

**EDD** \_\_\_\_\_

## VBAC = VAGINAL BIRTH AFTER CESAREAN Page 1/2

**Women with one prior cesarean delivery have a choice between a trial of labor and a repeat cesarean. You may change your choice at any time during pregnancy and labor. It is important to understand the risks and benefits of a trial of labor and discuss them with your doctor or certified nurse midwife<sup>1</sup>**

Compared with a repeat cesarean, the **benefits of a successful VBAC** include:

For the mother, avoiding cesarean section:

- Reduced risk of death, operative injury, infection, and excessive blood loss
- Lower risk of abnormal placenta in future pregnancies (placenta previa & accrete)
- Faster postnatal recovery, less pain & easier infant care
- Not requiring cesareans for all subsequent pregnancies

For the baby:

- Less incidence of respiratory problems

Compared with a repeat cesarean, the **risks associated with a VBAC** include:

Rupture of the uterus:

- Uterine rupture occurs in about 1/200 (0.5%) spontaneous labors after one cesarean birth.<sup>2</sup> The risk of uterine rupture is higher, about 1/100 (1%), in induced labors
- Although uncommon, if uterine rupture occurs, immediate cesarean is needed. Usually, the outcome for the mother and baby is good, but 1/10 cases of uterine rupture can cause death or brain injury with long-term disability for the baby.
- **The overall risk of newborn death or serious brain injury from uterine rupture is about 1/2000** for spontaneous labor with a history of one prior cesarean.<sup>2</sup>

Regular labor risks including unsuccessful trial of labor:

- a VBAC has all the regular risks of labor
- If labor is unsuccessful, a cesarean with its risks may still be required. The greatest chance of complication occurs in situations where labor is attempted but repeat cesarean becomes necessary during labor.

**Clinical circumstances make some women better candidates for a VBAC than others:**

- Women with a ñnon-recurringö reason for the prior cesarean (for example, breech presentation or fetal distress) have about an 80% chance of vaginal birth if labor starts on its own. Women with a ñrecurringö indication for the prior cesarean (like failure to progress in labor) have a 60% chance of a vaginal birth if labor starts on its own. The lowest success rates are seen in women who required the cesarean for lack of fetal descent after complete cervical dilation (may be as low as 13%).
- Estimates of chances for success and risk of uterine rupture can vary depending on your history and how the pregnancy is going. Women with a prior vaginal birth have a 90% chance of success and a lowered risk of rupture. Women needing induction have only a 50% chance of a successful VBAC and a higher risk of uterine rupture. Your doctor or certified nurse midwife will review individual factors that might play into your decision.

**Hospital guidelines for women with a single prior cesarean section include:**

- Only women whose prior cesarean was by low transverse uterine incision are offered a trial of labor.
- Continuous electronic fetal monitoring is required during labor.
- An intravenous line (IV) is placed in labor for access in the event of an emergency.
- Repeat cesareans are not scheduled until after 39 completed weeks gestation to ensure the baby's lungs are mature. If labor starts before 39 weeks, a cesarean can be performed at that time if desired.
- If labor doesn't start by 41-42 weeks, women wishing a VBAC should be re-assessed and counseled by an obstetrician.

**MY CHOICE:**

I, \_\_\_\_\_ (print full name) have had one prior cesarean birth and \_\_\_\_\_ previous vaginal birth(s). I have read the above information and have discussed the benefits and risks of a vaginal birth after cesarean (VBAC) with my doctor or certified nurse midwife. I understand that I may change my choice before or during labor.

- I have chosen to plan a vaginal birth after cesarean (VBAC).
- I have chosen to plan a repeat cesarean at or beyond 39 weeks (or earlier if I go into labor sooner).
- I have chosen to plan a vaginal birth after cesarean (VBAC) if I entered labor spontaneously prior to approximately \_\_\_\_\_ week's gestation. If labor has not occurred by that time, I choose to deliver by planned cesarean section.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MD/DO/CNM signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MD/DO/CNM Name PRINTED

<sup>1</sup> Martel MJ, MacKinnon CJ. SOGC Clinical Practice Guideline No. 155; Guidelines for vaginal birth after previous cesarean birth. J. Obstet Gynaecol Can 2005; 27(2): 164-174

<sup>2</sup> Landon MA, Hauth JC, et al. Maternal and Perinatal outcomes associated with a trial of labor after prior cesarean delivery. NEJM 2004;351(25): 2581-9