

Birth After a Prior Cesarean Delivery

Common questions patients ask about birth after a prior cesarean delivery

Many women who have had a cesarean delivery can have a vaginal delivery with their next pregnancy. Some women choose to have a repeat cesarean delivery. If you are considering a vaginal birth after cesarean (VBAC), talk to your provider about your options. Ask if the hospital is prepared to handle emergency cesarean deliveries. Your decision should be based on your own situation, preferences, and values.

What is my chance of a vaginal delivery if I have had a cesarean?

If your previous cesarean delivery was because you did not dilate completely or were unable to push the baby out, you have a 67 percent chance of delivering vaginally. If your previous cesarean delivery was for other reasons, you have about an 80 percent chance of delivering vaginally.

What is a uterine rupture?

A uterine rupture is when the uterine scar from your previous cesarean delivery separates. Sometimes, these separations don't cause problems for the mother or baby. Other times, the separation can cause problems during labor and birth.

How often does a uterine rupture occur?

Uterine ruptures occur in 5 of 1,000 women who have a VBAC after one cesarean delivery. Choosing a repeat cesarean delivery reduces the risk of uterine rupture, but not completely.

Women who begin labor on their own have the lowest risk of having a uterine rupture. Inducing labor is only recommended if the health of the mother or baby is at risk. The risk of uterine rupture increases to 8 in 1,000 when oxytocin is used to start labor. Prostaglandin medication, which prepares the cervix before labor, should not be used because it increases the risk of uterine rupture to 25 in 1,000.

What are the signs of uterine rupture?

The most reliable sign of uterine rupture is a change in the baby's heart rate pattern. Pain is not a good sign, because you will already be experiencing normal labor pains. Sometimes vaginal bleeding can be a sign of uterine rupture.

What will be done if my uterus ruptures?

During labor, you and your baby will be monitored closely. If there are any signs of uterine rupture, an emergency cesarean delivery will be done. Ask your provider about your hospital's plan for responding to a uterine rupture.

What is the risk to my baby if my uterus ruptures?

If the rupture occurs after you arrive at the hospital, and staff responds quickly, the chance of serious injury to the baby is small. Serious injuries can include brain damage or death.

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Can I have another baby if my uterus ruptures?

If your uterus can be repaired, you can have another baby. Your provider will recommend a scheduled cesarean for the next delivery.

Are there any other risks during a trial of labor?

Serious complications can occur during the course of any labor. These complications are rare, and having had a cesarean delivery in the past does not increase your risk.

What can I expect for me and my baby if I choose a trial of labor or a cesarean delivery?

The following table lists possible complications that might occur when selecting either a trial of labor or a repeat cesarean delivery:

Complication	Chosen birth method	
	Trial of labor*	Repeat cesarean delivery*
Mothers who have fever after delivery	43	54
Mothers who need a transfusion	11	17
Mothers who undergo a hysterectomy	1	4
Mothers who have a rupture of the uterus	5	2
Death of the baby	2	1
Babies with serious infection	10	0
Babies with low Apgar scores	22	9
Babies with breathing problems	30	60
Babies with jaundice	20	60

*Numbers are expressed as number of women out of a 1,000 who experience this complication with this choice.

What should I expect at the hospital if I choose a trial of labor?

When labor begins, your providers will take all the steps they can to keep you and your baby safe. Your airway will be assessed to make sure you can safely receive general anesthesia in the event of an emergency cesarean section. An IV access line will be put in place, which can deliver medication or fluids in case of emergency. An electronic fetal monitor will be used throughout the entire labor. The fetal monitor will watch for a change in your baby's heartbeat, which is often the first sign of a uterine rupture.

If your labor doesn't progress, your provider may suggest using oxytocin to help your contractions get stronger, and give you the best chance of having a vaginal birth.

Is there anything else I should consider?

If you plan to have more than 2 children, you should strongly consider having a trial of labor rather than a scheduled cesarean delivery. The risk of complications for future pregnancies increases with each cesarean delivery.