



## Vaginal Birth After Cesarean Delivery

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### **What is a vaginal birth after cesarean delivery (VBAC)?**

If you have had a previous **cesarean delivery**, you have two choices about how to give birth again:

1. You can have a scheduled cesarean delivery.
2. You can give birth vaginally. This is called a VBAC.

### **What is a trial of labor after cesarean delivery (TOLAC)?**

A TOLAC is the attempt to have a VBAC. If it is successful, TOLAC results in a vaginal birth. If it is not successful, you will need another cesarean delivery.

### **What are some of the benefits of a VBAC?**

A successful VBAC has the following benefits:

- No abdominal surgery
- Shorter recovery period
- Lower risk of infection
- Less blood loss

Many women would like to have the experience of vaginal birth, and when successful, VBAC allows this to happen. For women planning to have more children, VBAC may help them avoid certain health problems linked to multiple cesarean deliveries. These problems can include bowel or bladder injury, **hysterectomy**, and problems with the **placenta** in future pregnancies. If you know that you want more children, this may figure into your decision.

### **What are the risks of a VBAC?**

Some risks of a VBAC are infection, blood loss, and other complications. One rare but serious risk with VBAC is that the cesarean scar on the **uterus** may rupture (break open). Although a rupture of the uterus is rare, it is very serious and may harm both you and your **fetus**. If you are at high risk of rupture of the uterus, VBAC should not be tried.

### Why is the type of uterine incision used in my previous cesarean delivery important?

After cesarean delivery, you will have a scar on your skin and a scar on your uterus. Some uterine scars are more likely than others to cause a rupture during VBAC. The type of scar depends on the type of cut in the uterus:

1. Low transverse—A side-to-side cut made across the lower, thinner part of the uterus. This is the most common type of incision and carries the least chance of future rupture.
2. Low vertical—An up-and-down cut made in the lower, thinner part of the uterus. This type of incision carries a higher risk of rupture than a low transverse incision.
3. High vertical (also called “classical”)—An up-and-down cut made in the upper part of the uterus. This is sometimes done for very preterm cesarean deliveries. It has the highest risk of rupture.

### How do I know what type of uterine incision I had with a past cesarean delivery?

You cannot tell what kind of cut was made in the uterus by looking at the scar on the skin. Medical records from the previous delivery should include this information. It is a good idea to get your medical records of your prior cesarean delivery so your **obstetrician–gynecologist (ob-gyn)** or other health care professional can review them.

### Where can I have a VBAC?

VBAC should take place in a hospital that can manage situations that threaten the life of the woman or her fetus. Some hospitals may not offer VBAC because hospital staff do not feel they can provide this type of emergency care. You and your ob-gyn or other health care professional should consider the resources available at the hospital you have chosen.

### Are there things that can happen during labor that may change my delivery plan?

If you have chosen to try a VBAC, things can happen that alter the balance of risks and benefits. For example, you may need to have your labor induced (started with drugs or other methods). This can reduce the chances of a successful vaginal delivery. Labor induction also may increase the chance of complications during labor. If circumstances change, you and your ob-gyn or other health care professional may want to reconsider your decision.

The reverse also may be true. For example, if you have planned a cesarean delivery but go into labor before your scheduled surgery, it may be best to consider VBAC if you are far enough along in your labor and your fetus is healthy.

### Glossary

**Cesarean Delivery:** Delivery of a baby through surgical incisions made in the woman’s abdomen and uterus.

**Fetus:** The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

**Hysterectomy:** Removal of the uterus.

**Obstetrician–Gynecologist (Ob-Gyn):** A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

**Placenta:** Tissue that provides nourishment to and takes waste away from the fetus.

**Uterus:** A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

### If you have further questions, contact your obstetrician–gynecologist.

**FAQ070:** Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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