HEALTH PROVIDER RESOURCE

Planning for Birth after a Cesarean Section: VBAC (Vaginal Birth after Cesarean) or Repeat Cesarean

Reproductive Care Program of Nova Scotia RCP 40th Anniversary 1973-2013

This resource as well as the associated detailed guideline are designed to assist health care providers when they are having discussions with women about choosing VBAC or a repeat cesarean section. The evidence supports having informed discussions with women that include multiple ways of presenting the information such as using comparisons, absolute numbers and ratios displayed in written and visual formats. In order to help with this decision, information is given about the 'odds' of something happening and the level of 'risk' involved. The tables below reflect Nova Scotia data.

Most women who have had a cesarean section have a choice to make in the next pregnancy about whether to:
Plan to have labour and try for a vaginal birth -OR- Plan for a repeat cesarean section.

All activities related to childbirth carry some level of maternal and fetal risk, including VBAC, cesarean section, operative vaginal birth, induced labour and even spontaneous labour. For women with a previous cesarean section, the risk of morbidity is lowest if her next baby is born vaginally and highest if she requires a cesarean section in labour, although the difference in risk between these groups is small. One important point to emphasize to a woman contemplating VBAC or repeat elective cesarean section is that the likelihood of achieving a vaginal birth is approximately 79%. That means that, for her, the chance of vaginal birth is the same as for any nulliparous woman who presents for labour and birth.

INCREASE CHANCE OF VBAC SUCCESS	DECREASE CHANCE OF VBAC SUCCESS
Previous vaginal birth	More than 1 previous C/S
Previous successful VBAC	Dystocia as indication for previous C/S
Spontaneous labour	Macrosomia
Bishop's score ≥ 6	Induction of labour
Normal body weight	Maternal age > 40 years
	Obesity

In Nova Scotia, for every 1000 women who planned a VBAC:	In Nova Scotia, for every 1000 women who planned a repeat cesarean section:
32.4/1000* had a baby with a breathing problem	48.0/1000* had a baby with a breathing problem
0.4/1000* had a baby that was diagnosed with perinatal asphyxia or died during or after birth	0.4/1000* had a baby that was diagnosed with perinatal asphyxia or died during or after birth
10.5/1000** had an infection after birth	10.3/1000** had an infection after birth
7.2/1000* received a blood transfusion	5.4/1000* received a blood transfusion
1.7/1000* had a uterine rupture and had a cesarean section	0.4/1000* had a uterine rupture and had a cesarean section
1.3/1000* required a hysterectomy	0.9/1000* required a hysterectomy following birth

Common Uncommon Rare

In Nova Scotia*, for every 1000 women who planned a VBAC and gave birth at 37 weeks' gestation or greater, 790/1000 (79%) had a successful vaginal birth while 210/1000 (21%) required a cesarean section during labour.

Definitions on reverse side

*Nova Scotia Atlee Perinatal Database 2003/04 – 2012/13 **Nova Scotia Atlee Perinatal Database 1993/94 – 2012/13

Additional risk descriptors, comparators and visual aids that may be helpful in your conversations with women are outlined in the table and figure below:

Verbal Description +	Risk	Risk Description ++	Comparators
Very Common	1/1 to 1/10	A person in a family	Risk of nausea and vomiting in pregnancy (1/2)
Common	1/10 to 1/100	A person in a street	Annual risk of being injured in the workplace (1/25)
Uncommon	1/100 to 1/1000	A person in a village	Risk of a Canadian woman developing cervical cancer (1/149)
Rare	1/1000 to 1/10,000	A person in a small town	Annual risk of being diagnosed with breast cancer (1/1,500)
Very rare	1/10,000 to 1/100,000	A person in a large town	Annual risk of dying in a motor vehicle accident (1/11,000)

79 out of 100 women who choose VBAC have a vaginal delivery

Definitions: Baby with breathing problems – Any RDS, including TTN. **Blood transfusion** – Red blood cells. **Hysterectomy** – Total removal of uterus. **Infection (**maternal) - **Puerperal sepsis,** infection of abdominal incision or episiotomy, other post-delivery genital tract infection. **Perinatal asphyxia or died during or after birth** – Any one of the following: cord artery pH < 7.0, cord artery base excess < -15, one or more neonatal conditions (post-asphyctic depression, post-asphyctic excitation, increased intracranial pressure, brain necrosis, congestive heart failure, acute tubular necrosis, liver and/or adrenal necrosis), intrapartum stillbirth or death of a liveborn infant before discharge. **Uterine rupture** – Ruptured uterus verified on chart review.

THIS DOCUMENT IS FOR PROVIDER USE ONLY AND IS NOT INTENDED TO BE PASSED DIRECTLY TO PATIENTS OR THEIR FAMILIES.

This document has been developed to support you in discussing birth options following caesarean section with your patients; it is not intended to be passed directly to patients or their families. These numbers represent individual cases and, as some are rare occurrences, we need to ensure the confidentiality of the individuals are protected.

+European Union-European Commission Guidelines , ++Unit in which one adverse outcome would be expected.