

VAGINAL BIRTH AFTER CAESAREAN SECTION (VBAC) – PATIENT INFORMATION

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HISTORICAL PERSPECTIVE

Having a vaginal delivery after a previous caesarean section remains controversial. Historically, the old adage was, “once a caesarean section always a caesarean section”. This was mainly due to the serious consequences of uterine rupture. In the 1970’s and 1980’s there was a general push toward vaginal birth after caesarean section “VBAC” due to concern regarding rising caesarean section rates. Nowadays, contemporary Australian practice promotes choice. However, there is no doubt that elective repeat caesarean section has become increasingly safe while the rare but serious risk of uterine rupture remains.

RISKS OF ELECTIVE REPEAT CAESAREAN SECTION

An elective repeat caesarean section is a relatively low risk operation. It is associated roughly with a 1-2 percent risk of major complications. They are: infection requiring surgical drainage, bleeding requiring a blood transfusion, organ injury to the bowel, bladder or ureters (“kidney tubes”) and blood clots in the legs which may travel to your lungs.

For more information on caesarean section please see my caesarean section patient information handout.

RISKS OF VBAC

The main risk of a VBAC is that the attempt will be unsuccessful. In other words, a caesarean section becomes necessary as an emergency. An emergency caesarean section carries about twice the risk of an elective caesarean section. This mainly relates to the increased complications of bleeding and infection. In carefully selected women, the chance of a successful vaginal birth after a previous caesarean section is about 50 percent. The other main risk regarding a VBAC is that of uterine scar rupture. The risk of scar rupture is approximately 1 in 200. If the scar ruptures there is a 1 in 4 chance of a very poor outcome. In other words, you may require a hysterectomy or your baby may suffer brain injury or death. This represents about a 1 in 800 chance of a very poor outcome per VBAC attempt.

It must be stated that some authorities recommend VBAC only at hospitals that have on-site Obstetricians and anaesthetists at all times. This is not the case at SJOG Subiaco. This is because scar rupture may be very sudden, although, most medical staff live close by.

REQUIREMENTS OF VBAC

In some situations a women will be unsuitable for a VBAC. These include: a large baby, an unusual pelvic shape and a previous classical caesarean section (“up and down” cut on the uterus – very rare these days). In other situations, the chance of a successful VBAC is not good e.g. previously obstructed labour especially if the obstruction occurred when the cervix was fully dilated.

In order to promote optimal safety, your labour would need to start spontaneously and progress normally. An intravenous cannula is routinely inserted into your forearm and blood is taken for a Group and Screen in case of the need for an emergency caesarean section. The labour is also continuously monitored with a Fetal Heart Trace. This is because significant abnormalities on the fetal heart trace are often the first sign of uterine rupture. If there is slow progress or any suggestion or sign of uterine rupture then an immediate caesarean section would need to be performed.

MY OPINION

It is my general opinion that an elective repeat caesarean section is safer than a VBAC. This remains the case even when a woman is deemed suitable for attempted VBAC. This is because one must compare an elective repeat caesarean section, which is a low risk operation, with all of the possible outcomes of an attempted VBAC. In other words, attempted VBAC may result in a successful vaginal birth (the best outcome), an emergency caesarean section (which carries twice the risk of an elective caesarean) or very rarely the serious complication of uterine rupture.

For many women, experiencing a vaginal delivery is an extremely important and fulfilling experience. Certainly there are some situations where a VBAC seems indicated e.g. previously successful vaginal delivery (especially previously successful VBAC) and desire for a large family. If you are keen on a large family then the risks of multiple caesarean sections may well outweigh the risk of a VBAC. This is because with your fourth caesarean section the risk of the operation starts to significantly increase. (See handout on caesarean section).

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