TRIAL OF LABOUR AFTER CESAREAN: DECIDING WHAT'S RIGHT FOR YOU AND YOUR BABY

Women who have previously had a caesarean section (C-section) will have to make a choice about how to have their next baby. They may decide to try to have a baby vaginally, which is called a vaginal birth after caesarean section (VBAC) or, they may choose to have another C-section, which would be called an elective repeat c-section. This handout is designed to both answer questions about these choices and to give women information to aid them in discussing these choices with their doctors/midwives.

Some women are not suitable for a trial of labour after a c-section. These include:

- Women that had a previous classical c-section where the scar on the uterus went up and down instead of across or
- Women that had extensions of their uterine incision.

If I try labour how likely am I to have my baby vaginally?

Every situation is different but overall 76%[i] who try a trial of labour after c-section deliver their baby vaginally. Some factors which affect the likelihood of success are[ii]:

- Induction of labour with unfavorable cervix, no prior vaginal birth, 45 %
- Prior C/S was for recurring condition (dystocia, Failure To Progress, or 'pelvic disproportion', 60%
- Prior C/S was for non-recurring reason (posterior presentation, breech, placenta previa, or 'fetal distress') 80%
- Spontaneous labour and prior vaginal birth or VBAC - 90%

What factors which increase the likelihood of success?

1. **AGE** → If a woman is under 40 she is 2.5 times more likely to have a successful VBAC.

2. **HAVING A BABY VAGINALLY BEFORE** → If the vaginal delivery was prior to the c-section, the woman is 1.5 to 2 times more likely to deliver vaginally again. If the vaginal delivery was after the c-section, a woman is 3 to 8 times more likely to have a VBAC.

3. **REASON FOR THE PREVIOUS C-SECTION** → If the previous c-section was for baby position (breech), or if it happened in the midst of labour (ie. concerns about baby's heart rate or size, or concerns about difficult labour), a woman is 2 times more likely to have a VBAC. However, if the previous c-section occurred during the pushing stage, this slightly decreases the chance of a VBAC.

4. **IF LABOUR STARTS SPONTANEOUSLY.**

[i] 76% represents a median value. Rates range between 45-90%.

[ii] Source Andrew Kotaska MD FRCSC 2008

What factors decrease the likelihood of delivering vaginally?

1. **HAVING MORE THAN ONE PREVIOUS C-SECTION** → A woman is 60% less likely to have a VBAC if she has had more than one previous c-section.

2. **THE PREGNANCY GOES INTO THE 41ST WEEK** → A woman is 20 to 30% less likely to have a VBAC if the pregnancy enters the 41st week. (The due date the physician/midwife gives a woman is the first day of the 40th week)
3. **BABY WEIGHT IS GREATER THAN 4000 GRAMS** (8 lbs, 13 ounces) → Although there is no conclusive way to estimate a baby's weight prior to delivery (even an ultrasound estimate can be out by 10%), women are 40% less likely to have a VBAC if the baby is over 4000 grams.

4. **IF THE LABOUR NEEDS TO BE INDUCED** (medications used to get labour started) → Women are 50% less likely to have a VBAC.

5. **IF THE LABOUR NEEDS TO BE AUGMENTED** (medications used if the labour stalls) → Women are 50% less likely to have a VBAC.

What happens to women who try labour but cannot deliver vaginally?

Some women who try a trial of labour end up with an unplanned c-section. Women who have a c-section after a trial of labour have a slightly higher risk of complications than those who have an elective c-section. (Grobman, 2008) Babies born by unplanned c-section are usually healthy and do not have long term problems from the c-section.

Is it safer trying labour or having a planned c-section?

Having a baby either vaginally or by c-section has some risks. The risks are generally small whether you choose a trial of labour or planned c-section. Studies show no difference between the two when it comes to the woman's risk of death. **There are however a few other risks to consider**

1. Infection:

Of women who choose a trial of labour, 7% will get an infection. By comparison, 9% of women who choose planned c-section will get an infection.

2. Uterine Rupture

During ANY labour there is a 0.013% risk of uterine rupture. A c-section leaves a scar on the uterus, resulting in a slightly increased risk of 0.07% chance of uterine rupture.

. ***Factors which increase risk include:***

- If medication (syntocinon) has to be used to induce or augment labour (risk increases to approx 1.4%)
- Delivery less than 24 months after the c-section
- Complications such as fever with the previous c-section
- Poor progress in the trial of labour

Even those women presenting without any other risk factors will have a slight chance (0.07%) of uterine rupture. Precautions are recommended to be taken, throughout the woman's labour, to try to detect ruptures early, and if necessary, intervene before any serious complications can occur. **Precautions Include**:

- Labouring in a hospital setting where c-section can occur in a timely manner
- Having the woman have intravenous (I.V.) access during labour. This can be an IV cannula inserted into the vein and capped with a device called a saline lock.
- Continuous monitoring of the baby's heart rate during labour (allows for ability to immediately recognize any changes in the baby's heart rate, which could be a sign of uterine rupture)

In rare cases, despite precautions, a uterine rupture can occur which poses serious risks to the woman or baby. For women who try labour after a previous c-section, 0.27% are at risk for what is called a symptomatic uterine rupture, which would result in a slightly increased risk of requiring blood products.

3. Infant Concerns

The reality is that no studies can conclusively tell us which method of delivery is safest for the baby.

Rarely a uterine rupture results in the death of a baby (0.015%). **C-Section risks to the baby may include:**

- A greater incidence of fast breathing due to the fluid not being squeezed out of their lungs
- The chance that babies are delivered too early due to dating errors
- An increased chance that the baby will have to go to the intensive care nursery, which can increase the potential for complications and can disrupt bonding and breastfeeding
- Increased chance of asthma and allergy in childhood

OtherFactors to Consider:

Recovery Time:

Recovery times and hospital stays tend to be shorter if a woman delivers vaginally. It also may be easier to care for the newborn and older children. With a c-section, a woman must restrict lifting heavy objects (such as older children) for several weeks and will have short term driving restrictions. Breastfeeding can be more difficult after a c-section (studies also show a slightly less success rate with breastfeeding following c-section).

Involvement in the delivery:

For some women having a vaginal delivery is more emotionally satisfying than having a c-section and they find their partners feel more involved.

Future Childbearing:

Doctors do not typically recommend more than 3 to 4 c-sections, as risks increase with each surgical intervention. The number of children a woman is planning to have, therefore, might factor into the decision of elective c-section verses trial of labour.

Studies also show that women who have had a c-section have an increased chance of fertility problems for future pregnancies. Studies also show increased chance of more serious risks such as miscarriage, placenta previa, placental abruption, and placenta accrete for future pregnancies.

Pain during labour and delivery:

If a woman had a painful labour and delivery previously she might fear going through it again. Some women prefer to have an elective c-section for that reason. It is important to remember that there are ways to manage pain if a woman decides on a trial of labour.

How do I decide?

Women and their partners should work with their doctors/midwives to make a decision prior to the onset of labour. Once the doctor/midwife has reviewed the options with you and the risks and benefits they will have you sign consent for either trial of labour or elective c-section.