
LABOUR AFTER A PREVIOUS CAESAREAN

When you arrive in labour, you will have a plastic cannula (drip) placed into the back of the hand and some blood tests performed. A vaginal examination is usually performed to assess the progress of the labour. When you are in 'active' labour (more than about 3-4 cm dilated and contracting strongly), we recommend monitoring the baby's heart rate pattern with the CTG. You may be able to use the *telemetry* monitoring which will allow you to walk around and change position.

We recommend monitoring the progress of labour at regular intervals, and the baby's heart rate pattern on the 'CTG' more frequently compared to women who have not had a CS previously. This is to minimize the risk of complications such as the scar on the uterus separating. A repeat CS will be recommended if the labour does not progress smoothly, or if the baby shows any signs of distress.

If progress is slow it may be possible to 'augment' your labour by giving you an infusion of a hormone (into a vein using a drip), but this will be done with great care in view of the scar on your womb.

If you have had a previous 'classical' CS, we do not recommend a trial of labour. Classical CS are rarely done nowadays, so it is unlikely that you will have had one, please ask your doctor if you are in doubt.

FREQUENTLY ASKED QUESTIONS

Q Can I have my labour induced after a previous CS?

The answer to this question depends on your particular circumstances. If your cervix (neck of the womb) is 'favourable' (i.e. ready for labour), then an induction can be performed by breaking your waters. If your cervix is unfavourable you will have to discuss with the doctor whether or not your labour can be induced.

Q Can I have a vaginal birth after I have had two or more Caesarean sections?

Although it is not generally recommended that vaginal birth be attempted, studies have shown that three quarters of women who had a trial of labour after one or more CS had a vaginal birth. The overall rate of scar separation was 3%. If you would like to discuss this option please ask.

Q Can I have an epidural?

There is no problem with having an epidural with a previous CS. There may be some benefit in holding off from having an epidural, at least in the early stage of labour, but this is up to you and you can discuss it with your midwife during your labour.

Q Can I go overdue?

If you are planning a VBAC, it is safe to wait the same amount of time after your due date as anybody else, usually 10-12 days. It is in your interest to wait if you go past your due date, as going into natural labour will give you the best chance at vaginal birth.

Q If I am planning a repeat CS, when is it performed?

A repeat CS is usually scheduled for sometime during the last week of your pregnancy. This is because it is the safest time for the baby as babies born 'electively' by caesarean any earlier may have an increased risk of breathing difficulties. If you go into labour before your caesarean date, don't worry, simply call the hospital and we will ask you to come to delivery suite and your caesarean will be performed.



**St George and Sutherland
Hospitals**

Next Birth after Caesarean Section

Information for women

Next Birth After a Caesarean Section

Some women are certain how they wish to give birth after having a previous caesarean section (CS), but it is common and normal to be unsure or undecided about what to choose. The *Next Birth After Caesarean* (NBAC) clinic is a service run at St George hospital designed to help you decide which birth option you would like to have. When you attend the clinic, a midwife and doctor will see you to assess your pregnancy and help to make some decisions with you about this, your subsequent pregnancy and birth.

WHAT ARE THE OPTIONS?

For most women who have had a caesarean section, a vaginal birth after a caesarean section (VBAC) is a safe option. Overall, about 75% of women who attempt a vaginal birth after a caesarean will be successful. If the reason for your previous caesarean section was a breech baby or a low placenta, then this success rate is even higher. Even if you had a long and difficult labour previously, then there is still a good chance of success if you wish to try. Your particular circumstances will be discussed with you when you attend the NBAC clinic.

The other option is to have an elective caesarean section (CS), scheduled at 39 weeks of the pregnancy. This means that you have a caesarean section before you labour.

Now some more detailed information about the two options.

VAGINAL BIRTH AFTER CAESAREAN

More than 75% (three quarters) of women who have had a previous CS will have a successful vaginal birth if they decide to have a 'trial of labour'.

The advantages of a VBAC are:

- you may avoid the risks of a major operation that are associated with CS,
- you can choose to go home earlier from hospital if you have a vaginal birth.
- You can lift heavy objects (including your baby) and you can drive a car sooner.
- You can have vaginal births for any future pregnancies

The disadvantages and risks of a trial of vaginal birth are:

- Sometimes when you come into labour, the labour does not progress well or the baby becomes distressed, which may result in an emergency caesarean
- In less than 1 in 300 women the scar from the previous CS will separate during a trial of labour. This would necessitate an emergency CS, and may be detrimental to the baby's health.
- A vaginal birth may have more effect on your pelvic floor than a CS, i.e. bladder problems are more common after a vaginal birth.
- Serious complications are rare however these include heavy bleeding leading to hysterectomy and loss of the baby. These can also happen to anybody who labours, birth but the risks are slightly higher if you have had a CS before.

Recent research has shown however that the risks of blood transfusion and serious problems like needing a hysterectomy are similar in those women who chose to attempt a vaginal birth and those who chose to have a repeat caesarean.

ELECTIVE CAESAREAN

The advantages of an elective caesarean are:

- The timing of birth can be predicted in advance. We recommend that the CS be performed at 39 weeks of gestation or thereafter. Many studies have shown that unless labour occurs naturally before then, babies are more likely to have breathing difficulties if born earlier.
- There is no damage or stretching of the pelvic floor, this is particularly relevant if you already have bladder or bowel problems.
- If you had a traumatic experience in your previous labour you may want to avoid a labour again.

The disadvantages of an elective caesarean are:

- The recovery time is longer than a normal birth
 - the presence of scar tissue from the previous surgery may increase the risk of bladder and bowel damage
 - The risk of the anaesthetic. With regional anaesthesia, i.e. an epidural or spinal block risks to the mother are very low. The risk of a general anaesthetic is much higher and will only be recommended in certain circumstances.
 - Infection is much more common with CS than vaginal birth. We try to minimise this by giving you antibiotics at the time of the operation.
 - Heavier vaginal bleeding, and blood clots in your legs are more common with a CS.
 - There is a serious complication rate (ruptured uterus, badly adherent placenta and hysterectomy) of 2.4% in women having a repeat CS.
 - The more CS a woman has the more complicated the surgery becomes.
 - If you have two caesarean sections, it is generally recommended you have all further babies by caesarean section
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