

 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGO0009(I)-E
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	Subject Information Sheet for Vaginal Birth after Caesarean Section (VBAC)	Next review date	Jul 2025
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Information sheet for Vaginal Birth after Caesarean Section (VBAC)

Patient's Labels

Most women with one previous Caesarean section can have a normal delivery - VBAC (vaginal birth after Caesarean section). You therefore have the option of VBAC OR elective repeat Caesarean Section (ERCS). However, neither ERCS nor VBAC is without risk. Your preferences and priorities are important and the plan of birth will be a joint decision between you and your obstetrician. Please read through the following information sheet before discussing with your obstetrician.

What is VBAC?

It is the attempt for vaginal birth in pregnancies after previous Caesarean Section. Most of the Caesarean Sections performed nowadays involve cutting the lower segment of the womb and the risk of scar rupture in the future pregnancy is low.

However, the healed scarred womb may not be as strong as the normal unscarred womb during pregnancy. Therefore, you are at higher risk of scar rupture.

What are the benefits and risks associated with VBAC?

Generally VBAC is associated with shorter hospital stay/ hospitalization period, less blood loss and infections risk, fever and thromboembolic events than Caesarean Section. The decision for a trial of vaginal birth will be appropriate when there is no contraindication. If vaginal delivery is successful, this is actually the safest method with lower risk of fever, excessive blood loss or injury to bowel/bladder. The baby will also breathe better after going through the labour process compared with elective Caesarean Section.

On the other hand, you need to be aware that:

- Scar rupture is a very rare complication, but its chance increases in women having VBAC (22-74 per 10,000 women having VBAC compared with virtually zero women having ERCS). In other words, ERCS lowers the risk of scar rupture.

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- Induction or augmentation of labour would increase the risk of scar rupture by 2-3 folds. Therefore, for induction/ augmentation, the decision will be jointly made by you and an O&G specialist.
- There is an increased risk of complication in the babies in the rare event of scar rupture.
- Risk of perinatal mortality associated with VBAC (4 per 10,000) is higher than that with ERCS but similar to that with women having their first birth.
- The effect of planned vaginal birth or planned repeat CS on the risk of cerebral palsy is uncertain.

What is the chance of successful vaginal delivery in VBAC?

Most published series reported that 72-75% women have successful vaginal birth with spontaneous onset of labour. However, the chance of successful vaginal delivery will be lower in women who required medical induction/ augmentation of the labour. There is no reliable way to predict an individual woman's success. Women who have given birth vaginally before are more likely to be successful and the successful rate is about 90%.

How would you be cared for during labour?

You will undergo pre-operative preparation when you are in early labour, including being fasted and receiving intravenous fluid replacement. You will have blood taken for type and screen in case you need blood transfusion. You will have continuous electronic fetal heart monitoring throughout labour. Your blood pressure, pulse rate and progress of labour will be monitored closely. Emergency Caesarean Section may be performed when there is poor progress, abnormal fetal heart rate, or other indications. There are a number of pain relief options inclusive of epidural anaesthesia. You can be accompanied by your spouse or a named family member if you wish.

What if VBAC failed?

You will need emergency Caesarean Section.

What are the risks and benefits of planned repeat Caesarean Section?

Repeat Caesarean Section is associated with higher risk of complications from surgery, including injury to organs (e.g. bladder, ureter and bowel), haemorrhage, and wound complications. It is also associated with increase risk of placenta praevia and morbidly adherent placenta in the future. The morbidity and mortality of elective Caesarean Section is generally lower than emergency operation but is still higher than a normal vaginal delivery.