



[Dr David Moore](#) » [Obstetrics](#) » [Vaginal Birth After Caesarean \(VBAC\)](#)



[Vaginal Birth After Caesarean \(VBAC\)](#)



By [Dr David Moore](#), 30 August 2013

"I've had a caesarean before - do I always need to have one now?"

Not necessarily; under the right conditions, and with appropriate care and management, a vaginal birth after a [caesarean section](#) (commonly called a VBAC) is a safe and frequently successful option.

Much like having another caesarean birth (often called an elective repeat caesarean section, ERCS), there are risks and benefits which need to be carefully considered and discussed with your maternity care provider.

Benefits and risks of attempting a VBAC

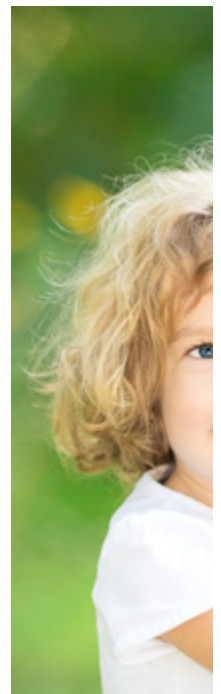
Benefits of a successful VBAC include:

- A better recovery for you, a shorter hospital stay, and generally a faster return to usual activities.
- Higher chance of VBAC success in subsequent pregnancies.
- Slightly lower risk of temporary breathing problems with baby.

An additional purported benefit is a sense of achievement and active participation in your child's birth. While this is certainly the case, it is important to be aware and acknowledge that many women will end up requiring efforts of themselves and their obstetrician. Many factors in labour can be managed, but not necessarily controlled - such as emergencies such as a uterine rupture. I therefore feel it is important to focus on the goal of a healthy mother and a planned method of birth; otherwise we risk engendering feelings of guilt and failure at a time when a woman should be celebrating the birth of a healthy baby after caring for her baby for nine months of pregnancy - and this is an amazing accomplishment!

Potential risks of a VBAC include:

- Unsuccessful attempt, requiring a repeat caesarean section after the onset of labour.



- Attempts are most likely to succeed among women who have had a successful vaginal birth before, especially a
- Poor success rates are seen when labour is induced, or when the previous caesarean section was due to obstru
- Uterine rupture - this is the most serious risk, albeit thankfully quite rare, affecting about one in 200 VBAC attempts.
 - This involves the forces of labour causes the scar on the uterus (from the previous caesarean section) to tear op
 - Although rare, uterine rupture has serious consequences, including a high risk of death or neurological injury to l
- Slightly higher risk of death for baby, mostly attributable to uterine rupture (rare).
- About double the risk of infection or requiring a blood transfusion, compared to ERCS.

** Although this sounds alarming, this needs to be put into context: the risk of a baby dying is about 1 in 2000-3000; this is risk women in labour with their first child.*

Benefits and risks of an ERCS

Benefits of a planned ERCS include:

- Virtually zero risk of uterine rupture.
- Lower risk of maternal infection and blood transfusion.
- Avoiding concerns regarding an emergency caesarean section in labour.

Potential risks of an ERCS include:

- 5-10% chance of going into labour before the date of your booked caesarean section.
- Surgical risks of [caesarean section](#).
- Reduced favourability for attempting VBAC after two previous caesarean sections.

How do I make a decision?

In addition to these risks and benefits, the most important things to consider when planning your next birth are:

1. Your previous obstetric history - especially the circumstances of your previous caesarean section.
2. Your intended family size (two or three children, or more than four?).
3. Your beliefs, values, and personal feelings.

Factors in your history may influence your chance of a successful VBAC, or may increase the risks. Although these fact a frank discussion about your particular situation, and this may help guide your decision-making. I am always keen to l medical records to help you understand why a caesarean was required previously, and how things may be different this ti

Intended family size is quite important, as some of the risks of caesarean section tend to increase with increasing numbe family of six children, the cumulative risk to you of six caesarean sections starts to become very high. Conversely, if yc benefit of VBAC in avoiding repeat caesarean sections is more modest. Obviously, your beliefs and value around cf making, and I would always seek to discuss these with you during a consultation.

It is also worth considering or discussing your feelings around attempting labour - do you feel you should give it gc attempting labour but then ending up with a caesarean section again? In the end, it is a personal and individual decision your obstetrician is essential.

David is a strong advocate of women's informed choice in their health care, and supports safely attempted VBAC.

The content and information contained on this website is intended to be of a general nature only and is not intended to, nor does it constitute, medical advice. It does not take into account your individual circumstances. No doctor/patient relationship is implied or formed. The accuracy, completeness, adequacy, or currency of the content is not warranted or guaranteed. Use of information on this website, or any other information on this website, such as text, graphics, images and other materials are for informational purposes only. The content is not intended to be a substitute for professional medical advice of their qualified health providers with any questions regarding a medical condition. Users should never disregard professional medical advice or delay in seeking it because they saw this website. Any decision to use or not use any of the information on this website should only be made after direct individual consultation. The website does not recommend or endorse any specific tests, products, procedures, or other information that might be mentioned on this website.

About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has special interests in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is currently completing a PhD in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

[« ** So, you're going to be a Dad? ** »](#)

[Back to Obstetrics](#)

