



Vaginal Birth After Cesarean Section

If your last birth experience was by a Cesarean section (C-section), and you have a *transverse* (horizontal) uterine scar, your doctor or midwife will likely talk with you about having a vaginal birth this time. This is called a vaginal birth after Cesarean, or VBAC (*vee-back*).

If you had a Cesarean section (C-section), the chance that you will give birth through your vagina next time is about 75% (75 out of 100). This is the same for women who have not had a C-section. Unless the reason that you had a C-section is still present, a vaginal birth is safest. This is called a *vaginal birth after Cesarean*, or VBAC.

Benefits of VBAC

The benefits to giving birth vaginally after a C-section are:

- Lower risk of:
 - Infection
 - Damage to internal organs
 - Blood loss
- Faster recovery and less discomfort after birth
- Avoids disappointment sometimes felt by women who have C-sections
- Lower cost due to shorter stay in the hospital

Reasons for Cesarean Section

A C-section birth may be needed if:

- Your baby is in any position other than head down.
- You are having more than 1 baby. Giving birth to triplets or some sets of twins may be safest by C-section.
- You have *active phase arrest* (failure to progress). This is when your uterine contractions are not strong enough to dilate the cervix, even with medicine (Pitocin) to make your contractions stronger.

Questions?

Your questions are important. Call us if you have questions or concerns.

Maternity and Infant
Center: 206-598-4600

- Your baby is too large for your pelvis and cannot fit through the birth canal. This is called *cephalopelvic disproportion* (CPD).
- Your baby's heart rate (measured with a monitor) shows that your baby is having problems with the stress of labor.
- Your baby's umbilical cord goes through your cervix before the baby does, lowering the oxygen supply to your baby. This is called *umbilical cord prolapse*.
- The placenta has grown over the cervix (*placenta previa*) and your baby may not be able to pass out of the uterus without severe bleeding from the placenta.
- The placenta separates too early from the uterus (*placental abruption*), lowering the amount of blood or oxygen that reaches your baby.
- You have *pregnancy-induced hypertension* (PIH), *pre-eclampsia*, diabetes, or other health problems, especially if your health or your baby's health is getting worse.

Extra Care with VBAC Moms

The biggest health concern when planning a VBAC is the chance that the scar from your C-section might open. The chance of this happening with a transverse scar is very low (1 in 500 births), but we will watch you and your baby very carefully.

- You will have an *intravenous* (IV) line in your arm so that we can supply you with all the fluids and medicines you and your baby need.
- Your baby's heart rate and your contractions will be monitored at all times.
- If Pitocin is needed to strengthen your contractions, it will be given with caution.

You or your partner may have concerns or questions about your last C-section birth. These feelings or concerns may come up during your next labor experience. Please feel free to ask questions you may have about VBAC. Talk with your health care providers so that we can help you have a safe and satisfying birth experience.

UW Medicine

UNIVERSITY OF WASHINGTON
MEDICAL CENTER

Maternity and Infant Center

Box 356078
1959 NE Pacific St., Seattle, WA 98195
206-598-4600

© University of Washington Medical Center
Published: 03/1999, 02/2012
Clinician Review: 3/1999

Reprints on Health Online: <https://healthonline.washington.edu>