

BIRTHS AFTER CAESAREAN

The most important step a woman can take in her first pregnancy is to understand the risks that caesarean surgery brings to future pregnancies and avoid avoidable caesarean surgery on her first pregnancy. About half of caesareans for first births are medically unnecessary.

The choices available to Australian women who have had previous caesarean births are limited to hospital births, with some independent midwives accepting bookings for planned home births. Most birth centres have stopped accepting vbac labours. Maternity hospitals usually require that after caesarean, labouring women be continuously hooked up to electronic fetal monitoring.

If you are having a low risk pregnancy and your care provider insists that a repeat caesarean is safer than attempting a vbac, then look him or her in the eye and say, "Safer for whom?" They may consider that it is safer for them because they are less likely to be sued. It is certainly not safer for either you or your baby. A second caesarean for a low risk woman who is sure she will not have any further pregnancies is equally safe as a vbac. A third caesarean is much riskier for a low risk woman than if vaginal birth had followed her first caesarean.

Introduction

If you have already had a caesarean birth, and plan to have more pregnancies, an important decision for you to make will be whether you should plan vaginal or surgical birth. Here are some facts for you to consider in making an informed decision. Each woman must individually evaluate the increased risks *versus* benefits of a repeat caesarean birth compared to an attempted vaginal birth.

- If you are sure you want only two children, then the medical risks of another caesarean are arguably comparable to attempting a vaginal birth after caesarean for the vast majority of women.
- Some women will want a vaginal birth because it is emotionally satisfying to use one's equipment. (Few would question whether a couple would rather conceive a baby by intercourse or by artificial insemination.)

Once you decide which would be the safest and most satisfying way for you to give birth, you must make a plan for how to accomplish that goal. A successful vaginal birth after caesarean (vbac) is rare in some locations and you would be wise to research what is the rate of successful vaginal births after caesarean at the place where you intend to attempt one.

Discussion/ Information

While there can be no guarantee of a particular outcome in any birth, there are certain occurrences that are statistically increased for mothers who have had a previous caesarean birth. The continuous presence of a known and trusted midwife, who supports your plan for a vbac, can allay fear and anxiety and promote optimal progress in labour. In general, women who have had a previous vaginal birth before their caesarean are the most likely to give birth vaginally.

The details in this *INFOSHEET* apply to situations in which emergency obstetric services can be accessed when indicated.

Whether you have a vbac or request repeat elective caesarean is a decision that will have important implications for your own and your children's health.

Increased maternal risks with elective caesareans compared with vbac include:

- Hysterectomy- an extra 1 in 100 women after 2 caesareans
- Maternal death – an extra 1 in 10,000 women
- Surgical injury, bowel obstruction, bladder injury due to adhesions
- Increased risk of infection
- Anaesthesia injury, allergy, and drug errors
- More severe and longer lasting pain after the birth
- Longer postnatal stay in hospital, and more hospital readmission
- More difficulty establishing breast feeding

Increased risk for the baby with elective caesareans compared with vbac include:

- Increased breathing problems
- Admission to special care baby nursery and separation from mother
- Delayed bonding and difficulties with breastfeeding
- Cut by scalpel (usually the face) during the surgery

BIRTHS AFTER CAESAREAN - CONTINUED

Effect of elective caesarean birth compared with vbac on future pregnancies:

- Increased involuntary and voluntary infertility
- Ectopic pregnancy
- Abnormal placenta site (*praevia* - over or near the cervix) and implantation (*accreta* - growing into the wall of the womb) and abruption (separation from the wall of the womb).
- Increased risk of rupture of the uterus in future pregnancies or births.

Increased long term risks to baby of future pregnancies after elective caesarean compared with vbac include increased rates of:

- Stillbirth
- Prematurity and low birth weight
- Congenital malformations
- Central nervous system injuries

Long term increased maternal risks that further increase after several elective caesarean births include:

- Haemorrhage, blood transfusion and hysterectomy
- Bladder injury making surgery more difficult because of adhesions
- Placenta praevia, placenta accreta, combination of both.

Conclusion

This information points clearly to the importance of working with and protecting the natural process of birth when ever possible.

The advice from World Health Organisation (WHO) that "In normal birth there should be a valid reason to interfere with the natural process" applies to all births, including vaginal births after caesarean. Remember, birth is not an illness.

If you choose elective caesarean you would be wise to consider variables in surgical or anaesthetic techniques between different hospitals and doctors, and discuss with your maternity care provider.

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Please note: References to academic published material are available at www.maternitycoalition.org.au or by email to inquiries@maternitycoalition.org.au.

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