This information is provided to you so that you can make informed choices that are best for you, your baby, and your family.

What is VBAC?
VBAC stands for vaginal birth after a cesarean birth. A cesarean or surgical birth is where the baby is delivered by making a cut (incision) into your belly (abdomen) through to your uterus.

What are the benefits of vaginal birth compared to a planned cesarean birth?
- Faster time to heal after birth
- Shorter hospital stay
- No surgery
- Less risk that the baby will have breathing problems
- Quicker return to normal activities
- Greater chance of having a vaginal birth in later pregnancies
- Less risk of problems with how the placenta attaches in future pregnancies

Can all women with previous cesarean birth attempt VBAC?
Some women should not try VBAC. If the cesarean scar is in the upper part of the uterus, where contractions occur, the risk of the uterus tearing (also called uterine rupture) is high. Women who have this type of scar should not attempt VBAC.

Women with a scar in the lower part of the uterus have a lower risk of the uterus tearing and VBAC is considered safer. The type of scar you have in your skin may not be the same type of scar you have in your uterus. Your doctor will review the records of your previous birth to find the location of your uterine scar.

If you have had more than two cesarean births, the risk of the uterus tearing during labor increases and you should not attempt a VBAC. Your doctor will talk to you about these risks.

Women with only one prior cesarean birth who have a low transverse uterine scar may choose to attempt a VBAC, although there is still some risk.

What are the risks of VBAC?
- A tear or opening in the uterus (womb).
- Researchers estimate that tears occur in 2 to 15 women out of every 1,000 low risk women who try VBAC.
- Risks to the mother if there is a tear in the uterus include:
  - Blood loss that may need transfusion
  - Damage to the bladder/bowel
  - Infection
  - Blood clot in a deep vein
  - Damage to the uterus that may need hysterectomy (removal of the uterus)
  - Death, which is very rare
• Risks to the baby if there is a tear of the uterus include brain damage and death. Not all tears in the uterus harm the baby. Many times the baby is not harmed when the uterus tears. Researchers estimate that 5-15 babies out of every 10,000 VBAC tries will suffer brain damage or death.

• The normal risks of having a vaginal birth are also present for VBAC.

• The risk of your uterus tearing during labor is increased with any of the following:
  - Labor that is started with medication and does not start on its own.
  - More than 1 cesarean birth.
  - Less than 2 years since your last delivery.
  - Need for medicine during labor to increase contractions.
  - Not all risks are known and other risks for the uterus tearing are being researched.

• If a vaginal birth cannot occur, then a cesarean birth must be done. A cesarean birth after attempting vaginal delivery has the same risks as a planned cesarean delivery. However, there is a greater chance of infection, blood transfusion, damage to internal organs including the bowel and bladder, blood clots and needing a hysterectomy. A hysterectomy is removal of your uterus and might also mean removal of your ovaries.

How can I help to reduce risks to my baby and me?

• Keep all of your doctor appointments. Regular prenatal care is very important in reducing all risks in pregnancy.

• Having labor occur naturally, rather than using medications to start labor, brings down the risk of a tear in the uterus. Your doctor will talk to you about this, taking into account your own situation.

• Having at least 2 years' time between the date of your last birth and the due date of this pregnancy helps to make sure the uterus is strong during this pregnancy.

What are the risks of a planned cesarean birth, if that is my choice?
Doctors perform this procedure when they think it’s safer than vaginal delivery for a mother or baby or both. Risks that can happen include that the uterus will tear before a planned cesarean birth. Researchers estimate that 2 in 1000 pregnancies will experience a tear. Because you have a scar on your uterus from your prior cesarean birth, you will always be at risk for having a tear in your uterus. The tears usually occur during labor. The risks to the baby and you are the same as if the uterus tore during a VBAC:

• Blood loss
• More scars developing on the uterus
• Infection
• Scarring inside the abdomen
• Injury to organs inside the body
• Problems with anesthesia
• Blood clot in a deep vein
• Risk in later pregnancies and problems with the placenta
• Death, which is very rare
If I choose a repeat cesarean birth, what can I expect in my recovery?
Each woman has her own special experience with cesarean delivery and recovery. Many women talk about their recovery from their second cesarean as easier than their recovery from their first cesarean. This may be due to knowing what to expect in a second cesarean and feeling less tired because you did not have labor. Still, recovering from surgery takes time.

Overall, how do the risks of VBAC compare to a repeat cesarean birth?

- The risk of the uterus tearing during a low risk VBAC is 5 in 1,000 (0.5%). Because you have a scar on your uterus from your prior cesarean birth, you will always be at risk for having a tear in your uterus. The tears usually occur during labor. Researchers estimate that the risk that the uterus will tear before a planned cesarean birth is 2 in 1,000 pregnancies. This risk to the baby and you from a uterine tear prior to cesarean birth is the same as if the uterus tore during a VBAC.

- The risk of your baby dying during VBAC is the same as during a first labor.

- There is a higher risk of the baby dying with VBAC compared to a planned repeat cesarean birth. The overall risk of infant death with VBAC is 4 out of 1,000 pregnancies and with a planned repeat cesarean birth 1 out of 1,000 pregnancies.

Complications occurring in women trying vaginal birth after cesarean birth versus planned cesarean birth:

<table>
<thead>
<tr>
<th>Complication</th>
<th>VBAC Attempt</th>
<th>Planned Cesarean Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterine Rupture</td>
<td>5 in 1000</td>
<td>2 in 1000</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>2 in 1000</td>
<td>3 in 1000</td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>17 in 1000</td>
<td>10 in 1000</td>
</tr>
<tr>
<td>Infection in Mom</td>
<td>29 in 1000</td>
<td>8 in 1000</td>
</tr>
<tr>
<td>Infection in Baby</td>
<td>50 in 1000</td>
<td>20 in 1000</td>
</tr>
<tr>
<td>Infant Breathing Problems</td>
<td>13 in 1000</td>
<td>41 in 1000</td>
</tr>
<tr>
<td>Serious Breathing Problems For baby</td>
<td>1 in 1000</td>
<td>4 in 1000</td>
</tr>
<tr>
<td>Overall Risk of Death for baby</td>
<td>4 in 1000</td>
<td>1 in 1000</td>
</tr>
</tbody>
</table>

What is the chance that trying a VBAC will result in a vaginal birth?
Most low risk women who try a VBAC are successful and have a vaginal birth. There is no perfect way to say who will deliver vaginally. A number of factors increase the chance of success. Factors that predict success are:

- Having a vaginal birth in the past.
- Labor that occurs naturally and without medications to start labor or increase contractions.
- Mother’s age is less than 30.
- The length of the pregnancy is less than 40 weeks.
How do women make a choice about a VBAC?

- Having a vaginal birth is very important to some women. For many women, the benefits of trying a vaginal birth deliver vaginally have less postpartum discomfort, shorter hospital stays, and describe a feeling of wellness sooner than women recovering from cesarean birth.

- Other women choose cesarean birth because they do not want to go through labor. They may be more concerned about the risk of the uterus tearing than the risks of cesarean birth.

- There may be added benefits, some of them emotional, and risks, with either choice. We want you to discuss these with your doctor and family.

- If a woman is very certain in her desire to have no more children, then the VBAC benefit of less uterine scarring is not present, and a repeat cesarean birth may be best. If there is even a small chance of another pregnancy, a low risk VBAC may be the better choice.

- The purpose of this handout is to help you make the choice that is best for YOU.

If I select VBAC, what can I expect during prenatal care and at the hospital?

- You will be asked to sign an education and consent form showing that you have talked to your doctor and that you understand the risks and benefits of your choice.

- Your doctor will talk with you about when to call or come in for labor.

- You may meet with an anesthesiologist before your labor.

- The baby’s heart rate will be monitored by doctors and nurses.

- You will have an IV so that fluids and medications may be given to you if needed.

- Blood samples will be taken.

- You will have options for pain medication.

- A doctor able to perform a cesarean birth will be at the hospital.

What if I change my mind?

If at any time you have questions about continuing or want to change your mind talk with your doctor or nurse. You may change your mind about VBAC. However, if delivery is about to happen, changing your mind and having a cesarean birth may not be possible.

Am I comfortable with making the decision?

Each woman’s decision is personal. Your doctor is your best source of information. She or he will help you and your family in deciding how you have your baby. The goal is a healthy mother and baby, whether the delivery is vaginal or by cesarean birth.