After having a cesarean section, a woman may choose between having a **planned cesarean surgery** (cesarean section or C-Section) or a **trial of labor for vaginal birth**. A trial means that the woman will try to have a vaginal birth, but if it’s not successful, she will have an unplanned C-section.

It is likely that 60-80% of women who try a vaginal birth after a cesarean section (VBAC) will be successful. We want you to understand the benefits and risks of your choices. There are risks that go along with every pregnancy. We share the same goal as you: a healthy baby delivered to a healthy mom. We will make every effort to ensure this.

**VBAC** means **Vaginal Birth After Cesarean section**.

**What are the benefits of a successful VBAC compared to a planned cesarean birth?**

- Faster time to heal after birth
- Shorter hospital stay
- Less risk of infection after delivery
- Less chance of blood transfusion
- No chance of problems caused by surgery (infection, injury to bowel or urinary tract, or blood loss)
- Less risk that the baby will have breathing problems
- Quicker return to normal activities because there is no pain from surgery
- Greater chance for having a vaginal birth in future pregnancies
- Less risk of problems with how the placenta attaches in future pregnancies
What are the risks of VBAC?
A tear or opening in the uterus (womb) occurs in 5 to 10 women out of every 1,000 low risk women who try a VBAC (0.5% to 1.0%). If this occurs, it puts the mother and baby at risk for complications.

What are the risks for the mother?
- Blood loss that may need transfusion
- Damage to the uterus that may need hysterectomy (removal of the uterus)
- Damage to the bladder
- Infection
- Death. This is very rare

What are the risks for the baby?
Not all tears in the uterus harm the baby. About 7% of the time the baby is harmed when the uterus tears. The most important risks to the baby if there is a tear of the uterus are brain damage and death.
  - 5 to 10 babies out of every 10,000 VBAC attempts will suffer brain damage.
  - Less than 1% of VBAC attempts result in death of the baby.
The normal risks of having a vaginal birth are also present for VBAC.

What factors increase the likely of uterus tearing during VBAC labor?
The risk for a uterine rapture (tearing) is increased with any of the following:
- Labor that is induced (if labor does not start on its own and the mother receives medication to start labor)
- Having more than 2 cesarean sections
- If it has been less than 18 months since your last cesarean delivery
Other risks for the uterus tearing are being researched. Some studies have suggested that a large baby (estimated weight greater than 4000 grams or 8 lbs
and 13oz.) may increase the risk for uterine scar tearing, while other studies have found no increased risk. Most, but not all, studies have found no increased risk for uterine tearing if the mother receives the medication oxytocin to increase the strength or frequency of the uterine contractions during labor that started naturally (spontaneous labor).

**What are the risks of an unsuccessful VBAC?**

If a vaginal birth cannot occur, then a cesarean birth must be done. Overall, 60-80% of attempted VBAC are successful.

All cesarean sections have risks (listed below). Some of the risks are greater in cesarean sections that occur after attempting vaginal delivery including:

- Having an infection
- Needing a blood transfusion
- Formation of blood clots in the veins. These blood clots can travel to your lungs and become life-threatening to the mother and baby.
- Having a hysterectomy (surgery that removes the uterus).

**What are the risks of a planned cesarean birth after a previous cesarean section?**

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 risk that the uterus will tear before a planned cesarean birth is 2 in 1000 (0.2% or one fifth of a percent). The tears usually occur during labor, but can occur without labor. Following are the risks for cesarean sections in women that have had cesarean sections in the past.

- Blood loss and possible blood transfusions. This risk may not differ between planned vaginal birth and planned cesarean birth.
- More scars developing on the uterus. Because of this women with 3 or more prior cesarean sections are not offered VBAC trials.
- Infection, possibly requiring additional hospital days and IV antibiotics
- Scarring inside the abdomen (belly)
- Injury to organs inside the body
- Problems with anesthesia
- Blood clots forming in your veins. These blood clots can travel to your lungs and become life-threatening to the mother and baby.
- Risk in later pregnancies of problems with the placental attachment to the uterus. Women with previous cesarean deliveries are at increased risk for placenta previa, a condition in which the placenta attaches abnormally close to the cervix. In some cases, the placenta may also attach too deeply into the uterine wall, so that it cannot be detached after the delivery of the baby. This condition is called placenta accreta and can result in large blood loss and hysterectomy. This complication is rare but the risk increases with each subsequent cesarean section.
- Wound separation requiring wound care for several weeks.

**What risks are equal between VBAC and planned cesarean birth?**
- The risk that the uterus will need to be removed after the birth of the baby (hysterectomy) is similar between VBAC and planned cesarean birth.
- The risk of dying during or after the delivery of the baby is very low and is essentially the same between VBAC and planned cesarean birth.