

## Trial of Labor after Cesarean birth or Vaginal Birth after Cesarean

"Once a cesarean birth always a cesarean birth" has been a belief in the US for years until 2010. In 2010, the National Institutes of Health (NIH) convened in Washington DC for a review of published literature regarding vaginal birth after cesarean (VBAC) and the outcomes on woman and their babies. The consensus convened over three days reviewing and discussing the implications of Cesarean delivery. Prior to the consensus the panel of experts reviewed outcomes, reported details and prepared presentation to truly answer the question, can a woman have a successful vaginal birth after a cesarean? This meeting was monumental in changing outcomes for women who were currently only being offered a cesarean birth because of prior cesarean delivery. This consent will reveal some of the information collected during that meeting in determining options for woman and measuring the risks and benefits of both vaginal and cesarean birth. We learned that many women can undergo a trial of labor after a cesarean delivery (TOLAC), if they meet certain criteria.

Because of this meeting many women who have had a cesarean will be able to trial labor and give birth through the vagina (called a vaginal birth after cesarean delivery, or VBAC). Basically, the consensus adjourned by saying "everyone deserves a trial of labor after cesarean. TOLAC is a good choice for many women, however each situation is unique and TOLAC may not be appropriate for all women. TOLAC, VBAC, and elective repeat cesarean section delivery all have risks and benefits. When considering your options, you need to know the risks and weigh them against the benefits.

New Birth Company believes that most women with a previous cesarean birth with a low-transverse incision are candidates for VBAC in the birth center. However, we will meet with you and discuss risks and benefits prior to using the birth center. We believe you, and your family, should be counseled about VBAC and offered a trial of labor. Our desire is to keep you and your baby safe. The client and her partner must be informed about the risks and benefits and potential complications of VBAC. Understanding the risks and benefits must be demonstrated by a signed Consent for Vaginal Birth After Cesarean.

Eligibility requirements for VBAC at the New Birth Company birth center are:

- Pre-admission to care consult with midwife on VBAC.
- Documentation of placental location using US
- Placenta is not low lying or located on the incision site.
- Proven pelvis with prior vaginal birth or meeting the following:
  - BMI <38 at 32 weeks.
  - Not more than one prior C/S.
  - **Low transverse uterine incision with a double layer closure**

Operative report on file. If client is unable to obtain operative report due to being out of the country, must have met with OB for TOLAC/VBAC, or have had a prior VBAC.

Risks and Benefits of TOLAC and VBAC.

A woman who has had a previous cesarean delivery has the following choices when planning how to give birth again:

- Chose to undergo a trial of labor and give birth vaginally (VBAC).
- Chose an elective repeat cesarean section.

A review of the literature revealed that the women who undergo TOLAC, 80% succeed and are able to give birth vaginally. This includes those women who have undergone, various types of surgical intervention for delivery, induction techniques and those in spontaneous labor. We also have learned that those women who spontaneously go into labor and are offered TOLAC have a much higher success of vaginal birth than those who are induced. If problems arise during TOLAC, the baby may need to be

born by cesarean delivery. For example, if the baby is not tolerating labor, or if labor does not progress, a cesarean delivery may be needed. The least number of risks occur with a successful VBAC.

Reasons to Consider a TOLAC:

There are many reasons why a woman may want to consider TOLAC. Compared with an elective repeat cesarean section, a VBAC after successful TOLAC is associated with the following benefits:

- Faster recovery with a less discomfort in the postpartum period
- No Surgery and risks thereof.
- Reduced risk of infection and complication related to surgical procedures.
  
- Less blood loss & decreased chance of blood transfusion.
  
- Enhance immediate bonding with Newborn (absence of complications)
  
- Enhanced empowerment in birth through decision making
- Higher probability of future VBAC.

What are the risks of TOLAC/VBAC?

With TOLAC, the greatest concern for women who have had a previous cesarean is the risk of a uterine rupture. According to the American College of Obstetricians and Gynecologists (ACOG), if you had a previous cesarean with a low transverse incision, the risk of uterine rupture in a vaginal delivery is approximately 1 in 500 (0.2 to 1.5%). Ninety percent of uterine ruptures happen at the site of a scar from a previous cesarean section. Ruptures are more likely to occur during labor because a scar is more likely to give way under the stress of contractions. Although a rupture of the uterus is rare, it is very serious and may harm both mother and baby and may lead to death. Risks to the baby occur if there is a uterine rupture are brain damage and death. About 10% of the time or 5 to 10 babies out of every 10,000 VBAC attempts will suffer brain damage or death (0.05% to 0.1%) when there is a uterine rupture.

What are the risks of an elective repeat cesarean section?

Cesarean birth is major surgery, and, as with other surgical procedures, risks are involved. In a cesarean delivery, the risks for the mother may include the following:

- Increased risk of infection (There is a greater risk of infection, with having a cesarean delivery after TOLAC than having a planned cesarean delivery.)
- Increased blood loss or blood clots
- Decreased bowel function
- Respiratory complications
- Longer hospital stay and recovery time. Three to five days in the hospital is the common length of ]. stay.
- Reactions to anesthesia
- Risk of additional surgeries. For example, hysterectomy, bladder repair, etc.
- Risk of adhesions
- Risk of uterine rupture
- Risk to future fertility and babies
- Increased risk of placenta previa or other placental issues in future pregnancies
- Risk that all future births may be surgical
- Maternal death (very rare). (6 in 100,000 for a scheduled cesarean delivery)
- The risks for a baby during a cesarean delivery may include:
  - Breathing problems
  - Low Apgar scores
  - Fetal injury

Although it is not possible to predict whether TOLAC and a VBAC will be successful, several factors have been shown to increase or decrease the likelihood of success. Below are several factors that have been consistently identified as being strong predictors of VBAC success:

- Prior vaginal delivery
- Spontaneous labor (not induced or augmented)
- One or more prior successful VBAC(s)
- Non-recurrent reason for the prior cesarean section (ex: breech presentation, multiple gestation or placenta Previa)
  - Maternal age less than 40 years
  - Favorable cervical factors
  - Strong maternal desire for a vaginal birth

Factors which have been associated with decreased likelihood of VBAC success:

- More than one prior cesarean section
- Maternal age greater than 40
- High body mass index of the mother
- Fetal macrosomia (>4000g)
- Postdates pregnancy (>40wks)

Factors associated with reduced risk of uterine rupture during VBAC:

- Double, versus single layer closure of the uterus during prior cesarean surgery
- Inter-delivery interval >18-24 months

New Birth Company supports spontaneous birth for women who have had a prior cesarean section at the birth center if they meet our risk criteria. These criteria will be reviewed with you and is listed above. Ultimately it is your decision to trial labor at the birth center or hospital.

[http://consensus.nih.gov/2010/vbacPractice Bulletin #115, "Vaginal Birth after Previous Cesarean Delivery," is published in the August 2010 issue of Obstetrics & Gynecology.](http://consensus.nih.gov/2010/vbacPractice%20Bulletin%20#115,%20%22Vaginal%20Birth%20after%20Previous%20Cesarean%20Delivery,%22%20is%20published%20in%20the%20August%202010%20issue%20of%20Obstetrics%20&%20Gynecology.)

<http://www.motherfriendly.org/Resources/Documents/TheRisksOfCesareanSectionFebruary2010.pdf>  
<http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/weighing-the-pros-and-cons/>  
[http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/vbac-success-rates-and-predictionmodels- understanding-your-chances-of-important-outcomes/](http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/vbac-success-rates-and-predictionmodels-understanding-your-chances-of-important-outcomes/)

<http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/putting-uterine-rupture-into-perspective/>

[http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/are-you-an-"ideal"-candidate-for-vbac-what- are-your-choices-if-not/](http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/are-you-an-ideal-candidate-for-vbac-what-are-your-choices-if-not/)

[http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/the-"immediately-available"-standard-where- it-came-from-what-it-means-and-how-to-move-forward-with-new-evidence-and-guidelines/](http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/the-immediately-available-standard-where-it-came-from-what-it-means-and-how-to-move-forward-with-new-evidence-and-guidelines/)

[http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/what-we-don't-know-critical-gaps-in-evidence- and-how-to-make-informed-choices-in-spite-of-them/](http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/what-we-don-t-know-critical-gaps-in-evidence-and-how-to-make-informed-choices-in-spite-of-them/)

[http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/legal-rights-and-protections-for-vbac-issues- from-the-nih-consensus-conference.](http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/legal-rights-and-protections-for-vbac-issues-from-the-nih-consensus-conference.)

