

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 abbreviated "VBAC" and often pronounced "vee-back."

How do I make my decision?

To make this decision, talk to your doctor or midwife. Your doctor or midwife can talk with you about the risks and potential benefits of VBAC and C-section. (The tables on the back of this handout list some of these.) Also, your doctor or midwife 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. Also, 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.

Why do women choose VBAC?

Women attempt VBAC when they want the experience and the benefits of vaginal delivery. 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. When VBAC is successful, women usually have shorter hospital stays and quicker recoveries than they would have had with C-section deliveries. Also, their newborns are less likely to have breathing problems than babies delivered by cesarean.

VBAC is safe for most women. However, there is a small but serious risk of the uterus rupturing (tearing) during VBAC. This is because the uterus has a scar from the previous surgery. The scar weakens the uterus. A uterine rupture happens once in every 200 VBAC deliveries.



What can affect VBAC safety for me?

Your unique circumstances — such as whether you have any pregnancy complications or other medical issues — are a big part of evaluating the safety of VBAC. Your doctor or midwife can discuss these with you, along with these general considerations:

- 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 and side-to-side ("transverse"). If you've had an up-and-down incision (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.
 Your VBAC risk increases if you've had more than two previous C-sections. 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 and the chance of a vaginal delivery.
- How your labor is managed in the hospital. Several factors, such as whether and how your labor is induced (started) with medication, affect the safety of VBAC and your chances of a successful vaginal delivery. For this reason, most doctors and midwives 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.

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		
Potential benefits	Risks and potential complications	Alternatives
Vaginal births generally involve less risk than cesarean (C-section) deliveries. Therefore, compared to a C-section, VBAC may offer these benefits to the mother: • Less risk of infection • Less blood loss • Smaller chance of blood clots in the legs and lungs • Smaller 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 Potential benefits of VBAC for the baby are: • Less risk of breathing problems	 For the mother: 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 times, or 0.5% of the time) Hysterectomy (removal of uterus) Brain damage or death (very rare) For the baby: No increased risk with VBAC, except in case of uterine rupture (life-threatening for the baby) 	C-section delivery Note that if you decide to attemp VBAC, you can still choose a C-section at any time.
Planned (scheduled) C-sect	ion	
Potential benefits	Risks and potential complications	Alternatives
If you have a planned (scheduled) C-section, potential benefits include: • No labor pain • Convenience (can schedule the delivery)	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. Possible complications include: Infection Need for a blood transfusion Injury to the bladder other internal organs Blood clots in the legs or lungs Brain damage or death (very rare)	• VBAC

include:

general anesthesia)

 Increased likelihood of needing C-sections for future deliveries, each with an increased risk of complications.
 For the baby, risks and potential complications

• Extreme sleepiness after delivery (if mother receives

• Increased chance of breathing problems