



Birth Options after previous caesarean section

Patient decision aid

Introduction

This decision aid is for women who are pregnant with one baby and have already had one caesarean section to deliver another baby. The Surrey and Sussex NHS Trust (SASH) decision aid is designed to help women with 'shared decision making' and their birth options after caesarean section. It is not designed for women who have had more than one previous caesarean section or are pregnant with more than one baby.

The main options for childbirth after one previous caesarean section are:

- a vaginal birth
- a caesarean section

A woman's decision may depend on many things, including:

- Her questions or feelings about the relative safety of the options
- The timing of her delivery
- Her feelings about childbirth, pain, and recovery time
- The effect on breastfeeding
- Whether she wants more children in future



The types of questions pregnant women who have had one caesarean section are asking include:

- Do I have the same options about where to have my baby as other pregnant women?
- Do I have the same options about how to have my baby delivered as other pregnant women?
- Is it safer for me to have the baby delivered by caesarean section or a vaginal birth?
- Is it safer for my baby to be delivered by caesarean section or a vaginal birth?
- I plan to have more children after this pregnancy. How does the choice I make now impact my future birthing options?
- When will I be able to return home and how long until I can get back to everyday activity?
- What are the health problems associated with a planned caesarean section and a vaginal birth and what is the chance they might occur?

This decision aid aims to help women make the decision that is right for them at this time in their pregnancy. Some women do change their preferences about how to have their baby delivered as their pregnancy progresses. Also, sometimes the health of the baby or woman changes during pregnancy and labour, which means the baby is delivered in a different way from a woman's earlier preference.

What are the birth options after a caesarean section?

If you have had one caesarean section previously, you will usually be recommended to have a vaginal birth.

If you have a vaginal birth after a caesarean section (VBAC), there is a chance that the area of the uterus which was opened to deliver your baby last time (the uterine scar) may separate or tear during labour. This happens to about 2 in 1,000 women having a vaginal birth⁷. Although this is considered to be an emergency situation, hospitals nowadays are well equipped to deal with uterine tears if they happen.

Before, women who'd had a previous caesarean section were often advised to have another caesarean section. However, we now know that a separation or tear is rare. Nowadays, a vaginal birth after a previous caesarean section is thought to be **as safe as**

another caesarean section, in most cases. Mothers and babies are monitored during the birth, so early signs of a separation or tear can be picked up.

What will happen when I give birth?

This is what may happen if you either a vaginal birth or a caesarean section.

Vaginal birth

If it is recommended that you have a vaginal birth, you will be advised to have your baby in a hospital where there are obstetricians (specialists in complicated childbirth), midwives, and anaesthetists (specialists in pain management and anaesthesia) who can monitor and support you and your baby during delivery.

You will go into the hospital when you are in labour. You will be offered close monitoring of your baby to check that his or her heartbeat is normal. You can have the usual types of pain relief, including an epidural.

If your labour does not progress or runs into difficulties, or your baby becomes distressed, you may need to have a caesarean section.

Caesarean section

If it is recommended that you have a caesarean section, you will go to the hospital at an agreed date, usually within seven days of your due date. Your baby will be delivered in an operating theatre, through a cut made in your abdomen, usually through the scar from your previous caesarean section. Most planned caesarean sections are done under an anaesthetic that numbs the lower part of the body. This is called a regional anaesthetic. You will usually be awake.

If your labour starts before the date planned for your caesarean section, and is already advanced by the time you arrive at the hospital, the maternity care team may suggest that you continue in labour and have a vaginal birth instead of the planned caesarean section. This happens to about 2 in 100 women.²

Some women who plan to have a caesarean section may need to have an unplanned caesarean section because labour has started earlier than expected. This happens to about 10 in 100 women.² An unplanned caesarean section means that the caesarean section is done before the planned caesarean section date. This doesn't necessarily mean there is any danger to the mother or her baby.

What are the possible complications of having a vaginal birth or caesarean section?

It is uncommon for things to go wrong for either the mother or the baby during a vaginal birth or a planned caesarean section.

Here, we have divided the things that can go wrong into major problems (things that threaten the life of the mother or baby) and other problems (those that may affect the health of the mother or baby). These problems are treatable. They can happen if you have a vaginal birth or a planned caesarean section. More information about the chances of these complications happening is available in the table at the end of this information document.

Major problems

- **Uterine tear** (rupture), where the uterus tears. The tear is usually along the line of the scar from the previous caesarean section
- **Severe bleeding** which cannot be controlled. This may happen as a result of uterine rupture. As a last resort, women having severe bleeding may need to have the uterus removed (a hysterectomy)
- **Direct injury** to the baby, caused by the birth

Other problems

- **Endometritis** (an infection in the womb occurring after delivery), which can be effectively treated with antibiotics
- **Transient tachypnoea**, where the baby breathes abnormally fast for a day or two and may need care in a Special Care Baby Unit (also called a SCBU)
- **Severe respiratory distress syndrome**, when the baby's lungs are not developed well enough to provide enough oxygen
- **Stress incontinence**, where the woman has problems controlling urine because of damage during pregnancy or birth. This usually improves within a few weeks of giving birth, but may not completely go away for several months

What happens if my baby is overdue?

If you have a planned caesarean section, it will be scheduled before your due date. If the recommendation is to have a vaginal birth, and your baby has not arrived by your due date, you will either:

- Be suitable for having your labour induced (started artificially)
- Have a planned caesarean section instead

The Birth Options consultant and midwives will make a post-dates management plan with you as part of your individualised birth plan. They will be able to give you more information on the potential problems and benefits of induction after a caesarean section. The potential problems associated with inducing labour in someone who has had a previous caesarean section are different from the potential problems associated with someone who has not had a previous caesarean section.

About the shared decision

Most women who have had one caesarean section can plan a vaginal birth. Some women might be advised not to plan for a vaginal birth. This could be for a number of reasons, such as:

- The reason why they needed a caesarean section in their last pregnancy. For example, a woman may have a health condition, such as heart disease, that could be made worse by the stress of labour
- The type of caesarean section operation they had. Some types of surgery may leave women with a higher chance of a uterine tear in their next pregnancy
- A woman's weight. Women who are very overweight are less likely to have a successful vaginal birth than women who are not overweight
- The way the baby is lying in the uterus, or the way the baby is growing

Further information

What is a vaginal birth after caesarean section?

If you previously had a caesarean section, you are very likely to be able to deliver your next baby vaginally. This is called vaginal birth after caesarean section. You may hear other

people refer to it as VBAC. You will need to have your baby in hospital, so both you and your baby can be monitored for problems during labour.

Who can have a vaginal birth after a caesarean section?

Most women can have a vaginal birth after a caesarean section. The Birth Options consultant or Birth Options midwife may not recommend a vaginal birth if:

- Your previous caesarean section was a "classical" caesarean section. A classical caesarean section leaves a vertical (running top to bottom) scar on the abdomen and is more likely to tear during a vaginal birth than a low transverse incision (a horizontal scar low on the abdomen). 20 to 90 out of every 1,000 women with a classical incision will experience a uterine tear in vaginal birth¹² compared with 2 out of every 1000 women attempting vaginal birth.¹²

Not everyone who plans to have a vaginal birth is able to have one. If your scan shows the baby is lying bottom-down (in breech position), or the placenta is covering the opening of the uterus (placenta previa), you may be advised to have a planned caesarean section instead. Also, if you or your baby have problems during labour, you may need to have an unplanned caesarean section. Figures vary, but around 25 in 100 women who have a vaginal birth after a previous caesarean section have a caesarean section instead.

What can I expect during a vaginal birth after a caesarean section?

If you have a vaginal birth after a caesarean section, you will go into hospital when your contractions are established. You will be assessed in Triage and then transferred to a delivery room, along with your chosen birthing partner/s.

During labour, your midwife will provide encouragement and support. They will also help you move around or find a position to optimise a vaginal birth, such as being upright or being on all fours.

Your baby will be monitored to check that their heart rate is normal. You will have a range of options for pain relief. There's more information below on monitoring and pain relief.

The length of labour varies greatly. Once confirmed, it would be expected that labour would progress between each examination and that the baby would be born.

What are the main effects of having a vaginal birth after a caesarean section?

The main advantage of having a vaginal birth after a caesarean section is that you are likely to recover faster than if you have a planned caesarean section. You should be able to go home from hospital sooner and get on with your life. If you need stitches because of tearing, your recovery from vaginal birth may take longer than if you don't need stitches.

You should be able to get back to your normal activities, including looking after other children, driving, and normal social activities, as soon as you feel well enough to do so. Having a vaginal birth may make it easier for you to hold and breastfeed your baby immediately after birth.

If you are successful in having a vaginal birth this time, it may make it easier to have a vaginal birth in future.

The main problem with having a vaginal birth after a caesarean section is the chance getting a uterine tear. This happens to around 2 in 1000 women giving birth vaginally after a caesarean section. Hospitals nowadays are well equipped to deal with uterine tears if this happens.

What pain relief can I have?

There are several options for pain relief (analgesia) during labour. You may be able to choose one or more of the following options:

- **TENS (transcutaneous electrical nerve stimulation):** TENS delivers mild electric pulses through electrodes that are placed on the lower back. It is thought that the electric pulses stimulate the body to produce its own natural painkillers, called endorphins.
- **Gas and air (Entonox):** Gas and air is a half-and-half mixture of nitrous oxide (laughing gas) and oxygen. You inhale it through a mouthpiece or mask. The pain-killing effect lasts for the duration of a contraction but then quickly wears off. Gas and air makes some women feel nauseous.
- **Opiates (diamorphine, pethidine):** These medicines don't completely block pain, but they do reduce pain and help you relax. They are injected into a large muscle, such as the thigh or bottom. They take about 30 minutes to work and the painkilling effect lasts for about two to four hours. These medicines can make you feel nauseous. The effects of the medicine are also passed on to the baby. They can slow down your baby's breathing and he or she may need medicine to cancel the

effects of the painkiller. They may also affect your baby's sucking reflex, making breastfeeding difficult.

- **Regional anaesthesia (epidural):** A regional anaesthetic numbs part (a "region") of your body. The painkiller is carefully injected into your lower back in part of the spine called "the epidural space". Unlike other types of pain relief, an epidural usually completely removes pain. An epidural can slow labour down, but it doesn't seem to affect the success of vaginal birth after caesarean section.

What is "assisted vaginal birth" and will I need it?

Assisted vaginal birth is when forceps (an instrument for clasp the baby's head) or a ventouse (a suction cup device which attaches to the top of the baby's head) is used to ease the baby out of the birth canal. This is usually done if the baby is not moving down the birth canal as expected and the fetal monitor suggests the baby should be delivered.

Having an epidural or induced labour increases the chance that you will need an assisted delivery.¹⁴

- Without an epidural, 7 in 100 women will need an assisted delivery
- With an epidural, 14 in 100 women will need an assisted delivery

12 in 100 births in the UK are assisted vaginal births. Sometimes, during the delivery, doctors may need to make a cut in the perineum (the area between your vagina and anus). This is called an **episiotomy** cut. This is done to ease the birth of the baby and to avoid tearing the muscles of the mother's perineum.

- Ventouse delivery: 4 in 100 women will have tearing of the perineum muscles
- Forceps delivery: between 8 and 12 in 100 women will have tearing of the perineum muscles

A ventouse delivery is safe for your baby, but it can leave a mark (called a chignon) on his or her head. This usually disappears within a day or two. Forceps can also leave bruising or minor cuts on your baby's head, but these also heal within a day or two.

If it is not safe to deliver your baby vaginally using forceps or a ventouse, you will need to have a caesarean section.

How will my baby be monitored during a vaginal birth after a caesarean section?

Your baby will be continuously monitored with an electronic foetal monitor during labour.

Plastic disks which record the baby's heartbeat are placed on your tummy and held in place by stretchy bands, or by our cordless device (telemetry). The disks pick up the heart signal as well as your contractions and feed them through wires to a machine at your bedside. You will hear your baby's heartbeat played over the bedside monitor.

This procedure is not harmful to you or your baby, although you may have mild discomfort from the bands on your tummy.

Doctors advise that women should have continuous foetal monitoring once contractions start, because an abnormal heart rate is an early warning for uterine rupture.¹⁵

Monitoring of the foetal heart

- **Continuous monitoring:** To date, studies have shown that a uterine rupture can be detected by electronic foetal monitoring (EFM) because the women in these studies labouring for a VBAC were monitored electronically.
- **Intermittent monitoring:** There are no VBAC studies that have been published on intermittent use of a hand held Doppler device. Guidelines from the RCOG recommend that VBAC labouring women are offered continuous monitoring.

VBAC in water

VBAC is permissible in water as long as there is IV access and continuous electronic FH monitoring, i.e., use of wireless waterproof CTG monitor (telemetry).

What is a repeat caesarean section?

A caesarean section is a surgical way of delivering a baby through a cut in the mother's abdomen. Most babies that are delivered by caesarean section are delivered through a horizontal (side-to-side) cut low on the mother's abdomen, called a "low transverse" caesarean section. 25 in 100 babies in the UK are delivered by caesarean section.¹⁵ In a repeat caesarean section, doctors will usually deliver the baby by cutting along the previous caesarean section scar.

What can I expect during a repeat caesarean section?

Caesarean sections are carried out in an operating theatre. You will have a regional anaesthetic so you won't feel pain during the operation, but you will be conscious. You can have a general anaesthetic, if you prefer to be asleep for your delivery. There will be a team of clinicians in the operating theatre, along with you and your chosen birthing partner.

A caesarean section takes around 45 to 60 minutes from start to finish. After your baby is born, the umbilical cord will be cut. In some hospitals, your partner may be able to do this, but it depends on the policy in your local hospital. You will need to stay in the operating theatre while your tummy is stitched shut. You will usually be able to see or hold your baby while this is being done.

What are the main effects of having a repeat caesarean section?

The main advantage of having a repeat caesarean section, rather than a vaginal birth, is that the chance of having a uterine tear is low (3 in 10,000).¹⁶

It can take around a month to recover from a caesarean section and get back to your normal activities, including looking after other children, normal social activities, and driving. Some women recover faster and some need more time. Having a caesarean section can make it more difficult to breastfeed your baby at first.

If you have more than two caesarean sections, the chance of having problems during a future pregnancy may be increased. Your placenta may grow into the wall of the womb after having several caesarean sections. This is called placenta accreta. It can cause problems with the placenta separating properly during delivery, which can lead to more than usual bleeding.

The chance of placenta accreta is higher with each repeat caesarean section:

- About 6 in 1000 women¹⁶ have placenta accreta after a third caesarean section

A hysterectomy may be needed to stop the bleeding if you have placenta accreta. This is usually a last resort. You may want to think about this if you plan to have more children in future

The chance of needing a hysterectomy is higher with each repeat caesarean section:

- About 9 in 1000 women¹⁶ require a hysterectomy after a third caesarean section

The chance of problems occurring during caesarean section, or in future deliveries, is higher in women who are very overweight.

What pain relief can I have?

For a planned caesarean section, you will usually be given a spinal block to numb the lower half of your body. For some women, an epidural may be more effective. Spinal blocks and epidurals are called regional anaesthetics because they numb a region of your body while allowing you to remain awake to hear your baby when he or she is born. You won't feel any pain but you will feel some pressure or movement as your baby is delivered.

For an unplanned caesarean section, you will usually have a spinal anaesthetic. If an epidural has been used for pain relief then this may be effective for the caesarean section when topped up with stronger medication. A small number of women may need a general anaesthetic to deliver their baby. General anaesthesia is not usually used for a planned caesarean section.

My values considered

- It is very important to me that I have the type of birth I planned
- Reducing pain as much as possible is very important to me
- It is very important that I can leave the hospital shortly after giving birth
- It is very important that I can get back to everyday activity as soon after childbirth as possible
- Lowering my chance of becoming incontinent is very important to me
- It is very important that I am able to have more children
- It is important that I am able to choose the type of delivery I have in future
- The most important thing to me is to minimise harm to my baby and me
- It is very important that I can hold and breastfeed my baby straight after it is born

A decision that is right for you

The Birth Options team will have information about your last birth / operation details along with your medical history. Given what you know now, you can decide together which option is best for you based on the evidence, best practice, your views and medical history.

Compare vaginal birth and planned caesarean section

What is it?

Planned vaginal birth: This is when a pregnant woman who previously had a caesarean section plans to deliver her next baby vaginally. This is called vaginal birth after caesarean section, or VBAC for short. The woman will need to have her baby in hospital, so both she and her baby can be monitored for any problems during labour.

Planned caesarean section: This is when a pregnant woman who previously had a caesarean section plans to have another caesarean section. A caesarean section is a surgical way of delivering a baby through a cut in the mother's abdomen. Most babies that are delivered by caesarean section are delivered through a horizontal (side-to-side) cut low on the mother's abdomen. In a repeat caesarean section, doctors will usually deliver the baby by cutting along the previous caesarean section scar.

Chance of having the type of birth planned

| Planned vaginal birth | Planned caesarean section |
|---|---|
| <p>About 75 in 100 women who plan a vaginal birth after a caesarean section are able to have one.</p> <p>Difficulties with the pregnancy or during labour might mean that a woman needs to have a caesarean section.</p> | <p>About 98 in 100 women who plan a repeat caesarean section are able to have one.²</p> <p>If a woman goes into labour before her caesarean section date, and labour is advanced by the time she reaches the hospital, it may be safer for the woman and her baby to continue with a vaginal delivery. A woman's obstetrician will discuss this fully with her.</p> |

Chance of having an unplanned caesarean section

| Planned vaginal birth | Planned caesarean section |
|--|--|
| <p>Around 25 in 100 women who choose a vaginal delivery will have an unplanned caesarean section during labour.</p> | <p>Around 10 in 100 women who plan a repeat caesarean section go into labour before their scheduled caesarean section date.²</p> |

| | |
|--|---|
| A caesarean section will be performed if there is any immediate danger to a woman or her baby, or if her labour is not progressing as it should. | Unless a woman is in advanced labour, she should still be able to have a caesarean section if she wishes. |
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Chance of serious health problems for the baby

Serious health problems for the baby include:

- **Respiratory distress syndrome (RDS):** A temporary breathing problem occurring in some mature babies (born after 37 weeks)
- **Infant death**

| | Planned vaginal birth | Planned caesarean section |
|---------------------|--|---|
| RDS | RDS happens to less than 1 in 1,000 babies born by vaginal births after caesarean section. ⁴ | RDS happens to around 4 in 1,000 to 6 in 1,000 babies born by repeat caesarean section and is limited by ensuring the caesarean section is booked for no earlier than the 39th week of pregnancy. ⁴ |
| Infant death | The chance of a baby dying during or after a planned vaginal birth after a caesarean section is very small. ³ The chances of a baby dying are about the same as the chances of that happening during a vaginal birth when a woman gives birth for the first time. | The chance of a baby dying during or just after a planned repeat caesarean section is very small. ⁴ |

Chance of other health problems for the baby

Other possible health problems for the baby include:

- **Transient tachypnoea:** A condition where the baby breathes abnormally fast
 - It may happen if the baby is delivered before the 39th week of pregnancy
 - Often treated by giving the baby oxygen or antibiotics
 - It is not life threatening and usually stops after a day or two
 - Babies with transient tachypnoea may need a short stay in a special care baby unit (SCBU) for observation

- **Lack of oxygen:** Some babies don't get enough oxygen to their brain during delivery. This may have long-lasting effects on the health of the baby, including developmental delay, where the child doesn't develop as quickly as other children
- **Accidental cuts**

| | Planned vaginal birth | Planned caesarean section |
|-----------------------------|---|--|
| Transient tachypnoea | Occurs in about 26 in 1,000 babies delivered vaginally. ⁴ | Occurs in about 36 in 1,000 babies delivered by caesarean. ⁴ |
| Lack of oxygen | This happens to fewer than 1 in 1,000 babies . ⁴ | As with babies born by vaginal birth after a caesarean section, babies delivered by caesarean section may also have developmental delays. |
| Accidental cuts | | Between 7 in 1,000 and 31 in 1,000 babies are accidentally cut by the doctor during caesarean delivery. This is more likely during an unplanned caesarean section (when the waters have gone) than a planned caesarean section. ⁵ The cuts can occasionally leave scars. We don't know if a previous caesarean section makes it more or less likely that a baby will be accidentally cut during a caesarean delivery. |

Chance of serious health problems for the mother

Serious health problems for the mother include:

- **Uterine tear:** Hospitals nowadays are well equipped to deal with uterine tears if this happens

- If a woman's uterus can be repaired, she can have more children. Her doctor will probably recommend a planned caesarean section for her next delivery
- Sometimes the uterine tear cannot be safely repaired and a hysterectomy (surgical removal of the womb) is needed
- Women have a higher chance of uterine tear if labour is induced or they give birth less than 12 months after their previous birth (caesarean section)
- **Heavy bleeding**
- **Hysterectomy:** An emergency hysterectomy may be performed to control life-threatening bleeding
- **Blood clot**
- **Loss of life:** It's very rare for a woman to die during childbirth, or from problems related to childbirth, in the UK
 - Overall, the numbers are 7 in 100,000 births⁶
 - The difference between deaths after a planned caesarean section and deaths after a vaginal birth is small enough to be down to chance⁴

| | Planned vaginal birth | Planned caesarean section |
|-----------------------|--|---|
| Uterine tear | Around 2 in 1,000 women having a vaginal birth after caesarean section have a uterine tear. ⁷ | Fewer than 1 in 1,000 women having a repeat caesarean section have a uterine tear. ⁷ |
| Heavy bleeding | About 23 in 1,000 women who plan a vaginal delivery after a caesarean section have severe bleeding, in some cases requiring a blood transfusion. ² | About 8 in 1,000 women who plan a repeat caesarean section have severe bleeding, in some cases requiring a blood transfusion. ² |
| Hysterectomy | Between 2 in 1,000 and 3 in 1,000 women who have a vaginal delivery after caesarean section need a hysterectomy. ⁴ | Between 2 in 1,000 and 3 in 1,000 women who have a second caesarean section need a hysterectomy. ⁴ |
| Blood clot | The chance of having a life-threatening blood clot (thromboembolism) that blocks a major blood vessel is less than 1 in 1,000 . ⁴ | The chance of having a life-threatening blood clot (thromboembolism) that blocks a major blood vessel is less than 1 in 1,000 . ⁴ |

Chance of other health problems for the mother

Other possible health problems for the mother include:

- **Endometritis:** An infection of the lining of the womb
- **Stress incontinence:** Where urine leaks while coughing, laughing, sneezing, or exercising
 - This usually improves within a few weeks of giving birth, but sometimes lasts for several months
 - Having several pregnancies increases a woman's chances of getting stress incontinence
- **Abdominal discomfort**

| | Planned vaginal birth | Planned caesarean section |
|-----------------------------|--|---|
| Endometritis | Occurs in nearly 3 in 100 women who have a planned vaginal birth after a caesarean section. ⁴ The condition is treated with antibiotics, and in 90 in 100 cases , it clears up within three to four days. ⁸ | Occurs in nearly 2 in 100 women who have a planned repeat caesarean section. ⁴ The condition is treated with antibiotics and usually clears up within one week. Women having a caesarean section are generally given antibiotics when the caesarean section is being carried out. |
| Stress incontinence | About 12 in 100 women who have a vaginal birth get stress incontinence. ⁹ | About 7 in 100 women who have a caesarean section get stress incontinence. ⁹ A caesarean section operation won't cause stress incontinence, but being pregnant might. |
| Abdominal discomfort | | About 9 in 100 women experience continuous wound and abdominal discomfort in the first few months after surgery. ¹⁰ |

Hospital stay and home recovery

If a mother or her baby is unwell, they may have to stay in hospital longer. Recovery after a vaginal delivery or a caesarean section varies from person to person.

A woman's age and health (before childbirth) will affect how quickly she recovers.

| Planned vaginal birth | Planned caesarean section |
|--|--|
| <p>Women usually stay in hospital for one to two days after a planned vaginal birth. Babies are given a thorough check (neonatal examination) by a nurse, midwife, or doctor within 48 hours of being born. This may be in hospital or at a woman's home if she has been discharged. If a woman is still in hospital, she and her baby can both go home after the baby has been examined. Recovery from a vaginal delivery will take a few days.</p> <p>If a woman had stitches or other problems, recovery could take several weeks.</p> <p>Women should be able to get back to their normal activities, including looking after other children, driving, and normal social activities, as soon as they feel well enough to do so.</p> | <p>Women usually stay in hospital for two to four days after a planned caesarean section, although it is possible to leave the hospital 24 hours after giving birth if a woman arranges follow-up care at home. Babies are given a thorough check (neonatal examination) by a nurse, midwife, or doctor within 48 hours of being born. Afterwards, both mother and baby can usually go home..</p> <p>It can take four to six weeks to fully recover from a caesarean section. While the wound is healing, a woman should not drive, do strenuous exercise or household chores, lift anything heavier than her baby, or have sex. A woman can start doing these things again once she feels able to do them and they do not cause pain. For some women, this may be in a few weeks. For others, it may be longer.</p> <p>Some women have abdominal pain following a caesarean section. The pain from the caesarean section wound may last six to eight weeks.</p> |

Effect on what women can do after the birth

| Planned vaginal birth | Planned caesarean section |
|---|--|
| <p>Women can hold and breastfeed their baby immediately after a vaginal birth. Some pain medication (analgesics), such as pethidine, can make a baby sleepy and affect his or her sucking reflex, making breastfeeding more difficult. The effects can last for several days.</p> <p>Women can drive as soon as they feel comfortable after a vaginal birth. If a woman had to have stitches, it may be a couple of weeks before she feels comfortable enough to drive.</p> | <p>Women can hold and breastfeed their baby immediately after a planned caesarean section.</p> <p>Women are not able to drive for a few weeks after a caesarean section. Some women may need longer before they feel comfortable enough to drive. Insurance companies sometimes require that a woman wait a specific number of weeks before driving or that her doctor certifies that she is fit to drive.</p> <p>While the wound is healing, women should not do strenuous exercise or household chores, lift anything heavier than their baby, or have sex. They can start doing these things once they feel able to do them and they do not cause pain. For some women, this may be in a few weeks. For others, it may be longer.</p> |

Effect on choice in future childbirth

| Planned vaginal birth | Planned caesarean section |
|--|--|
| <p>Women who choose a vaginal birth are likely to be able to choose either another vaginal birth or a planned caesarean section in future pregnancies.</p> <p>If a woman has a successful vaginal birth this time, her chance of having a successful vaginal birth in the future with a straightforward recovery will be higher. About 94 in 100 women who have a successful vaginal birth after a caesarean section, have a successful second</p> | <p>If a woman chooses a caesarean section, her chance of having a successful vaginal birth in future may be lower.</p> <p>The problems associated with a planned vaginal delivery may be different if a woman has had more than one previous caesarean section.</p> <p>Having multiple caesarean sections may increase the chance that a woman will have problems in future with her placenta not separating properly during delivery.</p> |

vaginal birth.¹¹

If a woman has an assisted vaginal delivery (with forceps or ventouse), the chance that she will need an assisted delivery next time will be much lower. Having an unplanned caesarean section or changing to a planned caesarean section may affect a woman's chances of having a vaginal birth next time.

(The placenta is the organ that provides a baby with oxygen and food while in the womb.) This is called placenta accreta and can cause more than normal bleeding during birth. A hysterectomy may be needed if the bleeding doesn't stop. This is a last resort.

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