

Is the option of VBAC available at all maternity units?

In South Australia most public maternity units that provide a birthing service will offer the opportunity of a VBAC for women who meet the clinical criteria. If the maternity unit where you plan to have your baby does not have the appropriate facilities available for a VBAC, you will have the opportunity of being transferred to an alternate maternity unit. This will occur during the antenatal period.

What will my care in labour be if I plan for a VBAC?

Your care during labour will be different if you choose a VBAC and it is recommended that this care includes:

- > continuous electronic fetal monitoring in labour, and
- > insertion of a temporary intravenous tube in your arm upon commencement of your labour. This is a precaution so intravenous fluids and medications can be given to you if required.

A VBAC can slightly increase the risk of uterine rupture and because of this there are some procedures associated with labour that may need careful consideration before being undertaken with a VBAC. These include:

- > methods of the induction of labour
- > an instrumental birth.

These procedures may be offered with a VBAC if a Specialist Obstetrician provides your care.

References

- > Sabol B, Denman MW, Guise JM, 2015, 'Vaginal Birth After Cesarean: An Effective Method to Reduce Cesarean'. *Clinical Obstetrics and Gynaecology* vol.58, No 2, pp.309-319
- > Foureur M, et al, 2017, 'Caring for women wanting a vaginal birth after previous caesarean section: A qualitative study of the experiences of midwives and obstetricians.' *Women and Birth*, pp3-8

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For more information

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If you do not speak English, request an interpreter from SA Health and the department will make every effort to provide you with an interpreter in your language.



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Vaginal Birth after Caesarean Section



▶ Patient Information Brochure
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Background

A woman who has had a previous caesarean section is encouraged to consider a vaginal delivery for the birth of her next baby. The decision to attempt a vaginal birth after caesarean section (VBAC) should be made early in the pregnancy, in consultation with her midwife and doctor.

Most women with one previous caesarean section birth are suitable for a planned VBAC.

A planned VBAC for a woman who has no identified risks has a success rate of 72-76 percent.

When compared with a repeat caesarean section, women who have a VBAC have fewer complications.

The midwife or doctor providing your care will be happy to offer you additional information regarding birth choices.

What makes for a successful VBAC?

You are more likely to be successful with a VBAC if you:

- > have previously had a vaginal birth, and ideally since your last caesarean section
- > have never needed to be induced into labour
- > have a normal bodyweight.

What are the risks associated with a VBAC?

All births carry some risk. Extra care is needed to select women who are suitable for VBAC. There is a small risk of a uterine rupture with VBAC. Currently in Australia it is estimated that this complication will occur in 0.5 – 1 percent of women undergoing VBAC.

When can I consider a VBAC?

Safety for you and your baby is paramount when considering the birth of your baby. A VBAC may be a suitable decision if:

- > you are medically stable and there will be no risks toward yours or your baby's health
- > your previous caesarean section was not within the last 18 months
- > your baby's estimated birth weight is less than 4000g
- > your baby is in a head down position, in the womb
- > you are not pregnant with twins or triplets,
- > you weigh less than 140kg or have Body Mass Index is less than 40kg/m²
- > you have not had any previous complicated caesarean section; including one that involved a midline incision to the uterus
- > you have not had a previous uterine rupture
- > you have not had any previous uterine surgery, or
- > you have had only one previous caesarean section.

Planning a VBAC; next steps.

Antenatal care of a woman considering a VBAC is routine, and will include an antenatal visit with a GP Obstetrician or Obstetrician.

As with all pregnancies, the best outcomes for yourself and your baby will be achieved when you are able to attend all scheduled antenatal visits.

It is important that you discuss the option of a VBAC with your midwife or doctor. It is suggested that you discuss a planned VBAC before week 24 of your pregnancy.

When planning a VBAC, you will be scheduled an antenatal visit with a GP Obstetrician or Obstetrician before week 36 of your pregnancy, to discuss your plans and preparation for birth.

