

VBAC vs. Elective Repeat Cesarean: Risks and Benefits

VBAC RISKS	VBAC BENEFITS
<p>For Mom:</p> <ul style="list-style-type: none"> • Uterine rupture (less than 1%; in some studies only 5 per 1,000). In the event of a rupture, the following apply: <ol style="list-style-type: none"> 1. Risk of maternal death is less than 1% (about 3 in 27,000 VBAC labors) 2. Increased risk of maternal infection 3. Need for blood transfusion 4. Hysterectomy (3.4 per 10,000 VBAC labors) • Same risks of any mother with no previous cesarean planning a vaginal delivery <p>For Baby:</p> <ul style="list-style-type: none"> • Risk of fetal death about 3 per 10,000 VBAC labors • Some studies indicate increased risk of brachial plexus injury and intrapartum asphyxia 	<p>For Mom:</p> <ul style="list-style-type: none"> • Less blood loss • Shorter hospital stay/faster recovery • Fewer infections and fevers • Fewer blood clots • Lower risk of placenta problems (previa, accreta) in future pregnancies • Significant cost savings for current and future births • Mom participates more with baby care <p>For Baby:</p> <ul style="list-style-type: none"> • Lower risk of respiratory distress • Benefits of labor contractions and hormones • Mom participates more with baby care • Shorter hospital stay
ELECTIVE REPEAT CESAREAN RISKS	ELECTIVE REPEAT CESAREAN BENEFITS
<p>For Mom:</p> <ul style="list-style-type: none"> • Surgical injury to bladder, uterus or other organs (2%) • Hemorrhage (1% - 6% require a blood transfusion) • Anesthesia complications • Pulmonary embolism (1 to 2 per 1,000), • Higher risk of infection compared to vaginal birth • Scar tissue and adhesions can lead to chronic pain and bowel problems • Increased risk of placenta previa and accreta in future pregnancies • Increased risk for future ectopic pregnancies • Increased risk of maternal death (2-4 per 10,000 surgeries compared to .5-1 per 10,000 for successful VBAC) • Increased risk of uterine rupture during future pregnancies, even without labor • 1.67 times more likely to have stroke within 3 months of birth <p>For Baby:</p> <ul style="list-style-type: none"> • 2 to 4 times more likely to have respiratory distress • Increased incidence of asthma in childhood and adulthood • Risk of being cut during surgery • Higher rate of NICU admission than vaginally-born infants • Some studies indicate higher rate of neonatal mortality 	<p>For Mom:</p> <ul style="list-style-type: none"> • No labor pain or discomfort, although significant pain after surgery. • Lower rate of infection than if cesarean was performed after the onset of labor • Full night's rest before birth • Choose baby's birthday <p>For Baby:</p> <ul style="list-style-type: none"> • Some studies indicate overall perinatal mortality similar for both elective repeat cesarean and VBAC • Further data and research is needed, but some studies indicate there may be lower risk of brachial plexus injury, neonatal sepsis, intracranial hemorrhage, intrapartum asphyxia, and neonatal encephalopathy

Sources

American Thoracic Society (2008, May 23). Possible Biological Explanation For C-Section-linked Allergies And Asthma Found. *ScienceDaily*. Retrieved June 15, 2008, from <http://www.sciencedaily.com/releases/2008/05/080521081918.htm>

Childbirth Connection. Comparing risks of cesarean and vaginal birth to mothers, babies, and future reproductive capacity: a systematic review. New York: Childbirth Connection, April 2004. (Full bibliography available at http://childbirthconnection.com/pdfs/methods_sources.pdf).

Gonen, Ron; Nisenblat, Victoria; Barak, Shlomi; Tamir, Ada; et al. Results of a Well-Defined Protocol for a Trial of Labor After Prior Cesarean Delivery. *Obstetrics & Gynecology* 2006;107:240-245.

Grobman, William A; Peaceman, Alan; Socol, Michael; Cost-Effectiveness of Elective Cesarean Delivery After One Prior Low Transverse Cesarean. *Obstetrics & Gynecology* 2000;95:745-751. (<http://www.greenjournal.org/cgi/content/abstract/95/5/745>)

Guise J-M, McDonagh MS, Osterweil P, Nygren P, Chan BKS, Helfand M. Systematic review of the incidence and consequences of uterine rupture in women with previous caesarean section. *BMJ* 2004;329:159-65.

Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2006. National vital statistics reports; vol 56 no 7. Hyattsville, MD: National Center for Health Statistics. 2007. (http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_07.pdf (pages 4, 14).

Lieberman E. Risk factors for uterine rupture during a trial of labor after cesarean. *Clin Obstet Gynecol* 2001;44:609-21. [Alone among references, this article is not a systematic review; it is included, however, as a well done review that addresses important questions for women facing the VBAC/repeat c-section decision.]

Lin S-Y, Hu C-J, Lin H-C. Increased risk of stroke in patients who undergo cesarean section delivery: a nationwide population-based study. *Am J Obstet Gynecol* 2008;198:391.e1-391.e7.

Signore, Caroline; Klebanoff, Mark. Neonatal Morbidity and Mortality After Elective Cesarean Delivery. *Clin Perinatol* 35 (2008) 361-371.

Spong, Catherine Y; Landon, Mark B, Gilbert, Sharon; et al. Risk of Uterine Rupture and Adverse Perinatal Outcome at Term After Cesarean Delivery. *Obstetrics & Gynecology* 2007;110:801-807

"Trial of labor vs. elective repeat cesarean section - American Academy of Family Physicians Task Force on Clinical Policies for Patient Care". *American Family Physician*. Nov 1, 1995. http://findarticles.com/p/articles/mi_m3225/is_n6_v52/ai_17558664

VBAC Desire/Confidence Scale

VBAC Desire/Confidence Scale developed by Penny Simkin and Anna Tucker, courtesy of DONA International

DESIRE	
-10	Wants cesarean section at all costs – more important than health of mother or baby.
-8	Wants C/S before term (to avoid possibility of any labor).
-5	Wants planned C/S at term.
-3	Wants planned C/S after labor begins.
0	No opinion. Will do as doctor suggest.
+3	Wants VBAC only if labor is quick and easily handled by mother. If otherwise, will ask for C/S.
+5	Wants VBAC primarily for health of baby. Willing to labor as long as baby tolerates it well. Will accept C/S for baby’s/mother’s health or for difficult labor.
+8	Wants VBAC for baby’s health plus personal fulfillment. Sees VBAC as a personal challenge. Would accept C/S only if VBAC is life-threatening to mother or baby.
+10	Wants VBAC at all costs – more important than health of baby or mother.

CONFIDENCE	
-10	Certain that mother or baby will die or be permanently harmed by VBAC.
-8	Afraid of risks of VBAC; thinks she is not “built for childbirth.”
-5	Low threshold for pain and cannot handle stress.
-3	Concerned that environment and staff may work against her.
0	Completely in doctor’s hands. Doctor knows best.
+3	Feels confident only if labor is quick and easily handled. Dreads another labor like the last one.
+5	Feels confident in her resources. Taking steps to ensure VBAC.
+8	Does not need medical help to have a VBAC.
+10	Certain there are no circumstances under which a C/S will be necessary or acceptable.

Doctors will generally consider you a candidate for a VBAC if you have:

- One or two previous low, transverse cesarean incisions
- No other uterine scars or previous rupture
- Doctor and anesthesia available for backup, as with any vaginal delivery

What are my chances of birthing vaginally after a cesarean?

VBAC success rates range from 60% - 80%. Given that the United States has an average cesarean rate of 31.1% (as of 2006), a woman planning a VBAC has as much a chance of giving birth vaginally as any other mother planning a vaginal delivery. You have an even greater chance of success if your cesarean was for a non-recurring reason (breech presentation, non-reassuring fetal heart tones, etc.) and/or if you've had a previous vaginal delivery or VBAC.

What can I do to increase my chance of birthing vaginally?

- Choose a care provider and hospital with a low C-section rate (20% or lower) and a high VBAC success rate (at least 70%)
- Hire professional labor support (studies show women with doula support have up to 26% fewer cesareans than women without continuous support)
- Be mobile and upright during labor (speeds labor and helps with pain relief)
- Educate yourself and commit yourself to a vaginal birth

Ask your care provider about the following, which may also increase your chance to birth vaginally:

- Delaying hospital admission until cervix is opening and uterine contractions are well-established (don't put yourself "on the clock" too soon)
- Avoiding labor induction and/or augmentation, which increase risk of uterine rupture
- Avoiding, or putting off for as long as possible, spinal and epidural anesthesia (which can lower mom's blood pressure and baby's heart rate, mimicking symptoms of a uterine rupture)

Cesarean/VBAC Support and Evidence-Based Information

- www.ican-online.org
- www.vbac.com
- www.childbirthconnection.com (click on "VBAC or Repeat C-Section?")

Recommended Reading

- *Birth After Cesarean: The Medical Facts* by Dr. Bruce Flamm
- *The Thinking Woman's Guide to a Better Birth* by Henci Goer

Other Books about Cesarean, VBAC and Childbirth

- *A guide to effective care in pregnancy and childbirth* (3rd ed.) by Enkin, Keirse, Neilson, et al.
- *Obstetric Myths Versus Research Realities* by Henci Goer
- *Born in the USA-How a Broken Maternity System Must be Fixed to Put Women and Children First* by Dr. Marsden Wagner
- *Open Season* by Nancy Wainer Cohen
- *Pushed* by Jennifer Block
- *Silent Knife* by Nancy Cohen & Lois Estner
- *The VBAC Companion* by Diane Korte