Giving birth after a caesarean section

We have written this factsheet to give you more information about the birth options available to you if you have had a previous caesarean section. It includes the advantages and disadvantages of a vaginal birth and a caesarean section, how to prepare for labour and what to expect during labour. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to your GP, midwife or obstetrician.

The likelihood of having a vaginal birth after a caesarean section

Most women who have previously had a caesarean section are able to give birth vaginally in their next pregnancies. Around 75% of women who attempt a vaginal birth after a caesarean section (known as a VBAC) will be able to have one (national statistic from the National Institute of Clinical Excellence (NICE)). This figure is reflected locally at UHS.

However, this statistic includes all women who have had one caesarean section, regardless of whether or not they have also given birth vaginally previously. If your first baby was born by caesarean section and this is your second pregnancy, your likelihood of a successful vaginal birth is probably closer to 58% (NHS Maternity Statistics 2017). If you have already had a vaginal birth (either before or after your caesarean section) your chances of a successful vaginal birth could be as high as 90%.

There are also other factors which will influence your chance of having a vaginal birth. If your previous caesarean was due to your baby presenting in the breech position, concerns about your baby's heart rate before or during labour, or for another reason that will not necessarily occur again, the likelihood of a vaginal birth will be greater than if your caesarean was due to a potentially reoccurring reason, such as significantly slow dilatation of your cervix during the first stage of labour.

The chance of giving birth vaginally is higher if:

- you have had a vaginal birth before (particularly if you are under 35 years old)
- your body mass index (BMI) is less than 30 at your booking appointment
- you go into labour naturally (without being induced) before or around your due date

Understanding the reason for your previous caesarean section

It is important that you understand the reason for your previous caesarean section and consider how likely this is to happen again. It is also important to acknowledge any preferences or anxieties you may have about any future pregnancies.

If you are pregnant, please discuss your previous pregnancy and birth experiences with your midwife at your booking appointment. This will enable you and your midwife to plan your schedule of antenatal care. In some instances, it may be appropriate to involve a consultant obstetrician (a doctor who specialises in the care of pregnant women) or consultant midwife in your antenatal care too. This usually depends on the reason for your previous caesarean section and will be arranged for you.

If the reason for your previous caesarean section is unclear or you have any unanswered questions, the Birth Afterthoughts service may be appropriate for you. The Birth Afterthoughts service gives you the opportunity to:

- discuss your previous birth experience with a midwife.
- examine your previous maternity care records. However, in order for your maternity care records to be available, you must have given birth under the care of University Hospital Southampton NHS Foundation Trust. If you were cared for elsewhere, you will need to contact the hospital where your baby was born and get a copy of your hospital records. Please speak to your midwife for more information.

To contact Birth Afterthoughts, please phone **023 8120 6834** and leave your name and contact number.

Understanding your options

Vaginal birth

Advantages:

- You are more likely to have an easier recovery, less pain after birth and a shorter stay in hospital.
- You are less likely to be readmitted to hospital.

Disadvantages:

- You are at greater risk of scar separation (when the wall of your uterus (womb) stretches, it can cause the scar from a previous caesarean section to become thin and begin to separate). This risk is higher if you are induced, or your labour is 'augmented' (using a hormone drip to increase the frequency of your contractions). Please read the section 'Understanding the risk of uterine scar separation' on page 3 for more information.

The likelihood of your baby becoming unwell, either in the short or long-term, is no greater than if you were expecting your first baby.

Elective (planned) caesarean section

Advantages:

- You have a smaller chance of scar separation.
- You have a lower risk of urinary incontinence (4% vs 7% with vaginal birth).
- You are less likely to require a blood transfusion.

Disadvantages:

- You are more likely to need pain relief after your baby is born and a longer stay in hospital.
- Your risk of venous thromboembolism (blood clots) is increased. Statistics suggest that women who have a caesarean section are twice as likely to have a blood clot compared to women having a vaginal birth. Separate statistics comparing elective and emergency caesarean sections are not available. However, there are a number of steps you can take to prevent blood clots from occurring. Please read the 'Understanding blood clots or venous thromboembolism (VTE) in pregnancy and after birth' booklet for more information. This is available to download from **www.uhs.nhs.uk/maternity**
- You are more likely to develop problems with your placenta in future pregnancies, including the risk of developing placenta praevia (when your placenta is low down in the uterus) or placenta accreta, which can cause severe bleeding. This risk increases every time you have a caesarean section.

- Your baby is almost twice as likely to be admitted to the neonatal unit with breathing problems (transient tachypnoea of the newborn, TTN). This affects 5% of babies born by caesarean section, compared to 3% of babies born vaginally. This is because the process of labour and vaginal birth prepares babies for breathing when they are born. However, it is usually temporary and may be minimised if an elective caesarean section is performed after 39 weeks.

There are no differences if you plan a vaginal birth or caesarean section in:
- the likelihood of developing postnatal depression or post-traumatic stress disorder.
- the chance of problems in faecal incontinence (less control when opening your bowels).
- the chance of pain on sexual intercourse at three months after birth.
- the chance of you needing a hysterectomy as a result of your current pregnancy.
- the likelihood of you developing a birth-related infection. However, it is important you are aware that your risk of infection increases with your BMI, irrespective of whether you give birth vaginally or by caesarean section. Please read the 'Raised body mass index (BMI) in pregnancy, labour and birth booklet' for more information. This is available to download from **www.uhs.nhs.uk/maternity**

Understanding the risk of uterine scar separation

The wall of your uterus (womb) is naturally stretched as your pregnancy progresses, a process which can cause the scar from a previous caesarean section to become thin and, in a small number of cases, begin to separate. This may create serious risks for you and your baby.

Scar separation is rare and current research suggests the risk is lower than previously thought. However, it is more common in women experiencing active labour due to the additional pressure placed on the scar by uterine contractions.

The risk of uterine scar separation increases if you:
- have had more than one previous caesarean section.
- have your labour induced. Scar separation after induction with prostaglandin affects five women in every 1,000.
- require augmentation (a hormone drip to increase the frequency of your contractions).

Signs of scar separation include:
- abnormal changes in your baby's heart rate
- abdominal pain between your contractions
- pain in the tip of your shoulder
- sudden shortness of breath
- sudden intense pain around your scar
- heavy bleeding from your vagina

If scar separation is suspected, your baby will need to be born as quickly as possible. This will usually be via emergency caesarean section, but it may be through assisted birth (either ventouse or forceps), depending on which is considered most appropriate at the time. For this reason, we recommend that you are cared for on the labour ward during the active stage of your labour and for your baby's birth. If you have any concerns about your scar, please call the maternity day assessment unit on **023 8120 4463** (9am to 2.30am). For urgent enquiries outside of this time, please call the labour ward on **023 8120 6002**.

Balancing the advantages and disadvantages

Taking into account the advantages and disadvantages of both vaginal birth after caesarean section (VBAC) and elective repeat caesarean section (ERCS), we strongly recommend VBAC for women who have had one previous lower segment caesarean section for a non-repeating cause and who have no other complications. This approach has been agreed nationally as the safest way forward for you, your baby and any other babies you have in the future (NICE 2011).

The likelihood of a serious adverse outcome is extremely rare. However, it will be affected by your individual circumstances and the reasons for your previous caesarean section.

You may ask for a repeat caesarean section if you feel that it is in your best interests. You will be encouraged to discuss the advantages and disadvantages of both vaginal birth and elective caesarean section carefully with your obstetrician and/or a consultant midwife. These discussions may take place over a period of time as your pregnancy progresses.

Planning a vaginal birth (your birth plan)

Your midwife will arrange an appointment with you when you are approximately 28 weeks pregnant to explore your expectations and plans for your baby's birth. It is important to:

- plan your support
- consider where your baby will be born
- prepare yourself for the early stages of labour
- make sure you are aware of the recommendations made for women who are in labour who have had a previous caesarean section

Women who feel well supported are able to cope better with labour. Your support may come from your partner, a friend or a relative.

Place of birth

When considering your baby's place of birth, you will be advised to give birth to your baby on the labour ward at the Princess Anne Hospital. This ensures you have immediate access to operating theatres and emergency care, in case this becomes necessary (as recommended by NICE 2011). You will also be encouraged to remain upright and mobile during your labour, using the birthing aids available.

Further discussion with either a consultant midwife or your obstetric consultant will be recommended if you do not feel that the labour ward is appropriate for you. This will ensure you are aware of the risks and benefits of alternative birthplace options and enable you to make an informed decision.

Preparing for early labour

Every woman's experience of labour is different. The early stage of labour prepares the uterus (womb), baby and cervix (neck of the womb) for birth. This may take hours or even days. It may stop altogether and start again later that day or another day. It is important to think about how you are going to look after yourself during early labour and make plans for somebody to support you during this time. Staying within the comfort of your own home until your labour is established can increase your chances of a normal birth.

Remaining upright and active during labour:
- allows your baby to adopt a good position for passage through your pelvis.
- allows gravity to assist you, encouraging stronger and more efficient contractions.
- helps you to cope with contractions. You are therefore less likely to choose methods of pain relief which can slow labour and make a repeat caesarean section more likely.

It is important to discuss positions you can adopt during labour with your midwife. Remember to ensure you balance movement and mobility with opportunities to rest as required.

You are advised to:
- eat a light diet and drink plenty of fluids during the early stages of labour. This will ensure you remain well hydrated and maintain your energy levels.
- choose coping strategies which appeal to you, such as a bath, shower, massage, use of a TENS machine or a birthing ball. Every labour is unique and every woman will have different preferences.
- read the 'What to expect in the early stage of labour' factsheet. This has been designed to give you more information about the early stages of labour. It can be downloaded from our website **www.uhs.nhs.uk/maternity**

Call Labour Line on **0300 123 9001** when your contractions become regular and painful (occurring two to three times in ten minutes and lasting approximately one minute).

When your waters break

Your unborn baby develops and grows inside a bag of fluid called the amniotic sac. When it is time for your baby to be born, the sac breaks and the amniotic fluid drains out through your vagina. This is known as your 'waters breaking'. Most women's waters break during labour, but it can also happen before labour starts.

If your waters break before your labour starts, you may feel a slow trickle of fluid from your vagina or a sudden gush that you cannot control, or you may just feel damp.

If you think your waters may have broken, wear a maternity sanitary towel (not a tampon) and make a note of the colour and amount of fluid leaking from your vagina. Call Labour Line on **0300 123 9001** for advice from our team of midwives. A booklet called 'If your waters break before labour starts' is available from your midwife or you can download a copy from **www.uhs.nhs.uk/maternity**

Your care during established labour

Care will be taken to ensure your labour does not become too prolonged, so that your previous caesarean section scar is not put under pressure. For some women, augmentation (the use of a hormone drip) may be recommended to increase the effectiveness of their contractions. In this situation, there is a two or three times higher risk of scar separation and an increased likelihood of emergency caesarean section. Therefore, this is only recommended in circumstances where the benefits are greater than the risks. If you have any questions or concerns, please discuss them with your midwife or obstetrician.

Pain relief

All of the usual choices of pain relief during labour are available to you. These include massage, TENS, Entonox (gas and air), water (during labour), remifentanil and epidural.

However, it is important to consider the following:

- Continuous monitoring of your baby's heartbeat until birth is recommended. This enables any changes to be detected and is considered useful in the early detection of scar separation.
- If you are considering using a birthing pool for labour, it is important that you discuss this with your midwife during your antenatal appointments. Your midwife will discuss the implications that the use of water has on the monitoring of your baby's heart rate with you. Your midwife may also refer you to a consultant midwife for further discussion and a personalised plan.
- The different ways that pain relief, such as pethidine or epidural anaesthesia, could affect your ability to remain active and mobile.

You may wish to use different forms of pain relief at different times. Some women use a combination of methods. More information is available from **www.uhs.nhs.uk/maternity** or **www.labourpains.com**

You are encouraged to remain active and mobile, standing or kneeling, using birth aids such as the birthing ball. Many women have concerns that continuous monitoring will be intrusive and affect their mobility. Please discuss this with your midwife.

You may find that you want more pain relief than you had planned, or that more effective pain relief may be advised if complications arise. It is important to discuss this with your birth partner and midwife.

The likelihood of needing a repeat caesarean is increased from 20% (one in five) to 25% (one in four) if you have had a caesarean already. Therefore, the following precautions are recommended:

- Once your labour is established, you will be encouraged to avoid eating anything and to drink only water. To reduce the build-up of acid in your stomach, you will be offered an antacid tablet every eight hours.
- The veins in your arms will be assessed during pregnancy and your midwife may recommend inserting a cannula when your labour is established. This is a thin tube that is placed in the vein and is initially used to take blood, and then may be used to give fluid and drugs if necessary. Even if a cannula is not needed initially, a blood sample to check your blood group and iron levels is recommended.

If you have any questions or concerns about any of these recommendations, please discuss them with your midwife or obstetrician.

Cutting the cord

You or your birth partner may wish to cut your baby's umbilical cord. If your baby's umbilical cord is clamped immediately, there is a sudden drop in your baby's blood pressure due to the movement of blood into their lungs as they take their first breath. If you wait for two to five minutes after your baby is born before you cut the umbilical cord, the blood from your placenta continues to supply your baby with blood, preventing a drop in blood pressure. It also provides your baby with oxygen and nutrients (including iron), which helps with their growth and development. This is known as 'deferred cord clamping'. Please discuss your options with your midwife, who will be happy to answer any questions you may have, or download the 'Deferred cord clamping' factsheet from **www.uhs.nhs.uk/maternity**

Birthing your placenta

Usually there are two options:

- Physiological management: This means that you will birth your placenta naturally, which can take up to an hour.
- Active management: You will be given an injection of a drug called oxytocin into your thigh as you give birth. This will make your womb contract so the placenta comes away from the wall of your womb. This usually takes a few minutes, but can sometimes take up to half an hour. The injection can make you feel sick or vomit, but it also lowers your risk of heavy bleeding.

To avoid unnecessary pressure being placed on your previous caesarean section scar, active rather than physiological management of your placenta is recommended. However, it is important to discuss this with your midwife, who will be able to answer any questions you may have.

Planning a vaginal birth if your baby is overdue

If your pregnancy goes beyond your due date (40 weeks), you will be offered an appointment with your midwife for an assessment and a membrane sweep. A membrane sweep is a vaginal examination to assess your cervix (neck of your womb). During this examination, your midwife will separate the membranes of the amniotic sac surrounding your baby from your cervix. This encourages the release of small amounts of prostaglandins (hormones that can help prepare your body for labour). This has not been shown to cause any harm for you or your baby. However, it may cause mild period-type pains and you may have some blood stained discharge.

You will also be referred to a consultant obstetrician for an appointment at approximately 41 weeks (when you are seven days overdue). This will provide you with the opportunity to discuss the potential advantages and disadvantages of both induction and elective caesarean section, and ask any questions you may have. For many women who have had one previous and uncomplicated caesarean section, induction is usually recommended. If you are induced, you will be offered continuous monitoring of your baby's heart beat and advised to give birth on the labour ward.

Depending on which is considered most appropriate for you, arrangements for induction of labour or elective caesarean will then be made for you when you are 40 weeks and 12 days. If you wish to decline induction at 12 days past your due date and continue with your pregnancy (wait for labour to start naturally), your midwife or obstetrician will discuss the recommended additional assessments of your baby's wellbeing with you. Please read the 'Induction of labour' booklet for more information. This is available to download from **www.uhs.nhs.uk/maternity**

Preparing for an elective caesarean section

If an elective (planned) caesarean section is considered appropriate for you, you will be given a copy of the 'Enhanced recovery after elective caesarean section' booklet, which will assist you in your preparations for your baby's birth. This is also available to download from **www.uhs.nhs/maternity**

Elective caesarean sections are usually carried out after 39 weeks, so there is a chance you may go into labour before this takes place. You are advised to consider whether you would have an unplanned caesarean section or give birth vaginally if you go into labour. This decision may be influenced by the wellbeing of you and your baby, and how quickly your labour is progressing. Second and subsequent labours are often quicker. Your obstetrician and midwife will discuss this with you, if this happens.

Further information

This factsheet aims to give you the opportunity to consider your birth options, enabling you to make an informed decision about what is right for you. However, you may also wish to attend the 'birth after caesarean section' workshop. This workshop aims to give you the opportunity to discuss the advantages and disadvantages of both vaginal birth and caesarean section. Recommendations for care in labour, with an emphasis on achieving a vaginal birth, will also be explored. Attending the workshop will also give you the opportunity to ask questions and meet other parents. It is appropriate for you to attend this workshop at any stage during your pregnancy, but it is essential to book your place as soon as possible to avoid disappointment.

Please read your maternity information programme for more information. You are welcome to select any of the extra workshops that are of particular interest to you.

Bookings for workshops can only be made by completing the maternity information programme booking form. We do not take telephone bookings. Please send or bring in your completed form to the address on the booking form. Workshops are booked on a first-come, first-served basis. You are therefore advised to complete your booking form as early in your pregnancy as possible. If you did not receive a copy of this form as part of your booking appointment, please speak to your midwife or download it from **www.uhs.nhs.uk/maternity**

If you have any questions, please telephone maternity information and support services on **023 8120 6052** (8am to 4pm). Please leave a message on the answer machine if the office is not open.

Contact us

Please phone the maternity day assessment unit on **023 8120 4463** (9am to 2.30am) and speak to a midwife urgently if you are concerned about any of the following:

- if you have any bleeding from your vagina
- your waters break and appear blood stained or greenish-brown in colour
- you have any severe abdominal pain that is not related to your contractions
- you are concerned about your baby's movements

For urgent enquiries outside of this time, please call the labour ward on **023 8120 6002**.

Call Labour Line on **0300 123 9001** if your waters break, or your contractions become regular and painful (occurring two to three times in ten minutes and lasting approximately one minute). If you have any questions or concerns, you can also call Labour Line and speak to a midwife for advice.

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **023 8120 4688.**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalneeds**

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