

Quick Facts: Birth after Cesarean

After a cesarean, most women have two choices for future births: a vaginal birth after cesarean (VBAC) or a repeat cesarean section (RCS). There is a lot of misinformation about these two options. Let's review some quick facts compiled by *Jennifer Kamel*, Founder of VBAC Facts.

Per the American College of Obstetricians and Gynecologists (ACOG, 2010), VBAC is a **“safe and appropriate choice for most women”** with one prior cesarean and for “some women” with two prior cesareans. Being pregnant with twins, going over 40 weeks, having an unknown or low vertical scar, or suspecting a “big baby” should not prevent a woman from planning a VBAC (ACOG, 2010).

VBAC is **successful 75% of the time** (Coassolo, 2005; Huang, 2002; Landon, 2004; Landon, 2006; Macones, 2005). Successful VBACs have lower complication rates than scheduled repeat cesareans which have lower complication rates than “failed” VBACs (Landon, 2004), also known as cesarean birth after cesarean or CBAC.

Uterine rupture is the major concern in terms of VBAC and while **it can be catastrophic, it is rare** (NIH, 2010).

Permitting labor to begin naturally after one prior low transverse (“bikini cut”) cesarean carries a **0.4% risk of rupture** which can increase upon labor augmentation or induction (Landon, 2004). These **rates are similar to other serious obstetrical emergencies** such as placental abruption, cord prolapse, and post-partum hemorrhage.

Cesarean risks, including blood transfusion, placenta accreta, hysterectomy, and ICU admission, **increase with each surgery** (Silver, 2006); whereas after a successful VBAC, the future risk of uterine rupture, uterine dehiscence, and other labor related complications significantly decrease (Mercer, 2008).

With each option, the **risk of maternal death is very low**: 0.02% VBAC vs. 0.04% repeat cesarean section (Landon, 2004). Additionally, the risk of adverse infant outcomes during a VBAC is 0.05% (1 in 2000) which is “quantitatively small but greater than that associated with elective repeat cesarean delivery” (Landon, 2004).

Research on **uterine scar thickness** (Kamel, 2009) and **single versus dual layer suturing** (Humphries, 2004) are on-going as the available studies are not strong enough to provide conclusive support for specific actions.

45% of American women are interested in the option of VBAC (Declercq, 2006), **yet 92% have a repeat cesarean** (Martin, 2009). Some women choose their repeat cesarean or it was medically necessary.

Others feel like they **don't have much of a choice** for numerous reasons including hospital VBAC bans (Kamel, 2010); unsupportive health care providers, friends, and family (Kamel, 2009b & 2010b); or the misrepresentation of VBAC risks (Kamel, 2009b & 2010b).

One study found that women often select the mode of delivery favored by their care provider even if they **do not understand the risks and benefits** (Bernstein, 2012).

Our repeat cesarean rate feeds America's rising total cesarean rate, currently at 32% (Menacker, 2010). Declercq (2009) links our high cesarean rate with our **high maternal mortality rate** relative to other developed countries.

In all 50 states, hospital and doctor attended **VBACs are legal**. However, of the women interested in VBAC, **57% are unable to find a supportive care provider or hospital** (Declercq, 2006). This is due primarily to the 1999 ACOG recommendation that a doctor be **“immediately available”** to perform a cesarean, yet they provided **no clear definition or standard** for where the obstetrician and/or anesthesiologist should be or what they should or could be doing.

As a result, **hospitals developed their own definitions** producing differing VBAC protocols and requirements. The most severe reaction was the **institution of VBAC bans in one-third of all American hospitals** (ICAN, 2009), disproportionately affecting women living in rural areas and effectively forcing them to have repeat cesareans.

As the new ACOG (2010) guidelines retracted this problematic proposal, supported patient autonomy, opposed forced or coerced cesareans, and encouraged informed consent, hopefully VBAC will become a viable option to the many women who desire it (Kamel, 2010).

American College of Obstetricians and Gynecologists. (1999). *ACOG Practice Bulletin No. 5: Vaginal birth after previous cesarean delivery*. Washington DC.

American College of Obstetricians and Gynecologists. (2010, July 21). *Ob-Gyns Issue Less Restrictive VBAC Guidelines*. Retrieved July 21, 2010, from ACOG: http://www.acog.org/from_home/publications/press_releases/nr/07-21-10-1.cfm

American College of Obstetricians and Gynecologists. (2010). *ACOG Practice Bulletin No. 115: Vaginal Birth After Previous Cesarean Delivery*. Washington DC.

Bernstein, S., Matalon-Grazi, S., & Rosenn, B. (2012). Trial of labor after previous cesarean section versus repeat cesarean section: are patients making an informed decision? Supplement to January 2012 American Journal of Obstetrics & Gynecology, S21. Retrieved from <http://www.smfnewsroom.org/wp-content/uploads/2012/01/Abstracts-27-35.pdf>

Coassolo, K. M., Stamilio, D. M., Pare, E., Peipert, J. F., Stevens, E., Nelson, D., et al. (2005). Safety and Efficacy of Vaginal Birth After Cesarean Attempts at or Beyond 40 Weeks Gestation. *Obstetrics & Gynecology*, 106, 700-6.

Declercq, E. R., & Sakala, C. (2006). *Listening to Mothers II: Reports of the Second National U.S. Survey of Women's Childbearing Experiences*. New York: Childbirth Connection. Retrieved from Childbirth Connection: <http://www.childbirthconnection.org/article.asp?ck=10068>

Declercq, E. R. (September, 2009). *Birth by the numbers [video]*. Retrieved from Orgasmic Birth: <http://www.orgasmicbirth.com/birth-by-the-numbers>

Huang, W. H., Nakashima, D. K., Rumney, P. J., Keegan, K. A., & Chan, K. (2002). Interdelivery Interval and the Success of Vaginal Birth After Cesarean Delivery. *Obstetrics & Gynecology*, 99, 41-44.

Humphries, G. (2004, June 14). *The Suture Debate*. Retrieved October 1, 2009, from International Cesarean Awareness Network: <http://www.ican-online.org/vbac/the-suture-debate>

International Cesarean Awareness Network. (2009, February 20). *New Survey Shows Shrinking Options for Women with Prior Cesarean*. Retrieved from ICAN: <http://www.ican-online.org/ican-in-the-news/trouble-repeat-cesareans>

Kamel, J. (2009, January 17). *Predicting uterine rupture by uterine thickness via sonogram*. Retrieved from VBAC Facts: <http://vbacfacts.com/2009/01/17/predicting-uterine-rupture-via-sonogram-to-measure-uterine-thickness/>

Kamel, J. (2009b, October 19). *Response to OB: Scare tactics vs. informed consent aka why I started this website*. Retrieved from VBAC Facts: <http://vbacfacts.com/2009/10/19/response-to-ob-scare-tactics-vs-informed-consent-aka-why-i-started-this-website/>

Kamel, J. (2009c, February 28). *Is VBAC illegal? Is homebirth illegal?* Retrieved from VBAC Facts: <http://vbacfacts.com/2009/02/28/is-vbac-illegal/>

Kamel, J. (2010, July 22). *VBAC in rural hospitals*. Retrieved from VBAC Facts: <http://vbacfacts.com/2010/07/22/vbac-in-rural-hospitals/>

Kamel, J. (2010b, March 16). *Another VBAC consult misinforms*. Retrieved from VBAC Facts: <http://vbacfacts.com/2010/03/16/another-vbac-consult-misinforms/>

Kamel, J. (2010c, March 9). *American women speak about VBAC*. Retrieved from VBAC Facts: <http://vbacfacts.com/2010/03/09/american-women-speak-about-vbac/>

Landon, M. B., Hauth, J. C., & Leveno, K. J. (2004). Maternal and Perinatal Outcomes Associated with a Trial of Labor after Prior Cesarean Delivery. *The New England Journal of Medicine*, 351, 2581-2589.

Landon, M. B., Leindecker, S., Spong, C., Hauth, J., Bloom, S., Varner, M., et al. (2005). The MFMU Cesarean Registry: Factors affecting the success of trial of labor after previous cesarean delivery. *American Journal of Obstetrics and Gynecology*, 193, 1016-1023.

Landon, M. B., Spong, C. Y., & Tom, E. (2006). Risk of Uterine Rupture With a Trial of Labor in Women with Multiple and Single Prior Cesarean Delivery. *Obstetrics & Gynecology*, 108, 12-20.

Macones, G. A., Cahill, A., Pare, E., Stamilio, D. M., Ratcliffe, S., Stevens, E., et al. (2005). Obstetric outcomes in women with two prior cesarean deliveries: Is vaginal birth after cesarean delivery a viable option? *American Journal of Obstetrics and Gynecology*, 192, 1223-9.

Martin, J. A., Hamilton, B. E., Sutton, P. D., Ventura, S. J., Menacker, F., & Kirmeyer, S. (2009, January 7). *Births: Final Data for 2006*. Retrieved from Centers for Disease Control and Prevention: http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf

Menacker, F., & Hamilton, B. E. (2010, March). *Recent Trends in Cesarean Delivery in the United States*. Retrieved from Center for Disease Control and Prevention: <http://www.cdc.gov/nchs/data/databriefs/db35.htm>

Mercer, B. M., Gilbert, S., Landon, M. B., & Spong, C. Y. (2008). Labor Outcomes With Increasing Number of Prior Vaginal Births After Cesarean Delivery. *Obstetrics & Gynecology*, 11, 285-91.

National Institutes of Health. (2010, June). *Final Statement*. Retrieved from NIH Consensus Development Conference on Vaginal Birth After Cesarean: New Insights: <http://consensus.nih.gov/2010/vbacstatement.htm>

Silver, R. M., Landon, M. B., Rouse, D. J., & Leveno, K. J. (2006). Maternal Morbidity Associated with Multiple Repeat Cesarean Deliveries. *Obstetrics & Gynecology*, 107, 1226-32.