

Vaginal Birth After Cesarean (VBAC)

If you're pregnant and have had a cesarean delivery (C-section) in the past, you must decide how you'd like to deliver your baby this time. You may choose to have another C-section, or you may choose to try a vaginal birth. A vaginal birth after a cesarean is often called a **VBAC** [VEE-bak].

Why do women choose VBAC?

Women often choose VBAC when they want to have:

- The experience of vaginal delivery
- Shorter hospital stays
- Faster recoveries
- Babies that are less likely to have breathing problems

VBAC is safe for most women. Most of the time, they succeed in delivering vaginally. The chance of success is related to several factors, including the reason for the previous C-section.

Why do women choose C-section?

Women often choose C-section to:

- Avoid labor pain.
- Have more control over the timing of their delivery.
- Lower the risk of a uterine rupture (tearing). There is a small but serious risk of the uterus rupturing during VBAC because the uterus has a scar from the previous surgery. The scar weakens the uterus. A uterine rupture happens in about 1 in every 200 VBAC deliveries.
- Lower the risk of having an emergency C-section.

What can affect VBAC safety for me?

VBAC safety is affected by your unique circumstances—such as whether you have any pregnancy complications or other medical issues.

VBAC safety may also be affected by:

- **How your previous C-section was performed.**
The chance of a uterine rupture is lowest when the C-section incision (cut) in your uterus was low on the belly and side-to-side—called a **transverse incision**. If your incision was an up-and-down—called a **vertical** or **classical incision**—uterine rupture is much more likely, and you should not attempt VBAC.
- **The number and timing of your previous C-section(s).** Your VBAC risk increases if you've had more than two C-sections in the past. If you've had a fairly recent C-section—18 months ago or less—the risk is also higher.
- **The estimated size of your baby and the length of your pregnancy at the time of delivery.** A large baby or a pregnancy over 40 weeks may lower the safety of a VBAC attempt.
- **How your labor is managed in the hospital.** Several factors, such as whether and how your labor is induced (started) with medicine, affect the safety of VBAC and your chances of a successful vaginal delivery. For this reason, most healthcare providers ask women attempting VBAC to accept special monitoring and other precautions during labor and delivery. These plans can help your medical team lower risks for you and your baby.

How do I decide what's best?

Your healthcare provider can help you consider the options in relation to your unique medical situation and your preferences. As you discuss your options, keep in mind that even if you choose to attempt VBAC, you can still choose a C-section after labor starts.

Remember that all forms of delivery carry some risk. To make your decision, you must weigh the risks and the potential benefits of each approach. (The tables on the back of this handout list some of these.)

Talking with your healthcare providers about your choice: VBAC or C-section?

The table below lists the most common potential benefits, risks, and alternatives for both types of delivery. Other benefits and risks may apply in your unique medical situation. Talking with your healthcare providers is the most important part of learning about these risks and benefits. If you have questions, be sure to ask.

VBAC		
Possible benefits	Risks and possible problems	Alternatives
<p>Vaginal births generally have fewer risks than cesarean (C-section) deliveries. Therefore, compared to a C-section, VBAC may offer these benefits to the mother:</p> <ul style="list-style-type: none"> • Less risk of infection • Less blood loss • Less chance of blood clots in the legs and lungs • Less chance of injury to bladder or uterus • Less pain after the birth • Shorter hospital stay • Quicker recovery (faster return to normal activity) • More opportunity for family and friends to share in the birth <p>Possible benefits of VBAC for the baby are:</p> <ul style="list-style-type: none"> • Less risk of breathing problems 	<p>For the mother:</p> <ul style="list-style-type: none"> • Bleeding • Complications that may require a C-section (note that a C-section done after labor starts has a greater risk of problems than one done before labor begins) • Uterine rupture (studies show that this happens about 1 in 200 deliveries) • Hysterectomy (removal of uterus) • Brain damage or death (very rare) <p>For the baby:</p> <ul style="list-style-type: none"> • No increased risk with VBAC, except in case of uterine rupture (life-threatening for the baby) 	<p>C-section delivery (Note that if you decide to attempt VBAC, you can still choose a C-section at any time)</p>
Planned (scheduled) C-section		
Possible benefits	Risks and possible problems	Alternatives
<p>If you have a planned (scheduled) C-section, possible benefits include:</p> <ul style="list-style-type: none"> • No labor pain • More control over the timing of delivery • Less risk of unexpected uterine rupture and emergency C-section • Convenience (can schedule the delivery) 	<p>For the mother, C-section is a major surgery. Compared to a normal vaginal delivery, the recovery time is longer. Also, if there are complications to the surgery, they bring higher risk to the mother.</p> <p>Possible problems include:</p> <ul style="list-style-type: none"> • Infection • Need for a blood transfusion • Injury to the bladder other internal organs • Blood clots in the legs or lungs • Increased likelihood of needing C-sections for future deliveries, each with an increased risk of complications • Brain damage or death (very rare) <p>For the baby, risks and possible problems include:</p> <ul style="list-style-type: none"> • Increased chance of breathing problems • Extreme sleepiness after delivery (if mother receives general anesthesia) 	<p>Vaginal birth (VBAC)</p>

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