

## Shared Decision Making – options after previous caesarean section

Next clinical review date March 2018.

### Deciding what to do about birth options after previous caesarean section

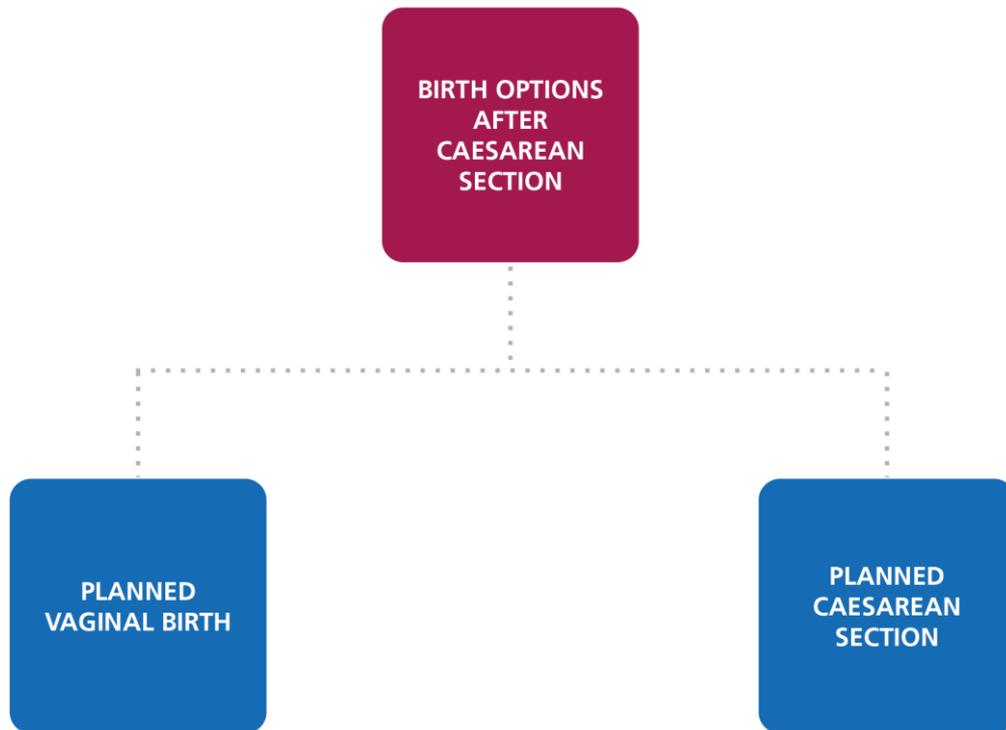
This short decision aid is for women who are pregnant with one baby, and have had one previous caesarean section. It will help you decide whether to have this baby delivered by a vaginal birth or a caesarean section. It is not designed for women who have had more than one previous caesarean section or are pregnant with more than one baby.

You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

Your decision may depend on many things, including questions or feelings about the relative safety of the options; the timing of your delivery; feelings about childbirth, pain, and recovery time; the effect on breastfeeding; and whether you want more children in future.

#### **The main options for childbirth after one previous caesarean section are:**

- Planning for a vaginal birth.
- Planning for a caesarean section.



## What are my options?

	Planned vaginal birth	Planned caesarean section
<b>What is the treatment?</b>	This is when a pregnant woman who previously had a caesarean section plans to deliver her next baby vaginally. This is called vaginal birth after caesarean section or VBAC for short. The woman will need to have her baby in hospital, so both she and her baby can be monitored for any problems during labour.	This is when a pregnant woman who previously had a caesarean section plans to have another caesarean section. A caesarean section is a surgical way of delivering a baby through a cut in the mother's abdomen. Most babies that are delivered by caesarean section are delivered through a horizontal (side-to-side) cut low on the mother's abdomen. In a repeat caesarean section, doctors will usually deliver the baby by cutting along the previous caesarean section scar.

	Planned vaginal birth	Planned caesarean section
<b>What is the chance of having the type of birth planned?</b>	About <b>75 in 100</b> women who plan a vaginal birth after a caesarean section are able to have one.  Difficulties with the pregnancy or during labour might mean that a woman needs to have a caesarean section.	About <b>98 in 100</b> women who plan a repeat caesarean section are able to have one. [5] If a woman goes into labour before her caesarean section date, and labour is advanced by the time she reaches the hospital, it may be safer for the woman and her baby to continue with a vaginal delivery. A woman's obstetrician will discuss this fully with her.

	Planned vaginal birth	Planned caesarean section
<b>What is the chance of having an unplanned caesarean section?</b>	Around <b>25 in 100</b> women who choose a vaginal delivery will have an unplanned caesarean section during labour. A caesarean section will be performed if there is any immediate danger to a woman or her baby, or if her labour is not progressing as it should.	Around <b>10 in 100</b> women who plan a repeat caesarean section go into labour before their scheduled caesarean section date. [5] Unless a woman is in advanced labour, she should still be able to have a caesarean section if she wishes.

	Planned vaginal birth	Planned caesarean section
<b>What is the chance of serious health problems for the baby?</b>	<p>The chance of a baby dying during or after a planned vaginal birth after a caesarean section is very small. [5] The chances of a baby dying are about the same as the chances of that happening during a vaginal birth when a woman gives birth for the first time.</p> <p>Some mature babies (babies born after 37 weeks) get a temporary breathing problem called respiratory distress syndrome (RDS). This happens to less than <b>1 in 1,000</b> babies born by vaginal births after caesarean section. [6]</p>	<p>The chance of a baby dying during or just after a planned repeat caesarean section is very small.[7]</p> <p>Some mature babies (babies born after 37 weeks) get a temporary breathing problem called respiratory distress syndrome (RDS). This happens to around <b>4 in 1,000</b> to <b>6 in 1,000</b> babies born by repeat caesarean section and is limited by ensuring the caesarean section is booked for no earlier than the 39th week of pregnancy. [8]</p>

	Planned vaginal birth	Planned caesarean section
<b>What is the chance of other health problems for the baby?</b>	<p>Transient tachypnoea is a condition where the baby breathes abnormally fast. About <b>26 in 1,000</b> babies delivered vaginally get transient tachypnoea. [8] It may happen if the baby is delivered before the 39<sup>th</sup> week of pregnancy. The condition is often treated by giving the baby oxygen or antibiotics. It is not life threatening and usually stops after a day or two. Babies with transient tachypnoea may need a short stay in a special care baby unit (SCBU) for observation.</p> <p>Some babies born by vaginal birth after a caesarean section don't get enough oxygen to their brain during delivery. This happens to less than <b>1 in 1,000</b> babies. [8] This may have long-lasting effects on the health of the baby, including developmental delay, where the child doesn't develop as quickly</p>	<p>Transient tachypnoea is a condition where the baby breathes abnormally fast. About <b>36 in 1,000</b> babies delivered by caesarean section get transient tachypnoea. [8] It may happen if the baby is delivered before the 39<sup>th</sup> week of pregnancy. The condition is often treated by giving the baby oxygen or antibiotics. It is not life threatening and usually stops after a day or two. Babies with transient tachypnoea may need a short stay in a special care baby unit (SCBU) for observation.</p> <p>As with babies born by vaginal birth after a caesarean section, babies delivered by caesarean section may also have developmental delays.</p> <p>Between <b>7 in 1,000</b> and <b>31 in 1,000</b> babies are accidentally cut by the doctor during caesarean delivery. This is more likely</p>

	as other children.	during an unplanned caesarean section (when the waters have gone) than a planned caesarean section. [9] The cuts can occasionally leave scars. We don't know if a previous caesarean section makes it more or less likely that a baby will be accidentally cut during a caesarean delivery.
--	--------------------	---

	Planned vaginal birth	Planned caesarean section
<p><b>What are the serious health problems for mothers?</b></p>	<p>It's very rare for a woman to die during childbirth, or from problems related to childbirth, in the UK. Overall, the numbers are 7 in 100,000 births.[10] The difference between deaths after a planned caesarean section and deaths after a vaginal birth is small enough to be down to chance.[8]</p> <p><b>Uterine tear</b> Around <b>2 in 1,000</b> women having a vaginal birth after caesarean section have a uterine tear.[11] Women have a higher chance of uterine tear if labour is induced or they give birth less than 12 months after their previous birth (caesarean section). Hospitals nowadays are well equipped to deal with uterine tears if this happens.</p> <p>If a woman's uterus can be repaired, she can have more children. Her doctor will probably recommend a planned caesarean section for her next delivery.</p> <p>Sometimes the uterine tear cannot be safely repaired and a hysterectomy (surgical removal of the womb) is needed.</p> <p><b>Heavy bleeding</b></p>	<p>It's very rare for a woman to die during childbirth, or from problems related to childbirth, in the UK. Overall, the numbers are 7 in 100,000 births. [10] The difference between deaths after a planned caesarean section and deaths after a vaginal birth is small enough to be down to chance. [8]</p> <p><b>Uterine tear</b> Fewer than <b>1 in 1,000</b> women having a repeat caesarean section have a uterine tear. [11] Hospitals nowadays are well equipped to deal with uterine tears if this happens.</p> <p>If a woman's uterus can be repaired, she can have more children. Her doctor will probably recommend a planned caesarean section for her next delivery.</p> <p>Sometimes the uterine tear cannot be safely repaired and a hysterectomy (surgical removal of the womb) is needed.</p> <p><b>Heavy bleeding</b> About <b>8 in 1,000</b> women who plan a repeat caesarean section have severe bleeding, in some cases requiring a blood transfusion.[5]</p>

	<p>About <b>23 in 1,000</b> women who plan a vaginal delivery after a caesarean section have severe bleeding, in some cases requiring a blood transfusion.[5]</p> <p><b>Hysterectomy</b> An emergency hysterectomy may be performed to control life threatening bleeding. Between <b>2 in 1,000</b> and <b>3 in 1,000</b> women who have a vaginal delivery after caesarean section need a hysterectomy.[8]</p> <p><b>Blood clot</b> The chance of having a life threatening blood clot (thromboembolism) that blocks a major blood vessel is less than <b>1 in 1,000</b>.[8]</p>	<p><b>Hysterectomy</b> An emergency hysterectomy may be performed to control life threatening bleeding. Between <b>2 in 1,000</b> and <b>3 in 1,000</b> women who have a second caesarean section need a hysterectomy.[8]</p> <p><b>Blood clot</b> The chance of having a life threatening blood clot (thromboembolism) that blocks a major blood vessel is less than <b>1 in 1,000</b>.[8]</p>
--	---	---

	Planned vaginal birth	Planned caesarean section
<p><b>What is the chance of other health problems for the mother?</b></p>	<p><b>Endometritis</b> (an infection of the lining of the womb) occurs in nearly <b>3 in 100</b> women who have a planned vaginal birth after a caesarean section. [11]</p> <p>Having several pregnancies increases a woman's chances of getting <b>stress incontinence</b>. Stress incontinence usually improves within a few weeks of giving birth, but sometimes lasts for several months. About <b>12 in 100</b> women who have a vaginal birth get stress incontinence, where urine leaks while coughing, laughing, sneezing, or exercising.[12]</p>	<p><b>Endometritis</b> (an infection of the lining of the womb) occurs in nearly <b>2 in 100</b> women who have a planned repeat caesarean section. [8] The condition is treated with antibiotics and usually clears up within one week. Women having a caesarean section are generally given antibiotics when the caesarean section is being carried out.</p> <p>Having several pregnancies increases a woman's chances of getting <b>stress incontinence</b>. Stress incontinence usually improves within a few weeks of giving birth, but sometimes lasts for several months. About <b>7 in 100</b> women who have a caesarean section get stress incontinence, where urine leaks while coughing, laughing, sneezing, or exercising. [12] A caesarean section operation won't cause stress incontinence,</p>

		<p>but being pregnant might.</p> <p>About <b>9 in 100</b> women experience continuous wound and abdominal discomfort in the first few months after surgery.[13]</p>
--	--	---

	Planned vaginal birth	Planned caesarean section
<b>How long is a hospital stay and home recovery?</b>	<p>Women usually stay in hospital for one to two days after a planned vaginal birth.</p> <p>Babies are given a thorough check (neonatal examination) by a nurse, midwife, or doctor within 48 hours of being born. This may be in hospital or at a woman's home if she has been discharged. If a woman is still in hospital, she and her baby can both go home after the baby has been examined.</p> <p>If a mother or her baby is unwell, they may have to stay in hospital longer. Recovery after a vaginal delivery varies from person to person. A woman's age and health (before childbirth) will affect how quickly she recovers.</p> <p>Recovery from a vaginal delivery will take a few days. If a woman had stitches or other problems, recovery could take several weeks.</p> <p>Women should be able to get back to their normal activities, including looking after other children, driving, and normal social activities, as soon as they feel well enough to do so.</p>	<p>Women usually stay in hospital for two to four days after a planned caesarean section, although it is possible to leave the hospital 24 hours after giving birth if a woman arranges follow-up care at home.</p> <p>Babies are given a thorough check (neonatal examination) by a nurse, midwife, or doctor within 48 hours of being born. Afterwards, both mother and baby can usually go home.</p> <p>If a mother or her baby is unwell, they may have to stay in hospital longer. Recovery after a caesarean section varies from person to person. A woman's age and health (before childbirth) will affect how quickly she recovers.</p> <p>It can take four to six weeks to fully recover from a caesarean section. While the wound is healing, a woman should not drive, do strenuous exercise or household chores, lift anything heavier than her baby, or have sex. A woman can start doing these things again once she feels able to do them and they do not cause pain. For some women, this may be in a few weeks. For others, it may be longer.</p> <p>Some women have abdominal pain following a caesarean section. The pain from the</p>

		caesarean section wound may last six to eight weeks.
--	--	--

	Planned vaginal birth	Planned caesarean section
<b>What is the effect on what women can do after the birth?</b>	<p>Women can hold and breastfeed their baby immediately after a vaginal birth. Some pain medication (analgesics), such as pethidine, can make a baby sleepy and affect his or her sucking reflex, making breastfeeding more difficult. The effects can last for several days.</p> <p>Women can drive as soon as they feel comfortable after a vaginal birth. If a woman had to have stitches, it may be a couple of weeks before she feels comfortable enough to drive.</p>	<p>Women can hold and breastfeed their baby immediately after a planned caesarean section.</p> <p>Women are not able to drive for a few weeks after a caesarean section. Some women may need longer before they feel comfortable enough to drive. Insurance companies sometimes require that a woman wait a specific number of weeks before driving or that her doctor certifies that she is fit to drive.</p> <p>While the wound is healing, women should not do strenuous exercise or household chores, lift anything heavier than their baby, or have sex. They can start doing these things once they feel able to do them and they do not cause pain. For some women, this may be in a few weeks. For others, it may be longer.</p>

	Planned vaginal birth	Planned caesarean section
<b>What is the effect on choice in future childbirth?</b>	<p>Women who choose a vaginal birth are likely to be able to choose either another vaginal birth or a planned caesarean section in future pregnancies.</p> <p>If a woman has a successful vaginal birth this time, her chance of having a successful vaginal birth in the future with a straightforward recovery will be higher. About <a href="#">94 in 100</a> women who have a successful vaginal birth after a caesarean section, have a successful second vaginal birth.[14]</p> <p>If a woman has an assisted vaginal delivery (with forceps or</p>	<p>If a woman chooses a caesarean section, her chance of having a successful vaginal birth in future may be lower. The problems associated with a planned vaginal delivery may be different if a woman has had more than one previous caesarean section.</p> <p>Having multiple caesarean sections may increase the chance that a woman will have problems in future with her placenta not separating properly during delivery. (The placenta is the organ that provides a baby with oxygen and food while in the womb.) This is called</p>

	<p>ventouse), the chance that she will need an assisted delivery next time will be much lower. Having an unplanned caesarean section or changing to a planned caesarean section may affect a woman's chances of having a vaginal birth next time.</p>	<p>placenta accreta and can cause more than normal bleeding during birth. A hysterectomy may be needed if the bleeding doesn't stop. This is a last resort.</p>
--	---	---

## What are the pros and cons of each option?

People who have to decide whether to plan for a vaginal birth or another caesarean section after a previous caesarean section have different experiences about the associated problems and views on approach. Choosing the option that is best for the patient means considering how the consequences of each option will affect their life.

Here are some questions people may want to consider when deciding whether to plan for a vaginal birth or another caesarean section:

- Is having the type of birth they planned very important to them?
- Is reducing pain as much as possible very important to them?
- Is it very important to them to leave hospital shortly after giving birth?
- Do they want to get back to everyday activity as soon after childbirth as possible?
- Is lowering their chance of becoming incontinent very important to them?
- Do they want to be able to have more children?
- Do they want to be able to choose the type of delivery they have in future?
- Do they want to minimise harm to their baby and themselves?
- Is it very important that they can hold and breastfeed their baby straight after it is born?

## How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

## References

5. Smith GC, Pell JP, Cameron AD, et al. Risk of perinatal death associated with labor after previous cesarean delivery in uncomplicated term pregnancies. JAMA: The Journal of the American Medical Association. 2002; 287: 2684-2690.
6. Royal College of Obstetricians and Gynaecologists, Birth after Previous Caesarean Birth (Green-top Guideline No 45. October 2015. Available at [www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg45](http://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg45).
7. Landon MB, Hauth JC, Leveno KJ, et al. Maternal and perinatal outcomes associated with a trial of labor after prior cesarean delivery. New England Journal of Medicine. 2004; 351: 2581-2589.
8. Royal College of Obstetricians and Gynaecologists. Birth after previous caesarean birth. February 2007. Available at: <http://www.rcog.org.uk/womens-health/clinicalguidance/birth-after-previous-caesarean-birth-green-top-45> (accessed on 12 October 2012).
9. Lyell D. Adhesions and perioperative complications of repeat caesarean delivery. American Journal of Obstetrics & Gynecology. 2011; 205: S11-S18.
10. Cantwell R, Clutton-Brock T, Cooper G, et al. Saving mothers' lives: reviewing maternal deaths to make motherhood safer: 2006-2008. The eighth report of the confidential enquiries into maternal deaths in the United Kingdom. BJOG: An International Journal of Obstetrics & Gynaecology. 2011; 118: S1-S203.
11. Royal College of Obstetricians and Gynaecologists, Birth after Previous Caesarean Birth (Green-top Guideline No 45. October 2015. Available at [www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg45](http://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg45).] The condition is treated with antibiotics, and in 90 in 100 cases, it clears up within three to four days.[French LM, Smaill FM. Antibiotic regimens for endometritis after delivery (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
12. Rortveit G, Daltveit AK, Hannestad YS, et al. Urinary incontinence after vaginal delivery or cesarean section. New England Journal of Medicine. 2003; 348: 900-907.
13. Royal College of Obstetricians and Gynaecologists. Consent Advice No.7. October 2009. Available at: <http://www.rcog.org.uk/womens-health/clinicalguidance/caesarean-section-consent-advice> (accessed on 11 October 2012).
14. Elkousy MA, Sammel M, Stevens E, et al. The effect of birth weight on vaginal birth after cesarean delivery success rates. Am J Obstet Gynecol 2003; 188: 824-30