My last birth was a caesarean?

What are my options

the women's
the royal women's hospital

A decision aid
written by

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RN RM PhD FACM

About the information contained in this booklet

The booklet has been updated to ensure that the information is based on the best available evidence. At the time of this update there were no published randomised controlled trials (RCT) to help assess the risks and benefits of birth options. Evidence is currently limited to non-randomised cohort studies, descriptive research, systematic literature reviews, opinions of respected authorities and reports of expert clinical committees. This type of evidence is more likely to be subject to bias and open to individual interpretation.

This decision aid booklet has been developed with the involvement of consumers, midwives, obstetricians and education experts. The booklet has been evaluated in a multi-site randomised controlled trial (RCT) and found to be effective in helping women to become more informed about their choices for birth.

 The international symbol for woman is used in the graphics for pregnant women.

 This symbol is used in the graphics for baby.

Useful numbers for the Royal Women's Hospital

Emergency Department	(03) 8345 3636
All clinic appointments	(03) 8345 3032
Tours of the Women's – bookings are essential	(03) 8345 2142
Women's Health Information Centre (WHIC)	(03) 8345 3045
- WHIC country callers	1800 442 007

The Royal Women's Hospital
Locked Bag 300
Cnr Grattan St & Flemington Rd
Parkville, Victoria 3052

To provide feedback on publications call the Women's Consumer Health Information
(03) 8345 3040 or email: rwh.publications@thewomens.org.au

This booklet is for you if:

- you have already had a caesarean birth
- you are now pregnant
- in consultation with your doctor/midwife, it has been decided that you may choose between a 'vaginal' or 'elective caesarean' birth.

There is information about:

- vaginal birth after caesarean (VBAC) and elective repeat caesarean
- the benefits and risks of each option.

With the information in this booklet, we aim to help you discuss your birth options with your doctor and/or midwife. It is up to you how involved you wish to be in the decision process.

To get the most from reading this booklet it may be helpful to:

- have a pencil with you
- read the booklet from start to finish
- jot down any questions you have as you read
- complete the exercise at the end of the booklet
- discuss your questions and preferences with your doctor and/or midwife.

At the end of this booklet you will find a list of the medical terms we have used. Please refer to these at any time.

There is also reference to resources that were used in preparing this booklet.

What are your birth choices?

Your options for your birth are...

vaginal birth after caesarean

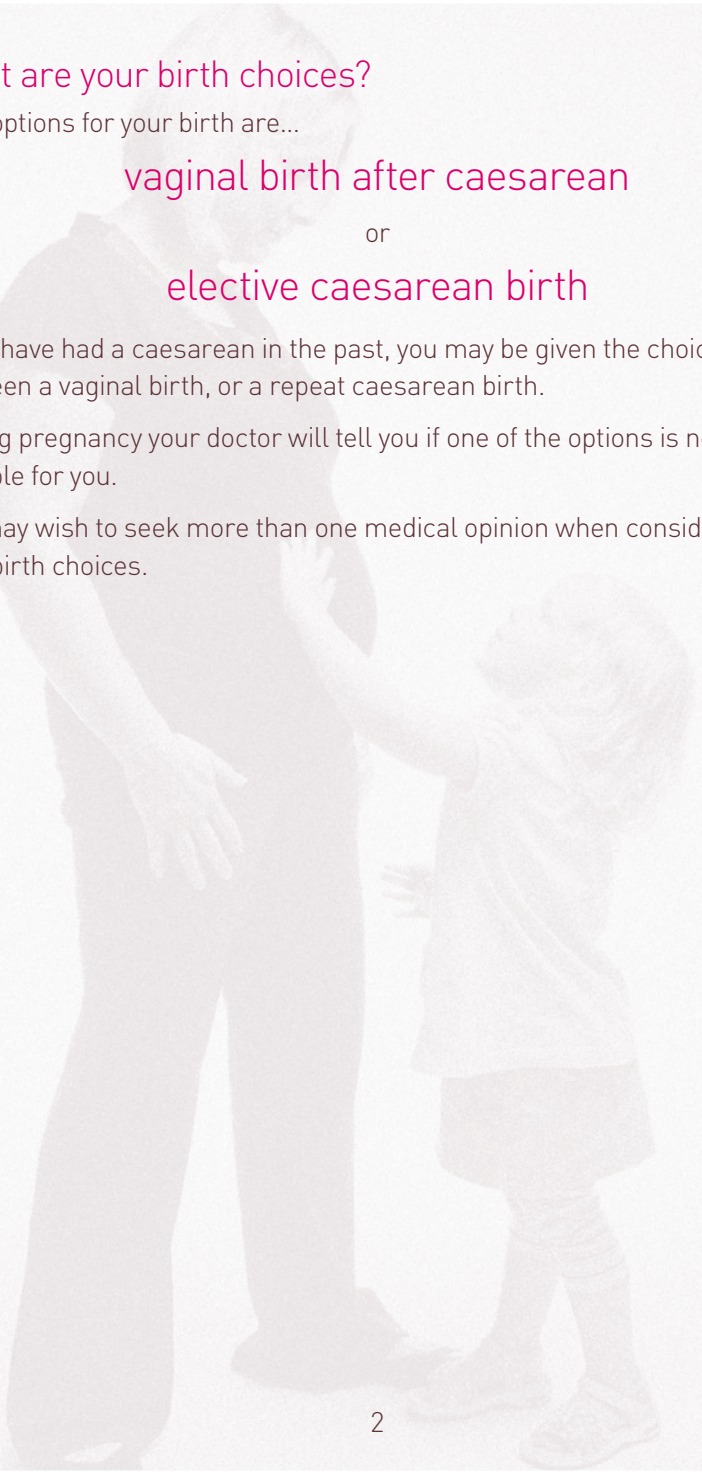
or

elective caesarean birth

If you have had a caesarean in the past, you may be given the choice between a vaginal birth, or a repeat caesarean birth.

During pregnancy your doctor will tell you if one of the options is not suitable for you.

You may wish to seek more than one medical opinion when considering your birth choices.



Vaginal birth after caesarean (VBAC)

What is a VBAC?

When a woman who has previously had a caesarean birth, chooses to attempt a vaginal birth, this is called a vaginal birth after caesarean or VBAC. A "VBAC" is sometimes called a "trial of scar" or "trial of labour".

Women who choose a VBAC are carefully observed by both midwives and doctors, so that if any problems do occur they can be quickly addressed. Most women who have no medical risks and choose a VBAC will be able to experience labour and give birth vaginally.

If labour does not progress normally, or if complications occur, then a caesarean birth may be needed.

What happens at the time of labour?

- In most cases your 'labour' will start naturally.
- Once your labour has started, you will be admitted to the birth suite.
- During your labour you will be monitored closely by midwives and doctors.
- You will be encouraged to use positions which are comfortable for you.
- Your doctor may recommend that the baby is monitored continually throughout the labour.
- Various methods of pain relief will be available to assist you.
- If labour does not progress normally, or if complications arise a caesarean birth can be arranged.

After the vaginal birth

Depending on your labour and birth experience, in most cases, in the first few hours after the birth you will:

- spend time getting to know your new baby
- have the opportunity to feed your baby for the first time
- have a light meal or snack
- shower and change into comfortable clothing
- transfer to the postnatal ward for rest.

What happens if a caesarean is needed once labour has started?

You will be moved to the operating theatre and depending on the reason for the caesarean:

- your partner or support person may go with you, and will be shown to a waiting area
- in most cases, if an epidural or spinal anaesthetic is used, your partner may stay with you during the operation.

After your baby is born:

- you and your baby will be moved to a recovery area
- from recovery you and your baby will be moved to the postnatal ward.

We try to keep you and your baby together.

Possible benefits of VBAC

What are the benefits for the mother?

The majority of women who choose labour and have a vaginal birth will experience:

- a shorter hospital stay
- less need for strong pain relief after the birth
- a quicker recovery period
- a greater chance to start breastfeeding and to continue breastfeeding their baby.

Some women also describe positive psychological or emotional effects after the birth. Women who experience normal vaginal birth often feel more satisfied with their birth experience.

What are the benefits for the baby?

The baby is:

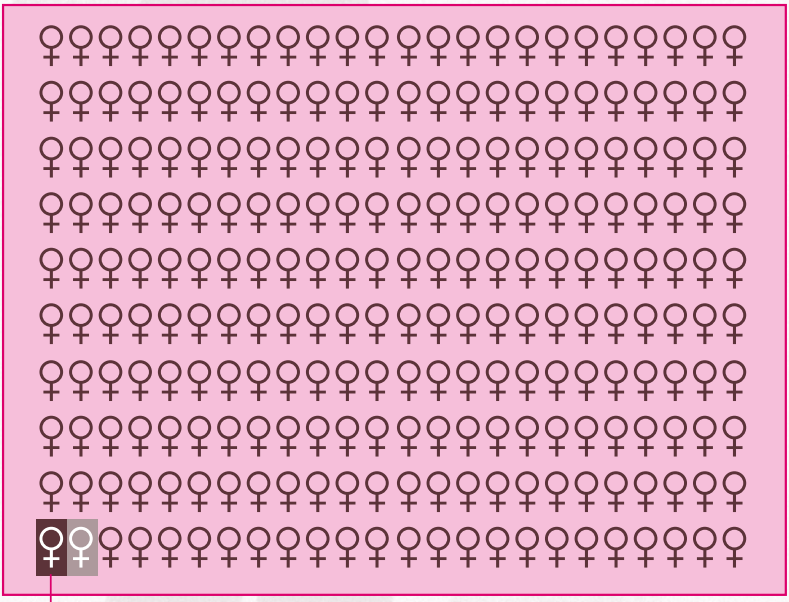
- less likely to be admitted to the nursery for breathing difficulties
- more likely to be cared for by the mother, as she is physically able to.

Possible problems with VBAC

There are risks with any labour. If problems do occur they might include the following:

- **Instrumental birth** – During labour, you or your baby can become exhausted. In some cases the doctor may need to help the baby out with forceps or a vacuum cup. Complications can occur with a forceps or vacuum birth – your doctor can discuss this with you.
- **Bleeding (also called haemorrhage)** – This can occur with any labour or birth. If bleeding is excessive a blood transfusion may be needed.
- **Stitches** – Sometimes a cut is made in the lower part of the vaginal opening to assist with the birth. This is called an episiotomy. This cut will need stitches. You may also need stitches if you tear during the birth. If stitches are needed a local anaesthetic is used. The stitches will be sore at first and ice-packs or Panadol (paracetamol) can help with any pain. The stitches will dissolve as the area heals.
- **Caesarean** – Some women who attempt a VBAC will end up having an emergency caesarean birth. There is more likelihood of surgical complications or problems with an emergency caesarean, than with a planned caesarean. (For more information see the section on 'Possible problems with caesarean birth' on page 11).
- **Hysterectomy** – This is a possible complication associated with any of your birth options. The chances of needing a hysterectomy following a VBAC are similar to your chances of needing one after a successful vaginal birth and a repeat elective caesarean.

- **Rupture of the scar** – This refers to a tear in the uterus. Because you have already had a previous caesarean section, you have a scar in your uterus. In a minority of cases, this scar can tear during the VBAC. One to two women out of two hundred women attempting a VBAC will experience this. Sometimes this can occur with little warning and it can seriously affect you and your baby if it occurs. A VBAC is monitored closely so that the midwife and doctor can address any problems such as this.



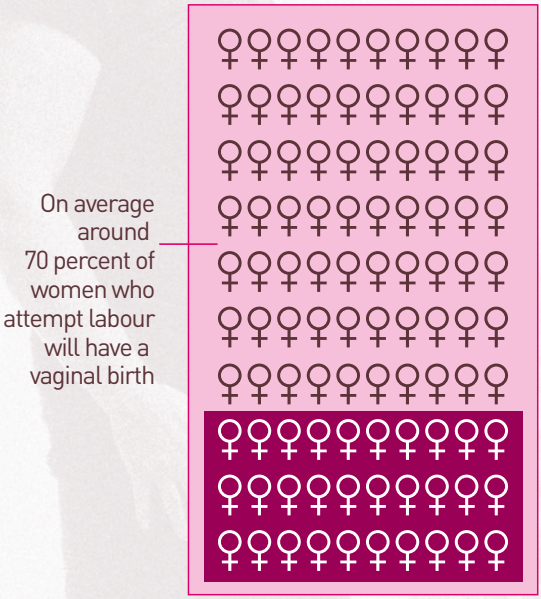
Between one and two out of 200 women experience a tear in the scar on their uterus

Your chances of having a vaginal birth

For every 100 women who begin a VBAC, **between 55 and 85** (on average 70) will have a vaginal birth.

The other women will have an emergency caesarean.

Your chances of having a successful VBAC will depend on a number of things, including the reason why you had a caesarean birth in the past.



Elective caesarean birth

What is an elective caesarean birth?

A caesarean birth is a surgical procedure. An opening is made in the lower part of the abdomen to access the baby. Some doctors may also use forceps to assist in the birth of the baby's head. A caesarean birth is done using either an epidural anaesthetic (where you are awake) or a general anaesthetic (where you are asleep).

An elective caesarean occurs on an agreed date, before the labour has a chance to start.

What happens at the time of an elective caesarean birth?

- You will be admitted to the maternity unit a number of hours before the operation.
- Your admission details will be collected.
- If you are having an epidural anaesthetic, the epidural is inserted before the start of surgery, in the operating theatre area.
- A catheter (soft tube) is inserted into your bladder to collect your urine.
- Your partner or support person is usually encouraged to be present at the time of the caesarean birth if an epidural is used.
- If all is well, you should be able to cuddle and bond with your baby whilst the doctor is completing the operation.
- You and your baby will spend time in the recovery area.

After the surgery

After surgery, in most cases, you will:

- return to the postnatal ward
- have your pulse, blood pressure, temperature, urine output, abdominal wound and vaginal bleeding regularly checked
- receive a wash in bed and change into comfortable bed clothing
- give your baby their first feed (if not done in the recovery unit)
- receive pain relief for the first few hours (possibly through the epidural)
- temporarily pass urine through the catheter into a bag
- receive sips of water or ice.

On average, you will stay between three to four days in hospital after surgery. You will then be followed up either with a home visit(s) from a midwife from the Women's or referred to an outside provider if you live outside the visiting area. The hospital midwife and the maternal child health nurse will then contact you about your ongoing care.

Possible benefits of elective caesarean birth

- Caesarean birth is a planned event.
- Women who have an elective caesarean will not experience vaginal tearing or need vaginal stitches.
- Elective caesarean surgery carries less medical risk than an emergency caesarean.

Possible problems with caesarean birth

Caesarean birth is surgery, so you will need a longer hospital stay than for a vaginal birth.

As a result of the surgery, women who have caesarean birth are more likely to experience:

- **Anaesthetic related problems** – As with all surgery there is a risk of complications related to the anaesthetic. Some of the side effects and possible complications of anaesthesia include nausea, drowsiness, dizziness, short-term memory loss, and in rare circumstances you may have an allergic reaction to the anaesthetic.
- **Pain after surgery** – A caesarean is major surgery where several layers of body tissue are cut and then repaired. Therefore, some post-surgical pain in the abdomen is to be expected. This can be managed well by medications.
- **Infection of the wound and bladder** – In a small number of cases, the caesarean wound (where the incision was made) and/or the bladder may become infected. This can be treated with antibiotics.
- **Fever** – Sometimes you might get a high temperature, this could be caused by an infection, or by other factors related to the surgery.
- **Bleeding (also called haemorrhage)** – This can occur with any labour or birth. If bleeding is excessive in surgery, a blood transfusion may be needed.
- **Blood clots** – A blood clot may form after the surgery. If the blood clot is in the lungs it is extremely serious (see pulmonary embolus in the A–Z at the back of this booklet).

Possible problems with caesarean birth continued

- **Delay in cuddling and bonding with your baby** – This may contribute to breastfeeding problems. However, if you have an epidural rather than a general anaesthetic you should be able to have early physical contact with your baby in the operating theatre.
- **Adhesions (scar tissue)** – There may be scar tissue inside the abdominal cavity, which can cause ongoing pain. This may also make future abdominal surgery more difficult.
- **Hysterectomy** – This is a possible complication associated with any of your birth options. The chances of needing a hysterectomy following a repeat elective caesarean are similar to your chances of needing one after a successful vaginal birth or VBAC.

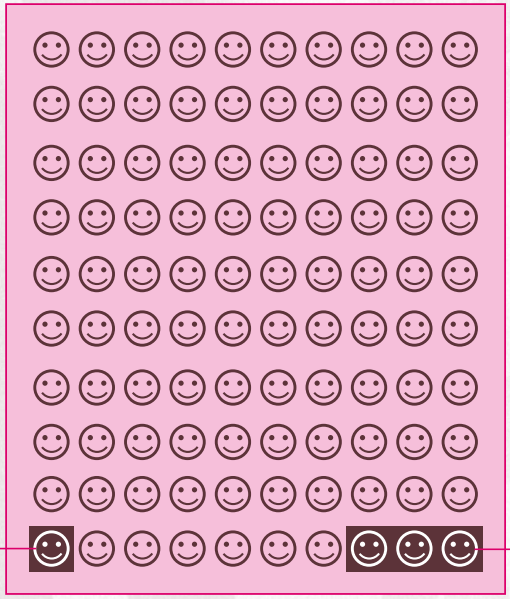
After you have had a caesarean, complications increase with each caesarean you have after that. For example, there is an increased chance of the placenta implanting into or over the scar in future pregnancies. These problems are referred to as placenta praevia and placenta accreta.

What about the baby?

The baby can have problems with all methods of childbirth. Both VBAC and caesarean birth can result in problems for the baby during and after the birth. The likelihood of the baby dying during a VBAC is the same or less than for a woman who is giving birth vaginally for the first time.

One of the more common problems experienced by babies after a caesarean birth, is mild breathing difficulties. This is generally a temporary problem and in many cases does not need treatment. Sometimes the baby will need to be given extra oxygen. If this problem does occur, as a precaution, the baby may need to be closely observed in the special care nursery.

At the Women's, this temporary breathing problem occurs in about one baby out of one hundred babies, (one percent) after a vaginal birth. After an elective caesarean birth about three babies out of one hundred (three percent) can experience this breathing problem.



Let's review your choices

VBAC

Some of the advantages

Many of the women who try to have a vaginal birth will succeed if they are well supported.

Women who have a vaginal birth:

- are more likely to have a shorter hospital stay
- are more likely to have a quicker recovery
- are less likely to be readmitted to hospital in the weeks following the birth
- increase their chances of having early contact with their baby
- have a greater chance to start and continue with breastfeeding
- have less need for strong pain relief after the birth
- may feel more satisfied with their birth experience
- are physically more able to care for their baby. The baby may benefit from the early contact and bonding
- are less likely to have their baby admitted to the nursery for breathing difficulties.

Some of the disadvantages

Women who have a vaginal birth:

- may need pain relief during the labour
- may need stitches if the vagina is cut or if it tears
- may have a tear or rupture of the scar in the uterus
- may need to have forceps or vacuum assistance to help deliver the baby
- may need to have an emergency caesarean. An emergency caesarean can have more problems than a planned caesarean.

Elective caesarean birth

Some of the advantages

Women who have an elective caesarean birth:

- have a planned procedure which is booked in advance
- are unlikely to feel any labour pain (although there will be pain after surgery, but this can be controlled with pain relief)
- do not have vaginal stitches
- are less likely to have the scar in the uterus rupture or tear.

Some of the disadvantages

Women who have an elective caesarean birth:

- have a major surgical procedure
- may require strong analgesia for pain after surgery
- may experience health risks for themselves and their baby due to the surgery
- have an increased risk of infection and blood clots due to the surgery
- have a longer hospital stay
- have a longer recovery than after a vaginal birth
- have stitches in their abdomen which can make it more difficult to look after their baby
- may have difficulties breastfeeding
- may have adhesions (scar tissue) develop inside the abdominal cavity
- may have problems with the placenta in future pregnancies
- are more likely to have a baby with respiratory problems after the birth.

Steps to weighing the pros and cons

Step 1. What is important and how important is it?

Instructions

- Think about what is important to you so far (advantages and disadvantages).
- Read the contents of each box (some advantages have been written as an example to get you started).
- Write any other advantages for you in the space provided for 'your ideas'.
- Place an 'X' in the box which shows how important each benefit is for you.

Some ideas	Not important	Some/ moderately important	Very important
I need to make choices about my birth that are best for me			

Step 2. What is your preference?

Next place a tick on the birth preference scale to show which way you are leaning.

For example:

- preferring VBAC (place 'X' near the left end)
- preferring elective caesarean birth (place 'X' near the right end)
- somewhere in the middle of the two choices (place 'X' in the middle).

Prefer VBAC Unsure Prefer elective caesarean

Place an 'X' somewhere along the scale depending on how strongly you feel your preference is.

Lisa's opinion *example only*

Step 1. What is important and how important is it?

VBAC

Some ideas	Not important	Some/ moderately important	Very important
Experience labour			✗
Good chance of having a vaginal birth		✗	
Avoid possible anaesthetic problems			✗
Avoid possible surgical problems			✗
Better opportunity to start breastfeeding			✗
Your ideas I feel that having an actual labour will be satisfying. I only want a short stay in hospital. I don't want surgery again if I can avoid it.		✗	✗ ✗

Elective caesarean birth

Some ideas	Not important	Some/ moderately important	Very important
Able to plan ahead and organise family needs		✗	
Avoid labour pain	✗		
Stop fears about labour	✗		
Know what to expect after the birth	✗		
No vaginal stitches		✗	
Your ideas			

Step 2. Lisa's preference

Birth preference scale

✗

Prefer VBAC Unsure Prefer elective caesarean

Place an 'X' somewhere along the scale depending on how strongly you feel your preference is.

Rebecca's opinion *example only*

Step 1. What is important and how important is it?

VBAC

Some ideas	Not important	Some/ moderately important	Very important
Experience labour	✗		
Good chance of having a vaginal birth	✗		
Avoid possible anaesthetic problems		✗	
Avoid possible surgical problems		✗	
Better opportunity to start breastfeeding		✗	
Your ideas			

Elective caesarean birth

Some ideas	Not important	Some/ moderately important	Very important
Able to plan ahead and organise family needs			✗
Avoid labour pain			✗
Stop fears about labour		✗	
Know what to expect after the birth		✗	
No vaginal stitches		✗	
Your ideas I don't want the worry of painful labour and still need a caesarean. I want to be able to plan maternity leave better.			✗ ✗

Step 2. Rebecca's preference

Birth preference scale

		✗
Prefer VBAC	Unsure	Prefer elective caesarean

Place an 'X' somewhere along the scale depending on how strongly you feel your preference is.

What is best for you?

Step 1. What is important and how important is it?

VBAC

Some ideas	Not important	Some/ moderately important	Very important
Experience labour			
Good chance of having a vaginal birth			
Avoid possible anaesthetic problems			
Avoid possible surgical problems			
Better opportunity to start breastfeeding			
Your ideas			

Elective caesarean birth

Some ideas	Not important	Some/ moderately important	Very important
Able to plan ahead and organise family needs			
Avoid labour pain			
Stop fears about labour			
Know what to expect after the birth			
No vaginal stitches			
Your ideas			

Step 2. Your preference

Birth preference scale

Prefer VBAC Unsure Prefer elective caesarean

Place an 'X' somewhere along the scale depending on how strongly you feel your preference is.

Use this page to write down questions for your doctor or midwife

A–Z of medical terms used in this booklet

Adhesions – scar tissue can form inside the abdominal cavity after surgery and internal tissue can stick together. This can cause ongoing pain in the abdominal and pelvic area.

Bladder – refers to the urinary bladder or the place where urine is stored in the body.

Blood transfusion – donated blood is used to replace blood or parts of blood in the body. This may be needed because of a large loss of blood through circumstances during surgery and childbirth.

Caesarean section – birth of the baby occurs as a result of a surgical procedure using an anaesthetic. A surgical cut is made through the wall of the abdomen and into the uterus. Once the baby has been removed from the uterus the cut is repaired.

Catheter (urinary) – a soft and flexible tube, which is passed through the urethra (where urine leaves the body) into the bladder. Urine can flow freely out of the tube into a bag.

Continuous fetal monitoring – continual monitoring and recording of the baby's heart rate and the contractions of the uterus, via transducers connected to a strap that fits around the mother's abdomen.

Epidural anaesthetic – an anaesthetic is injected into a place in the lower back below the spinal cord. This will result in a temporary loss of feeling in the lower part of the body. It can be used as a method of pain relief in labour, or for surgical procedures such as caesarean birth.

Episiotomy – a cut is made in the lower part of the vaginal opening so that the birth passage is enlarged.

Fever – a rise in body temperature above the 'normal range' of 36.5 to 37.5 degrees Celsius.

Forceps – metal instruments that fit around the baby's head. They can assist the doctor to move the baby through the birth canal (vagina).

General anaesthetic – an anaesthetic drug is injected into the body so that the person is not awake and does not experience pain during the procedure.

Haemorrhage – excessive blood loss from the body. In the case of childbirth blood loss can occur before, during or after the birth of the baby.

Hysterectomy – the surgical removal of the uterus.

Labour – the process of birth which involves a series of uterine contractions (tightening of muscles) leading to the gradual opening of the cervix (dilatation), so that the baby is progressively pushed down the birth canal (vagina) and is able to be born. The afterbirth (placenta) follows soon after.

Narcotic analgesia – a strong but effective form of pain relief commonly used after surgical procedures. The drug is a synthetic form of opiate which can alter perception of pain. Sometimes the drug can cause side effects, which include drowsiness, depressed respiration, nausea and vomiting and constipation.

Non-randomised cohort study – a type of research where a group of participants with similar characteristics are compared according to the type of care they receive.

Placenta accreta – the placenta attaches and grows into the lining of the uterus and through the muscle layer of the uterus. This can occur with placenta praevia as well. Because this causes problems with separation of the placenta, there is an increased risk of bleeding and complications during and after the birth.

Placenta praevia – the placenta attaches in the lower part of the uterus and close to or over the cervix. This increases the risk of bleeding during pregnancy and complications during the birth.

Pulmonary embolus – where a clot of blood travels from other blood vessels in the body (e.g. in the legs) and blocks important blood vessels in the lungs. This can be extremely serious if it occurs.

A–Z of medical terms used in this booklet continued

Randomised controlled trial (RCT) – a type of research method where study bias is reduced because participants are randomly allocated to the various forms of care being tested. This increases confidence in the research findings.

Respiratory distress (mild) or 'wet lung' – sometimes the fluid from the baby's lungs is slow to be removed by their body after they are born. When this occurs, babies can start to breathe more quickly than normal and show some signs of difficulty with breathing soon after birth. It is usually mild and does not need any special treatment other than close monitoring. Sometimes babies may need some extra oxygen.

Rupture of the uterus – tearing of the wall of the uterus either during pregnancy or labour, due to a weakness from previous surgery such as a caesarean.

Uterus – sometimes called the womb, it is the place in a woman's body where a baby develops and grows.

Vacuum birth – a cup is applied to the baby's head so that the doctor can apply traction and assist the baby to be delivered.

Resource list

If you would like to find out more about the pros and cons of birth options discussed in this booklet, a list of references and resources that were used in preparing it is available at your request. Or visit the Women's website at www.thewomens.org.au and see the fact sheet ' VBAC references'.

Acknowledgements from the author

I would like to acknowledge all of the women who participated in the evaluation of the first edition (2000) of this decision aid and who shared their ideas and experiences of birth in the "Making Choices for Childbirth Study". Many thanks to the clinicians who reviewed earlier drafts of this decision aid, with special thanks to Marie Chamberlain, John Keogh and Azar Kariminia.

This booklet has been modelled (with permission) on the patient decision aids produced by the Ottawa Health Decision Centre, University of Ottawa and the patient decision aid "Making Decisions about the Removal of My Breast Cancer" produced by the Institute for Clinical Evaluative Sciences, Toronto, Ontario including; Carol Sawka, Vivek Goel, Ida Ackerman, Janet Burt, Catherine Mahut, Annette O'Connor, Glen Taylor, Virginia Flintoft, Elaine Gort, Pamela Slaughter and Elaine Thiel (1998).

Allison Shorten

Please tell us what you think

We welcome your comments, both positive and negative, about all aspects of your care at the Women's. This helps us to continually improve our services.

We would also welcome any comments you have about this booklet; whether it was useful and whether it helped you to make a decision that you were comfortable with.

You can forward your comments about the booklet to Consumer Health Information at the Women's **rwh.publications@thewomens.org.au** *or call* **(03) 8345 3040**

If you wish to provide feedback about your care or make a complaint about your care you can call the consumer advocate at the Women's on **(03) 8345 2290** *or email* **consumer.advocate@thewomens.org.au**

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Language Link

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