

Pregnancy: Your Birth Options After Cesarean

If you had a past cesarean section (C-section), you have options for how to give birth to your next baby.

You can have another C-section. Or you may be able to deliver your next baby vaginally. This is called vaginal birth after cesarean, or VBAC. When you go into labor with the plan to deliver vaginally, it is called a "trial of labor after a cesarean" (TOLAC).

There are some reasons why you might not be able to try VBAC. For example:

- You have a vertical or T-shaped uterine incision from a past C-section.
- You've had more than two C-sections.
- A C-section scar on your uterus broke open during a labor in the past.

Talk to your doctor or midwife about whether trying VBAC is an option for you.

Only you know which choice is right for you. What you decide will depend on what matters most to you. Let's take a few minutes to explore your options and what you prefer.

VBAC

A successful VBAC offers a faster recovery and less chance of problems with future pregnancies.

But if there are problems during labor, you may need to have an unplanned C-section.

C-Section

A planned C-section has a longer recovery and increases the chance of problems with future pregnancies.

But you can be fairly sure how and when you will give birth. And you can avoid the chance of having an unplanned C-section, which can have more risks.

Right now, what option are you leaning toward?

- Try a vaginal birth after cesarean (VBAC)
- Have another C-section
- I'm not sure

How far along are you with this decision?

- Not yet thought about the options
- Considering the different options
- Close to choosing an option



Key Facts to Know

- **Most women and babies will be safe and healthy** no matter how the baby is delivered.
- **Most women who try VBAC will give birth vaginally.** But if the woman or the baby has problems during labor, the doctor may need to do an unplanned C-section. An unplanned C-section has more risks than a planned C-section.
- **When a woman tries VBAC, there is a chance that an old C-section scar on her uterus will break open during labor.** This is called a uterine rupture. This is rare, but it can be very serious and can lead to an emergency C-section. A planned C-section lowers the risk of a uterine rupture.
- **The chance of a baby dying from a scar breaking open during labor is rare with all births.** The risk of this happening is slightly lower if you have a planned C-section than if you try VBAC.
- **The more C-section scars you have, the higher your chance of having a problem with the placenta in a future pregnancy.** This raises the risk of problems for the baby and your risk of needing a hysterectomy to stop bleeding.



Compare Your Options

Try VBAC

Plan C-Section



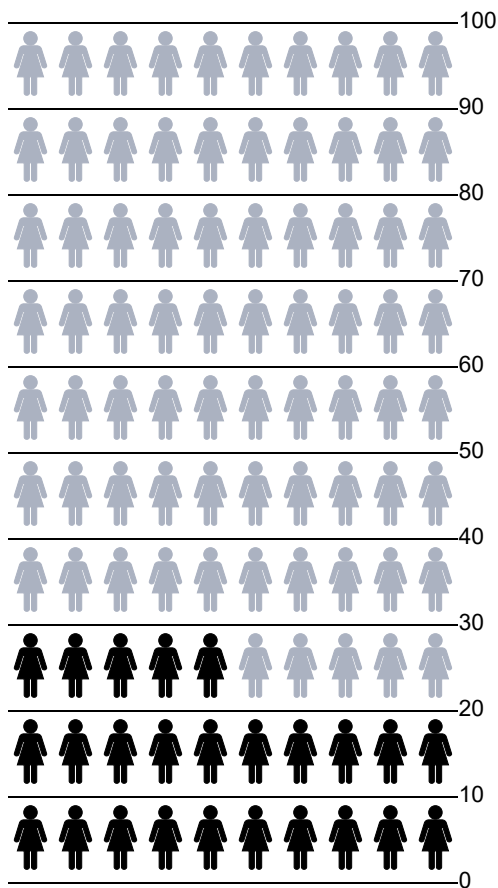
What's involved?

- You try to have a vaginal birth.
 - You may choose to get medicine that numbs your lower body so that childbirth is less painful.
 - If there are problems during labor, you may need to have an unplanned C-section.
- You and your doctor choose your delivery date.
 - Your baby is delivered through surgery.
 - You may be awake but numb for the birth, or you may be asleep.
 - Some women who don't plan to have any more children may have a tubal ligation at the same time as their C-section.



Will I be able to deliver my baby the way I planned?

- About 25 out of 100 women who try VBAC will end up needing a C-section after labor starts. This means that about 75 out of 100 women who try VBAC will have a vaginal birth.
- You can be fairly sure how and when you'll give birth.
 - You may go into labor before your C-section date. But it doesn't happen very often.



- If you try VBAC, there is no way to know for sure if you'll end up needing a C-section.



What's the risk of uterine rupture?

- About 50 out of 10,000 women who try VBAC will have an old C-section scar on their uterus break open during labor (uterine rupture). This can be very serious and can lead to an emergency C-section.
- From those 50 women, about 1 baby will die as a result. That means about 1 woman out of 10,000 who tries VBAC will lose a baby because of a uterine rupture.
- If you have a uterine rupture, there is also a rare chance that your baby will have a serious brain injury.
- A planned C-section lowers the rare risk of a uterine rupture. About 3 out of 10,000 women who plan a C-section will have a uterine rupture.
- The chance of a baby dying from a uterine rupture is even rarer than with VBAC.



What are the other risks to me or my baby?

- If you or your baby has problems during labor, you may need an unplanned C-section. An unplanned C-section has more risks than a planned C-section.
- Your baby has a slightly higher risk of having short-term breathing problems than with VBAC.



How long will it take to recover?

- In most cases, you'll spend about 2 days in the hospital if you have a vaginal birth.
- It may take 1 to 2 weeks to get back to doing your daily activities.
- As with all vaginal births, there's a chance of tearing near the opening of the vagina. You may need stitches.
- In most cases, you'll spend 3 or 4 days in the hospital.
- It may take 4 to 6 weeks to fully recover.
- You'll be in some pain as you recover. And you'll need to take it easy while the incision heals. You may need help with daily activities as you recover.



How could this affect future pregnancies or surgeries?

- With a successful VBAC, you avoid having more scars on your uterus and the problems they can cause.

The more C-section scars you have, the higher your chance of having:

- Problems with the placenta in a future pregnancy. This raises the risk of problems for the baby and your risk of needing a hysterectomy to stop bleeding.
- Problems with future surgeries in the belly and uterus, including future C-sections.



Check the Facts

Now that you've read the facts about each option, let's see what you've learned. We've got a few quick questions to find out. If you're not sure about the answers, check the Compare page again. Or you can make a note to ask your doctor or midwife for more information.

Which group of women is more likely to have trouble doing their usual activities in the first 2 months after they give birth?

- Women who have a C-section
- Women who have a vaginal birth
- There is no difference
- I'm not sure

About how many women who try to have a vaginal birth after having a C-section will end up needing another C-section?

- Less than half
- About half
- More than half
- I'm not sure

Think about women who had a C-section in the past and then try to have another baby vaginally. About how many of those women will have a scar from a past C-section break open during labor?

- 10 in 10,000
- 50 in 10,000
- 100 in 10,000
- 500 in 10,000

Think about a woman who had a C-section in the past and then tries to have another baby vaginally. What happens if the woman is in labor and the scar from her past C-section breaks open?

- She will still be able to give birth vaginally if she wants
- She will have to have an emergency C-section
- There is no way to predict what will happen
- I am not sure



Decide What's Right for You

What you decide will depend on how you feel about the benefits and risks of each option. Talk to your doctor or midwife about what matters most to you. Together, you can make the decision that's right for you.

What Matters to You?

On a scale from 0 to 10, with 0 being not at all important and 10 being extremely important, please mark how important each reason is to you as you think about your decision.

How important is it to you to...

Know in advance the date on which you would give birth?

Not at all important

Extremely important

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Avoid having another C-section?

Not at all important

Extremely important

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have as little pain as possible during delivery?

Not at all important

Extremely important

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Return to your usual activities as quickly as possible after the birth?

Not at all important

Extremely important

0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------

Have a vaginal birth?

Not at all important

Extremely important

0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------

Your Notes

Questions, concerns, or notes:

Which Way Are You Leaning?

At this time, what birth option are you leaning toward?

- Try a vaginal birth after cesarean (VBAC)
- Have another C-section
- I'm not sure

How far along are you with this decision?

- Not yet thought about all the options
- Considering the different options
- Close to choosing an option

Credits and References

Current as of: 2017-03-16

Author: Healthwise Staff

Medical Review: Kathleen Romito MD - Family Medicine; Martin J. Gabica MD - Family Medicine; Adam Husney MD - Family Medicine; Sarah Marshall MD - Family Medicine; Elizabeth T. Russo MD - Internal Medicine & Kirtly Jones MD - Obstetrics and Gynecology; Katherine E. Hartmann MD, PhD - Obstetrics and Gynecology; Femi Olatunbosun MB, FRCSC - Obstetrics and Gynecology

References

Guise JM, et al. (2010). Vaginal birth after cesarean: New insights. Evidence Report (Publication No. 10-E003). Rockville, MD: Agency for Healthcare Research and Quality.

Curtin SC, et al. (2015). Maternal morbidity for vaginal and cesarean deliveries, according to previous cesarean history: New data from the birth certificate, 2013. National Vital Statistics Reports, 64(4):1–13.

Barger MK, et al. (2012). Severe maternal and perinatal outcomes from uterine rupture among women at term with a trial of labor. Journal of Perinatology, 32(11): 837–43.

American College of Obstetricians and Gynecologists (2010). Vaginal birth after previous cesarean delivery. ACOG Practice Bulletin No. 115. Obstetrics and Gynecology, 116(2): 450–463.

American Academy of Family Physicians (2015). Planning for labor and vaginal birth after cesarean delivery: Guidelines from the AAFP, American Family Physician, 91(3): 197–198. Available online: <http://www.aafp.org/afp/2015/0201/p197.html>

Royal College of Obstetricians and Gynaecologists. Birth after previous caesarean birth. Green-top Guideline No. 45. Available online: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg45/>



This information does not replace the advice of a doctor. Healthwise, Incorporated, disclaims any warranty or liability for your use of this information. Your use of this information means that you agree to the [Terms of Use](#) and [Privacy Policy](#).

To learn more about Healthwise, visit Healthwise.org.

© 1995-2017 Healthwise, Incorporated. Healthwise, Healthwise for every health decision, and the Healthwise logo are trademarks of Healthwise, Incorporated.