing a hysterectomy following a vaginal birth after a caesarean are similar to your chances of needing one after a successful vaginal birth and a repeat elective caesarean.

Rupture of the scar

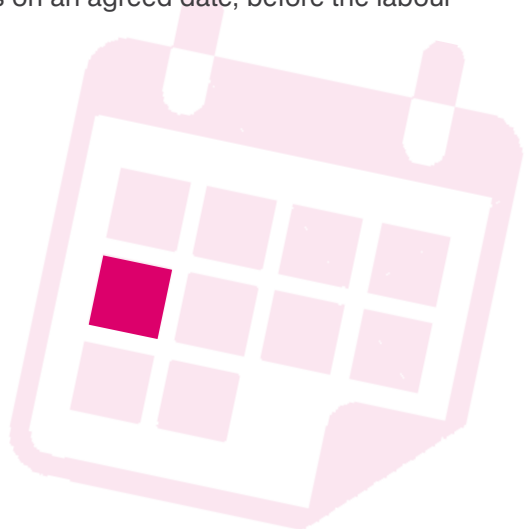
This refers to a tear in the uterus. Because you have already had a previous caesarean section, you have a scar in your uterus. In a minority of cases, this scar can tear during the vaginal birth after a caesarean. Four to five women out of one thousand women attempting a vaginal birth after a caesarean will experience this. Sometimes this can occur with little warning and it can seriously affect you and your baby if it occurs. A vaginal birth after a caesarean is monitored closely so that the midwife and doctor can address any problems such as this.

ELECTIVE CAESAREAN BIRTH

WHAT IS AN ELECTIVE CAESAREAN BIRTH?

A caesarean birth is a surgical procedure. An opening is made in the lower part of the abdomen to access the baby. Some doctors may also use forceps to assist in the birth of the baby's head. A caesarean birth is done using either a spinal anaesthetic (where you are awake) or a general anaesthetic (where you are asleep).

An elective caesarean occurs on an agreed date, before the labour has a chance to start.



WHAT HAPPENS AT THE TIME OF AN ELECTIVE CAESAREAN BIRTH?

- You will be admitted to the maternity unit a number of hours before the operation.
- Your admission details will be collected.
- If you are having a spinal anaesthetic, the anaesthetic is inserted before the start of surgery, in the operating theatre area.
- A catheter (soft tube) is inserted into your bladder to collect your urine.
- Your partner or support person is usually encouraged to be present at the time of the caesarean birth if a spinal anaesthetic is used.
- If all is well, you should be able to cuddle and bond with your baby whilst the doctor is completing the operation.
- You and your baby will spend time in the recovery area.

AFTER THE SURGERY

After surgery, in most cases you will:

- return to the postnatal ward
- have your pulse, blood pressure, temperature, urine output, abdominal wound and vaginal bleeding regularly checked
- receive a wash in bed and change into comfortable bed clothing
- give your baby their first feed (if not done in the recovery unit)
- receive pain relief
- temporarily pass urine through the catheter into a bag
- receive sips of water or ice.

On average, you will stay between two to three days in hospital after surgery. You will then be followed up either with a home visit(s) from a midwife from the Women's or referred to an outside provider if you live outside the visiting area. The hospital midwife and the maternal child health nurse will then contact you about your ongoing care.

POSSIBLE BENEFITS OF AN ELECTIVE CAESAREAN BIRTH

- Caesarean birth is a planned event.
- Women who have an elective caesarean will not experience vaginal tearing or need vaginal stitches.
- Elective caesarean surgery carries less medical risk than an emergency caesarean.

POSSIBLE PROBLEMS WITH A CAESAREAN BIRTH

Caesarean birth is surgery, so you will need a longer recovery than for a vaginal birth.

As a result of the surgery, women who have a caesarean birth are more likely to experience:

Anaesthetic related problems – As with all surgery there is a risk of complications related to the anaesthetic. Some of the side effects and possible complications of anaesthesia include nausea, drowsiness, dizziness, short-term memory loss, and in rare circumstances you may have an allergic reaction to the anaesthetic. These side effects are more common with a general anaesthetic.

Pain after surgery – A caesarean is major surgery where several layers of body tissue are cut and then repaired. Therefore, some post-surgical pain in the abdomen is to be expected. This can be managed well by medications.

Infection of the wound and bladder – In a small number of cases, the caesarean wound (where the incision was made) and/or the bladder may become infected. This can be treated with antibiotics.

Fever – Sometimes you might get a high temperature, this could be caused by an infection, or by other factors related to the surgery.

Bleeding (also called haemorrhage) – This can occur with any labour or birth. If bleeding is excessive in surgery, a blood transfusion may be needed.

Blood clots – A blood clot may form after the surgery. If the blood clot is in the lungs it is extremely serious (see pulmonary embolus in the A–Z at the back of this booklet).

Delay in cuddling and bonding with your baby – This may contribute to breastfeeding problems. However, if you have a spinal rather than a general anaesthetic you should be able to have early physical contact with your baby in the operating theatre.

Adhesions (scar tissue) – There may be scar tissue inside the abdominal cavity, which can cause ongoing pain. This may also make future abdominal surgery more difficult.

Hysterectomy – This is a possible complication associated with any of your birth options. The chances of needing a hysterectomy following a repeat elective caesarean are similar to your chances of needing one after a successful vaginal birth or a vaginal birth after a caesarean

After you have had a caesarean, complications increase with each caesarean you have after that. For example, there is an increased chance of the placenta implanting into or over the scar in future pregnancies. Other things to consider after a caesarean include:

- you will have stitches in your abdomen which can make it more difficult to look after your baby and you may have difficulties breastfeeding
- you may not be able to drive for six weeks after your surgery.

LET'S REVIEW YOUR CHOICES

Vaginal birth after a caesarean

SOME OF THE ADVANTAGES

Many of the women who try to have a vaginal birth will succeed if they are well supported.

Women who have a vaginal birth:

- are more likely to have a shorter hospital stay
- are more likely to have a quicker recovery
- have a greater chance to start and continue with breastfeeding
- have less need for strong pain relief after the birth
- are physically more able to care for their baby

SOME OF THE DISADVANTAGES

Women who have or attempt to have a vaginal birth:

- may need pain relief during the labour
- may need stitches if the vagina is cut or if it tears
- have an increased risk of stillbirth or brain injury that is slightly higher than a planned caesarean, but is the same as if you were labouring for the first time
- may have a tear or rupture of the scar in the uterus
- may need to have forceps or vacuum assistance to help deliver the baby
- may need to have an emergency caesarean.



Elective caesarean birth

SOME OF THE ADVANTAGES

Women who have an elective caesarean birth:

- have a planned procedure which is booked in advance
- are unlikely to feel any labour pain (although there will be pain after surgery, but this can be controlled with pain relief)
- are less likely to have the scar in the uterus rupture or tear during their birth

SOME OF THE DISADVANTAGES

Women who have an elective caesarean birth:

- have a major surgical procedure
- may require strong analgesia for pain after surgery
- may experience health risks for themselves and their baby due to the surgery
- have a longer hospital stay
- have a longer recovery than after a vaginal birth and may not be able to drive for six weeks after surgery
- have stitches in their abdomen which can make it more difficult to look after their baby
- may have difficulties breastfeeding
- may have adhesions (scar tissue) develop inside the abdominal cavity
- may have problems with the placenta in future pregnancies.

STEPS TO WEIGHING THE PROS AND CONS

Step 1. What is important and how important is it?

- Think about what is important to you so far (advantages and disadvantages).
- Read the contents of each box (some advantages have been written as an example to get you started).
- Write any other advantages for you in the space provided for 'your ideas'.
- Place an 'X' in the box which shows how important each benefit is for you.

SOME IDEAS	NOT IMPORTANT	SOME/MODERATELY IMPORTANT	VERY IMPORTANT
I need to make choices about my birth that are best for me			

Step 2. What is your preference?

Next place a tick on the Birth preference scale to show which way you are leaning. For example:

- preferring a vaginal birth after a caesarean (place 'X' near the left end)
- preferring elective caesarean birth (place 'X' near the right end)
- somewhere in the middle of the two choices (place 'X' in the middle).

Birth preference scale

Prefer vaginal birth after a caesarean	Unsure	Prefer elective caesarean
--	--------	---------------------------

EXAMPLE: LISA'S OPINION

Step 1. What is important and how important is it?

Vaginal birth after a caesarean

SOME IDEAS	NOT IMPORTANT	SOME/ MODERATELY IMPORTANT	VERY IMPORTANT
Experience labour			X
Good chance of having a vaginal birth		X	
Avoid possible anaesthetic problems			
Avoid possible surgical problems			X
Better opportunity to start breastfeeding			X
YOUR IDEAS			
I feel that having an actual labour will be satisfying.			X
I only want a short stay in hospital.		X	
I don't want surgery again if I can avoid it.			X

Elective caesarean birth

SOME IDEAS	NOT IMPORTANT	SOME/ MODERATELY IMPORTANT	VERY IMPORTANT
Able to plan ahead and organise family needs		X	
Avoid labour pain	X		
Stop fears about labour	X		
Know what to expect after the birth	X		
No vaginal stitches		X	
YOUR IDEAS			

Step 2. Lisa's preference

Birth preference scale

X		
Prefer vaginal birth after a caesarean	Unsure	Prefer elective caesarean

EXAMPLE: REBECCA'S OPINION

Step 1. What is important and how important is it?

Vaginal birth after a caesarean

SOME IDEAS	NOT IMPORTANT	SOME/MODERATELY IMPORTANT	VERY IMPORTANT
Experience labour	X		
Good chance of having a vaginal birth	X		
Avoid possible anaesthetic problems		X	
Avoid possible surgical problems		X	
Better opportunity to start breastfeeding		X	
YOUR IDEAS			

Elective caesarean birth

SOME IDEAS	NOT IMPORTANT	SOME/MODERATELY IMPORTANT	VERY IMPORTANT
Able to plan ahead and organise family needs			X
Avoid labour pain			X
Stop fears about labour		X	
Know what to expect after the birth		X	
No vaginal stitches		X	
YOUR IDEAS			
I don't want the worry of painful labour and still need a caesarean.			X
I want to be able to plan maternity leave better.			X

Step 2. Rebecca's preference

Birth preference scale

		X
Prefer vaginal birth after a caesarean	Unsure	Prefer elective caesarean

WHAT IS BEST FOR YOU?

Step 1. What is important and how important is it?

Vaginal birth after a caesarean

SOME IDEAS	NOT IMPORTANT	SOME/MODERATELY IMPORTANT	VERY IMPORTANT
Experience labour			
Good chance of having a vaginal birth			
Avoid possible anaesthetic problems			
Avoid possible surgical problems			
Better opportunity to start breastfeeding			
YOUR IDEAS			

Elective caesarean birth

SOME IDEAS	NOT IMPORTANT	SOME/MODERATELY IMPORTANT	VERY IMPORTANT
Able to plan ahead and organise family needs			
Avoid labour pain			
Stop fears about labour			
Know what to expect after the birth			
No vaginal stitches			
YOUR IDEAS			

STEP 2. YOUR PREFERENCE

Birth preference scale

Prefer vaginal birth after a caesarean	Unsure	Prefer elective caesarean
--	--------	---------------------------

Place an 'X' somewhere along the scale depending on how strongly you feel your preference is.

A-Z OF MEDICAL TERMS USED IN THIS BOOKLET

Adhesions – scar tissue can form inside the abdominal cavity after surgery and internal tissue can stick together. This can cause ongoing pain in the abdominal and pelvic area.

Bladder – refers to the urinary bladder or the place where urine is stored in the body.

Blood transfusion – donated blood is used to replace blood or parts of blood in the body. This may be needed because of a large loss of blood through circumstances during surgery and childbirth.

Caesarean section – birth of the baby occurs as a result of a surgical procedure using an anaesthetic. A surgical cut is made through the wall of the abdomen and into the uterus. Once the baby has been removed from the uterus the cut is repaired.

Catheter (urinary) – a soft and flexible tube which is passed through the urethra (where urine leaves the body) into the bladder. Urine can flow freely out of the tube into a bag.

Continuous fetal monitoring – continual monitoring and recording of the baby's heart rate and the contractions of the uterus, via transducers connected to a strap that fits around the mother's abdomen.

Epidural anaesthetic – an anaesthetic is injected into a place in the lower back below the spinal cord. This will result in a temporary loss of feeling in the lower part of the body. It can be used as a method of pain relief in labour, or for surgical procedures such as caesarean birth.

Episiotomy – a cut is made in the lower part of the vaginal opening so that the birth passage is enlarged.

Fever – a rise in body temperature above the 'normal range' of 36.5 to 37.5 degrees Celsius.

Forceps – metal instruments that fit around the baby’s head. They can assist the doctor to move the baby through the birth canal (vagina).

General anaesthetic – an anaesthetic drug is injected into the body so that the person is not awake and does not experience pain during the procedure.

Haemorrhage – excessive blood loss from the body. In the case of childbirth blood loss can occur before, during or after the birth of the baby.

Hysterectomy – the surgical removal of the uterus.

Labour – the process of birth which involves a series of uterine contractions (tightening of muscles) leading to the gradual opening of the cervix (dilatation), so that the baby is progressively pushed down the birth canal (vagina) and is able to be born. The afterbirth (placenta) follows soon after.

Narcotic analgesia – a strong but effective form of pain relief commonly used after surgical procedures. The drug is a synthetic form of opiate which can alter perception of pain. Sometimes the drug can cause side effects, which include drowsiness, depressed respiration, nausea and vomiting and constipation.

Placenta accreta – the placenta attaches and grows into the lining of the uterus and through the muscle layer of the uterus. This can occur with placenta praevia as well. Because this causes problems with separation of the placenta, there is an increased risk of bleeding and complications during and after the birth.

Placenta praevia – the placenta attaches in the lower part of the uterus and close to or over the cervix. This increases the risk of bleeding during pregnancy and complications during the birth.

Pulmonary embolus – where a clot of blood travels from other blood vessels in the body (e.g. in the legs) and blocks important blood vessels in the lungs. This can be extremely serious if it occurs.

Rupture of the uterus – tearing of the wall of the uterus either during pregnancy or labour, due to a weakness from previous surgery such as a caesarean.

Spinal anaesthetic – an anaesthetic is injected using a small needle, directly into fluid which surrounds the spinal cord. This will result in a temporary loss of feeling in the lower part of the body. It acts more quickly than an epidural and is more commonly used for caesarean section than for labour.

Uterus – sometimes called the womb, it is the place in a woman’s body where a baby develops and grows.

Vacuum birth – a cup is applied to the baby’s head so that the doctor can apply traction and assist the baby to be delivered.



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ABOUT THIS BOOKLET

This booklet is based on a decision aid written by Allison Shorten. The booklet has been updated to ensure that the information is based on the best available evidence at the time of printing. © Allison Shorten, 2000. Revised 2018 All rights reserved. This edition is published with local content by the Royal Women's Hospital, with the permission of the author.

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Allison Shorten

Please tell us what you think

We welcome your comments, both positive and negative, about all aspects of your care at the Women's. This helps us to continually improve our services. We would also welcome any comments you have about this booklet; whether it was useful and whether it helped you to make a decision that you were comfortable with. You can forward your comments about the booklet to Consumer Health Information at the Women's by email to rwh.publications@thewomens.org.au or call (03) 8345 3038

If you wish to provide feedback about your care or make a complaint about your care you can call the consumer advocate at the Women's on (03) 8345 2290 or email consumer.advocate@thewomens.org.au

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Language Link

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للحصول على المعلومات بلغتكم زوروا موقعنا الإلكتروني

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