Choices for birth after caesarean section

Obstetrics & Gynaecology

patient**information**

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Slovak **Slovensky**

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani **کوردی سۆرانی**

ئەگەر تۆ یان کەسێک کە تۆ دەیناسی پێویستی بەیارمەتی هەبێت بۆ ئەوەی لەم بەڵگەنامە یە تێبگات یان بیخوێنێتەوە، تکایە پەیوەندیمان پێوە بکە لەسەر ئەو ژمارەیەی سەرەوەدا یان بەو ئیمەیڵە.

Arabic **عربي**

إذا كنت انت أواي شخص تعرفه بحاجة إلى مساعدة لفهم أوقراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu **اُردو**

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ھے تو برائے مہربانی مندرجہ بالا نمبر پرھم سے رابطہ کریں یا ھمیں ای میل کریں۔

Farsi **فارسی**

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفا با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

***Note to healthcare providers:**
Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

Vaginal birth after caesarean cection

Caesarean birth is when the baby is born through a cut in the tummy. This is done for several reasons, most of which do not recur.

Many women have a successful vaginal birth after one caesarean section (VBAC) whilst others have a repeat caesarean section. If you are considering a vaginal birth after 2 previous caesareans this can be considered but should be after discussion with your consultant.

If you have had a caesarean section, you may be thinking about how to give birth next time. Planning for a vaginal birth after caesarean (VBAC) or choosing an elective repeat caesarean section (ERCS) have different benefits and risks.

In considering your options, your previous pregnancies and medical history are important factors to take into account, including:

- the reason you had your caesarean section
- whether you have had a previous vaginal birth
- whether there were any complications at the time or during your recovery
- the type of cut that was made in your uterus (womb)
- how you felt about your previous birth
- whether your current pregnancy has been straightforward or whether there have been any problems or complications

- how many more babies you are hoping to have in future; the risks increase with each caesarean section, so if you plan to have more babies it may be better to try to avoid another caesarean section if possible

The aim of this leaflet is to give you information that will enable you to discuss your options with your doctor and make the right choices for your current pregnancy.

If you have any further questions do not hesitate to ask your consultant, doctor at the hospital, midwife or GP.

Why do some mothers choose to have VBAC?

About 6 to 9, in every 10 women who choose VBAC have a successful vaginal birth. Women who have had a vaginal birth before have higher success rates.

Other reasons why women choose vaginal birth include:

- No further scarring
- No risks of surgery and anaesthesia
- Shorter hospital stay
- Lower risk of infection
- Less need for blood transfusion
- Increased chance of vaginal birth in future pregnancies
- Quicker recovery time after birth to every day activities
- Baby has less chance of initial breathing problems

What are the risks with VBAC?

There is a risk that the scar on your womb may tear during labour and delivery. This happens in about 1 in 200-500 women who choose VBAC. If this is suspected during labour, an emergency caesarean section will be discussed with you. There is a risk of requiring a blood transfusion if this happens.

In 25 out of 100 women a repeat caesarean may be needed in labour and if this is the case this will be discussed with you.

Serious risk to your baby is slightly higher than for a planned caesarean but it is no higher than if you were labouring for the first time.

You may need help with an assisted delivery and there ia a small chance of a tear that involves the anus / rectal muscles – around 3 in 100 chance.

Rarely, a hysterectomy (removal of the womb) may be required as a life saving measure.

The decision to have a vaginal birth may have to be changed in favour of a caesarean section if problems arise in labour. This does not mean a woman has failed. In fact, problems can arise in any labour and delivery. (See Table 1 on page 13).

How will I decide on how I want to have my baby?

Your consultant or registrar will see you early in the pregnancy, possibly after your 20 week scan to discuss your choices.

What are some of the factors that will indicate that VBAC is not safe for me?

- The type of scar on your womb. Some cuts are associated with a higher chance of the womb tearing. For example the risk of rupture with a vertical cut, known also as classical incision, is 9 out of 100 compared to 1 in 200 in a lower horizontal cut. The type of scar on the skin does not tell us what cut was made on the womb. Your doctor will know this by reading your medical notes.
- A reason for caesarean section which recurs in further pregnancies.
- Twins (If the first one is not coming head first).
- Breech baby.
- Medical conditions that will affect or be affected by labour.
- More than two previous caesarean sections.

What happens if I cannot make up my mind about how I want to have my baby?

We understand this decision can sometimes be quite difficult to make. If this is the case your doctor will arrange to see you again at about 36 weeks to discuss it all again.

What happens if my baby is breech?

Your consultant will discuss options with you. This will include ECV (turning the baby around) if considered safe in your circumstance.

What happens if I go over my dates?

As long as there is no complication and the baby is growing well, we allow mothers to go 2 weeks over their dates to increase the chance of going into labour on your own. The chance of having a vaginal birth is increased if you go into labour yourself.

We will offer an internal examination to assess the neck of the womb. This helps us to decide how easy it will be to induce labour if required. We will also discuss a membrane sweep at this time, as this increases the chance of going into labour yourself.

What happens if I need labour starting artificially? (Induction of labour)

If this needs to be done a doctor will discuss the risks and benefits with you. We will arrange the induction of labour on ward.

We aim to break your waters during induction of labour. If this is not possible, your consultant will discuss the use of outpatient balloon or slow release vaginal prostaglandins Propess for induction. The risk of the womb tearing increases to about 1 in 100 if we have to induce labour with slow release vaginal prostaglandins. (You will be given a copy of the patient information booklet 'Induction of labour').

What happens if I go into labour at home?

We will advise that you telephone the labour ward and come in as soon as you start having contractions.

Can I have a home birth?

We do not advise you to have a home birth as there can be considerable delay if urgent delivery is required and this can have serious consequences. However if you wish to discuss this further, please speak to your doctor or midwife.

How will I be cared for during labour?

You will have one to one care by a named midwife who will discuss your birth plan and wishes. The registrar on duty will be informed of your admission.

The following will be discussed and done:

- A fine plastic tube (cannula) inserted in a vein on your arm.
- Blood samples taken for blood count and for saving in the blood bank in case surgery or transfusion is required. These will be taken through the cannula when it has been inserted.
- Regular checks of your blood pressure, pulse rate and temperature.
- Continuous monitoring of the baby's heart rate until baby has been delivered.

What kind of pain relief can I have?

All options of analgesia are available to you. In some cases we will advise you to have an epidural. You can discuss this further with your midwife or doctor. Your wishes will always be respected.

Will I require an infusion (drip) in labour?

We will not routinely place you on a drip during labour. We may discuss its use with you in the following circumstances:

- When you are having an epidural.
- If your contractions are not strong and labour is slow as a result. We will discuss setting up a drip with a drug called syntocinon to make the contractions stronger and more frequent. The risk of womb tearing (rupture) is about 9 per 1000 if this is used and we carefully control its use.
- When you are going to have an emergency caesarean section.

What are the signs of womb rupture in labour?

The signs of rupture of the womb include:

- Vaginal bleeding.
- Pain across the scar. This pain can still be felt when an epidural has been sited.
- Low blood pressure.
- A rapid heart rate when your pulse is checked.
- Abnormalities of the baby's heart rate.

What if I want to have another caesarean section?

Your wishes will always be respected but your doctors will discuss the risks of caesarean section as follows:

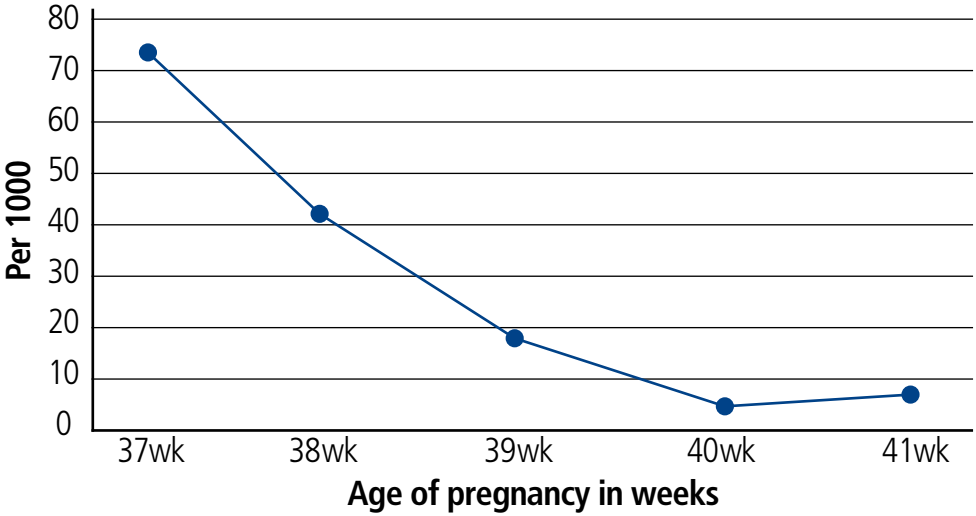
- Bleeding which may require transfusion.
- Infection.
- Clots in the legs and chest.
- Risk of damage to other organs e.g bowel, bladder, ureters.
- Anaesthesia.
- Problems with the placenta (afterbirth) with increasing number of caesarean sections. i.e. placenta praevia (low lying afterbirth), placenta accreta (tightly stuck afterbirth that is difficult to remove, increasing the risk of bleeding and hysterectomy).
- Risk of a small cut to baby.

What will happen if I opt for a planned caesarean section?

You will be given a date for a planned caesarean section after 39 weeks. This is because babies born by caesarean section before 39 weeks have a risk of difficulty in breathing which may require the baby to be admitted to the special care baby unit. (See figure 1 below).

About 1 in 10 women who are going to have a planned caesarean section will go into labour before the scheduled date. This will be discussed with you in the antenatal clinic. We will advise that you call and come to the labour ward if you go into labour. The doctor or midwife on duty will examine you and if you are well advanced in labour, they will discuss vaginal birth with you.

Figure 1
Chart of breathing difficulty in babies born by planned caesarean section at different weeks



If I need to have an emergency caesarean section what kind of anaesthesia will be required?

This will depend on the urgency and why you need a caesarean section. If you already have an epidural in, the anaesthetist will give you more anaesthetic through it to numb you for surgery if it's safe to do so.

If you do not have an epidural, and the surgery is not very urgent the anaesthetist will give you a spinal anaesthesia (injection in your back), similar to epidural, to numb you for the surgery. In very urgent situations when mother and or baby's life is at risk, the anaesthetist will give you a general anaesthesia (put you to sleep).

You will be given the opportunity to discuss your wishes if this is possible.

Hopefully you will have found this information useful.

Table 1
Summary of the effects of caesarean section for women

More likely after caesarean section	No difference after caesarean section	Less likely after caesarean section
• Pain in the abdomen (tummy) • Bladder injury • Injury to the tube that connects the kidney and bladder (ureter) • Needing further surgery Hysterectomy (removal of the womb) especially if after 2 or more caesarean sections • Admision to intensive care unit • Developing a blood clot • Longer hospital stay • Returning to hospital afterwards • Death of the mother • Having no more children • In a future pregnancy, the placenta covers the entrance to the womb (placenta previa) • Tearing of the womb in future pregnancy, death of the baby before labour starts	• Losing more than 1 litre of blood (haemorrhage) before or after birth • Infection of the womb or lining of the womb • Injuries to the womb or genital organs, such as tearing around the neck of the womb • Bowel incontinence (no control of bowel actions) • Postnatal depression • Back pain • Pain during sexual intercourse	• Pain in the area between the vagina and anus (the perineum) • Bladder incontinence 3 months after the birth • Sagging of the womb (prolapse) through the vaginal wall

Table 2
How many women does this affect, out of every 10,000 women?

Most likely after a caesarean birth	caesarean section	vaginal birth
Pain in the abdomen (tummy)	900	500
Bladder injury*	10	0.3
Injury to the tube that connects the kidney and bladder *	3	0.1
Needing further surgery*	50	3
Hysterectomy (removal of the womb)*	up to 80	1 or 2
Admission to intensive care unit*	90	10
Developing a blood clot*	Between 4 and 16	(no detailed overall figures available)
Longer stay in hospital	3 to 4 days	1 to 2 days
Returning to hospital afterwards*	530	220
Death of the mother*	0.82	0.17
Having no more children*	4200	2900
In a future pregnancy, the placenta covers the entrance to the womb (placenta previa)	40 to 70	20 to 50
Tearing of the womb in a future pregnancy*	40	1
In a future pregnancy, death of the baby in the womb before labour starts*	40	20
Pain in the area between the vagina and anus (the perineum)	200	500
Bladder incontinence 3 months after the birth	450	730
Sagging of the womb (prolapse) through the vaginal wall*	500 overall	(no detailed figures available)
Birth related baby death (comparable to the risk for women having their first birth)	1 in 1000	2 in 1000
HIE (Birth related low oxygen in baby leading to compromised neurological function	0 in 1000	0.8 in 1000

* It is not clear whether the increased risk of these problems is a result of a caesarean section or because of the reason for needing a caesarean section.

Note: Very rarely, women develop a blood clot after having a baby. This happens to between 4 and 16 of every 10,000 women who have had a baby, and the risk is nearly four times higher after a caesarean section than after a vaginal birth. Sagging of the womb through the wall of the vagina (called a prolapse) is uncommon - it affects about 500 of every 10,000 women who have a baby - and the risk is nearly twice as high after a vaginal birth than after a caesarean section.

If you have any questions or are worried about anything you have read, please ask your midwife, GP or doctor at the hospital.

NICE

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.This information describes the guidance that the National Institute for Clinical Excellence (called NICE for short) has issued to the NHS on managing and treating women who plan or who need to have a caesarean section. It is based on Caesarean section (NICE Clinical Guideline no. 13), which is a clinical guideline for doctors, midwives, nurses, counsellors and others working in the NHS in England and Wales.

Notes

Notes

How to contact us

Greenoaks Ante-Natal Clinic
Telephone 01709 424347

Labour Ward
Telephone 01709 424491

Switchboard
Telephone 01709 820000

Useful contact numbers

If it's not an emergency, please consider using a Pharmacy or call NHS 111 before going to A&E.

NHS 111 Service
Telephone 111
Health Info
Telephone 01709 427190
Stop Smoking Service
Telephone 01709 422444
UECC (A&E)
Telephone 01709 424455
For GP out of hours, contact your surgery

Useful websites

www.therotherhamft.nhs.uk
www.nhs.uk
www.gov.uk
www.patient.co.uk
www.nice.org.uk

There is more information about NICE and the way that the NICE guidelines are developed on the NICE website.

Easyread websites

www.easyhealth.org.uk
www.friendlyresources.org.uk
www.easy-read-online.co.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team
The Oldfield Centre
The Rotherham NHS Foundation Trust
Rotherham Hospital
Moorgate Road
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S60 2UD

Telephone: 01709 424461
Monday to Friday
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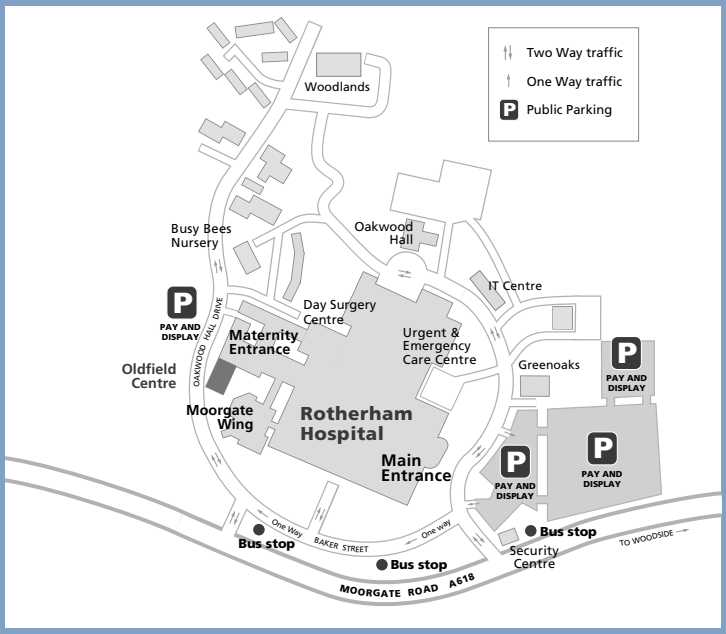
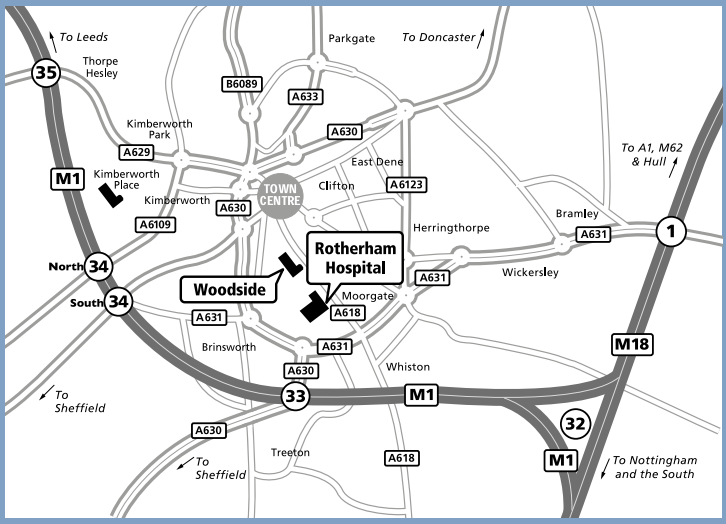
How to find us

Hospital *site plan*



Rotherham *main routes*



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