

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 and when the unit has adequate experienced staff and appropriate facilities to manage a timely emergency caesarean section should it be required.

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?

If you choose a VBAC your care during labour will include:

- > continuous electronic fetal monitoring in labour; to provide the early detection of any clinical issues and uterine rupture.
- > insertion of a temporary intravenous needle in your arm. 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. 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

- > 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
- > Sabol B, Denman MW, Guise JM, 2015, 'Vaginal Birth After Caesarean: An Effective Method to Reduce Caesarean'. *Clinical Obstetrics and Gynaecology* vol.58, No 2, pp.309-319
- > SA Perinatal Practice Guideline *Births Options after Caesarean Section*
www.sahealth.sa.gov.au/perinatal
- > RANZCOG *Birth after previous caesarean section* C-Obs 38, Cited 8/2/21 ranzcof.org.au

Disclaimer:

This publication is a guide only and is not intended as professional advice. Readers are encouraged to seek appropriate professional advice before relying on any information contained in it. While care has been taken to ensure the material contained in this publication is up-to-date at the time of printing, the Minister for Health and Ageing accepts no responsibility for the accuracy or completeness of the material in the publication and expressly disclaims all liability for any loss or damage arising from reliance upon any information contained within it.

For more information

SA Health
SA Maternal Neonatal & Gynaecology
Community of Practice
Women's & Children's Health Network
Alan Campbell Building
72 Kermode St
North Adelaide SA 5006
www.wchn.sa.gov.au

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.



www.ausgoal.gov.au/creative-commons

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.
April 2018



Vaginal Birth after Caesarean Section



Patient Information Brochure
2021

This VBAC Brochure should be provided to the woman having had a caesarean section, at the earliest opportunity in the post-natal period



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, and 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,
- > spontaneously labour,
- > have a normal bodyweight.

What are the risks associated with a VBAC?

All births carry some risk. Extra care is taken to determine your suitability for a 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.

Notably, in the majority of cases uterine rupture and subsequent serious consequence can be prevented with fetal monitoring during labour and quick access to an emergency caesarean section if required.

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 from your current expected due date,
- > 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 your Body Mass Index is less than 40kg/m²,
- > you have not had a 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.

If you are planning a VBAC your antenatal care will be routine and will include the usual antenatal visits 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, and to make sure that a VBAC is still a medically safe option for you.

Your VBAC will only be planned at a birthing unit that has adequate experienced staff and appropriate facilities to manage a timely emergency caesarean section should it be required.

