

Will an epidural increase my chance of having a vaginal birth after a caesarean?

An epidural is a spinal anaesthetic that removes the pain of labour. There is no evidence that an epidural will improve your chance of having a successful vaginal birth.

What can I do to increase my chance of having a vaginal birth after a caesarean?

There are a number of things you can do to give yourself the best chance of having a vaginal birth. These include:

- being comfortable with the place where you will give birth
- being happy with your choice of Lead Maternity Carer
- carefully considering, in discussion with your Lead Maternity Carer and specialist obstetrician, the risks and benefits of induction and epidural in case they will be required when you are in labour
- understanding why you had a previous caesarean so that you are in a position to manage this birth in the best way possible, in partnership with your Lead Maternity Carer and specialist obstetrician.

Where should I go for more information?

This leaflet is designed to provide basic information to mothers, their partners and whānau about vaginal birth after caesarean.

Your Lead Maternity Carer can provide you with additional information and the opportunity for discussion and referral so that you can make a decision about the most appropriate option for you and your baby. Your Lead Maternity Carer will also recommend that you see a specialist obstetrician before you are 36 weeks pregnant for an obstetric assessment.

General advice about maternity services is available from the Ministry of Health's 0800 MUM 2 BE free telephone line (0800 686 223).

This pamphlet is based on:

- *Care of Women with Breech Presentation or Previous Caesarean Birth*. New Zealand Guidelines Group. 2004. Available at <http://www.nzgg.org.nz>

The following publications provide helpful information:

- *Your Pregnancy Tō Hapūtanga: A guide to pregnancy and childbirth in New Zealand* (Ministry of Health 2003). Available at <http://www.healthed.govt.nz>
- *A Guide to Effective Care in Pregnancy and Childbirth*. 3rd Edition. Murray Enkin, Marc Keirse, James Neilson. et al. (Oxford University Press 2000). Also available at <http://www.maternitywise.org/guide/index.html>

The following websites contain useful information for pregnant women:

- The Ministry of Health's health education website <http://www.healthed.govt.nz>
- The Cochrane Library website <http://www.update-software.com/cochrane/>
<http://www.cochrane.org/cochrane/revabstr/go10index.htm>
- New Zealand Parents Centre website <http://www.parentscentre.org.nz>

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Vaginal Birth After Caesarean

Information for
pregnant women
who have had
a previous
caesarean birth

What happens during a vaginal birth?

During labour your uterus (or womb) contracts, which opens your cervix (the neck of the uterus). Your cervix needs to fully open before the strong contractions, helped by your pushing efforts, push the baby out through your birth canal. Soon after your baby is born the placenta separates from the wall of the uterus and is also pushed out through your vagina (birth canal). This completes the process known as a vaginal birth.

Sometimes it is necessary to deliver the baby by caesarean section. In this situation a specialist obstetrician cuts through the lower abdomen and uterus in order to surgically remove your baby and placenta.

Can I have a vaginal birth if I have already had a caesarean section?

Sixty to eighty percent of women with previous caesarean can have a vaginal birth.

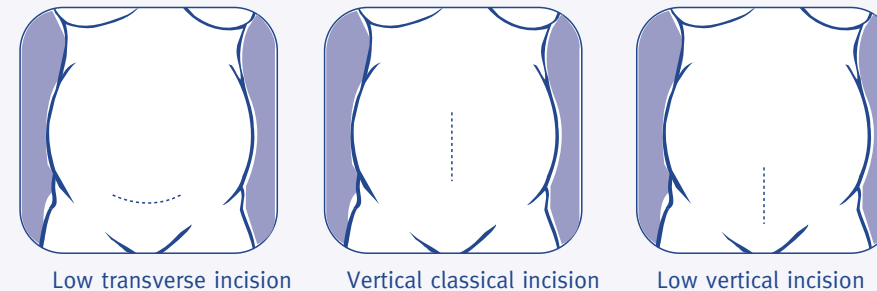
You need to discuss the reason for your previous caesarean with your Lead Maternity Carer. You will be able to make the best decision for yourself and your baby if you understand fully why you had a caesarean previously.

Are there any risks with vaginal births after a caesarean?

If you have previously had a caesarean the chance of any problems occurring during labour with your next baby are the same as they would be if you were having a baby for the first time.

During your previous caesarean section your baby was born after a specialist obstetrician cut through the muscular wall of your uterus. After your baby was born, stitches or clips were used to close the cut, which then healed leaving a scar on your uterus.

This cut is usually horizontal and made just below the bikini line. This is known as a low transverse uterine incision.



Although uncommon, the most significant risk with vaginal birth after caesarean is that the scar in the wall of the uterus could separate and reopen during labour. This is called a uterine rupture, and occurs in one in 370–800 women undergoing vaginal births. Uterine rupture requires urgent medical intervention to prevent serious problems for both you and your baby. An emergency caesarean has to be carried out in this situation.

When you are planning a vaginal birth after a previous caesarean section it is recommended that you have your baby in a setting where a caesarean can be carried out immediately because of the risk of uterine rupture.

However, some rare types of caesarean section will probably require a further caesarean for safety reasons.

If you have a vertical (including a classical or low vertical incision) or a t-shaped incision, you will probably need to have a caesarean when you have your next baby because the risk of uterine rupture is much higher than with a transverse cut.

If you have previously had a uterine rupture you will probably need to have a caesarean, as you will be at increased risk of a further uterine rupture.

Is an induction of labour safe after a previous caesarean?

Yes, you can have your labour induced if you have had a caesarean before. However, you are less likely to have a successful vaginal birth with an induction than when labour occurs naturally. It is better, if possible, to go into labour on your own.

Some types of drugs used in induction can cause strong and more intense contractions than usual, which can increase the risk of uterine rupture. You will need to discuss this with your Lead Maternity Carer and specialist obstetrician.