

VBAC (Vaginal Birth After Caesarean) – What To Expect

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"I didn't want another Caesarean because I knew how long it took to recover and I had seen so many women give birth naturally and they were able to get up and do what they wanted almost straight after."

A vaginal birth after a caesarean (VBAC), especially after a LUSC (lower uterine caesarean section), in the absence of medical complications associated with this pregnancy, is the safer choice for most women.

A meta-analysis of literature concluded that 7 out of 10 women, who undergo a trial of labour after a previous caesarean section, can expect to birth vaginally¹¹.

Uterine Rupture risks

The scar from your previous caesarean is strong. While many people fear that the scar will rupture, and cause the death of the Mother and/ or her Child, medical studies have shown that this risk is greatly overstated.

The only way that VBAC differs from other labours is the small increased risk of uterine rupture – about 0.4% (one in 250). The risk of uterine rupture prior to elective repeat caesarean is 0.2%¹²

To put this risk into some perspective, consider that the probability of requiring a caesarean section for other emergency obstetric situations (not related to the previous caesarian section), such as acute foetal distress, cord prolapse or ante partum haemorrhage is up to 30 times higher.¹³

Early VBAC studies did not always distinguish between a scar rupture and dehiscence. The latter is a partial separation of the uterine wall with little or no symptoms and minimal (if any) maternal or foetal morbidity. The risk of uterine dehiscence or rupture combined occurs with the same frequency, up to 2%, whether a woman chooses VBAC or planned repeat caesarean¹¹.

A recent Australian study estimated the risk of uterine rupture in VBAC at 0.3% (one in 300). In that study, the risk of the baby dying because of uterine rupture in a woman trying for VBAC was 0.05% (one in 2000)¹⁴. It has been suggested that between 693 and 3332 women would need to undergo elective repeat caesarean to prevent a single baby death attributable to VBAC.¹²

A VBAC, where not medically contraindicated (advised against) has advantages for the baby, too. The contractions of labour massage and stimulate the baby and get him/her ready for birth. Waiting until labour starts assures that the baby is ready to enter the world, rather than being immature, with lungs that may not be able to cope with life outside his/her mother's protective womb.

What to expect during a VBAC labour

"I could feel and see my baby moving down through my birth canal, and soon I felt his head crowning. What an amazing thing to feel! It was soft and hairy and squishy. I guided his head out, by massaging my perineum over and around it, and after about half an hour of pushing, James was born into his Daddy's hands."

A VBAC labour will progress the same way as any other woman's labour – the previous caesarean/s will not directly affect your body's ability to perform this natural function. If

you've experienced labour previously, even if it ended in a caesarean, you may find that your VBAC labour progresses more quickly than your previous one.

Some women experience a 'stall' in their VBAC labour, at the point they had reached during an earlier labour; usually at the stage where the decision to perform a caesarean was decided (e.g., at 5 cms). It is not known if this has a physical cause, but it is more likely to be a response to the emotions surrounding the memories of the previous experience, triggered by reaching the same stage in this labour. Fear is a powerful emotion. If this does happen, it doesn't mean you will not birth vaginally. Nearly all women are able to work past this point, especially with the right support, and have a wonderfully empowering birth experience.

Working through memories, and informing yourself of your body's ability to birth naturally, during the interval between your caesarean and your VBAC will decrease the likelihood of your body 'stalling' in this way.

After your VBAC

"Once the feeling came back into my feet (they were pretty numb from kneeling) I got up and showered then put on my silky nightie and hopped on the bed for some photo's. Dom had a nice cuddle with Sabrina while I showered."

A vaginal birth is different for all women. Nearly all women who birth this way do report feeling a mixture of emotions:

- Relief
- Exhaustion
- Exhilaration
- Love
- Joy
- Accomplishment

Physical feelings vary depending on the individual experience. Some common physical feelings are:

- Abdominal soreness (like bruising)
- Perineal soreness (more so if you've had stitches, though the amount of bruising involved is a big factor)
- Sore tailbone
- Sore (bruised feeling) anus
- Sore arms/shoulders (from hanging on to things -> hubby, bed, etc)
- Tired legs (from standing, kneeling or squatting)
- Sore throat -> if you have been vocal in labour!
- Exhausted, but not at all tired!

For perineal soreness some hospitals offer small ice packs, and these are great especially for bruising. A salt bath is also excellent for reducing any bruising and for ensuring stitches stay clean and uninfected; it is also very soothing. Panadol, or Panadeine, will usually alleviate any soreness. Discuss this with your doctor or midwife and make sure you feel comfortable. Just because you have birthed naturally doesn't mean your body doesn't deserve, or need, a lot of TLC – Tender Loving Care! Hot packs work wonders, as does a long, hot shower.

"I cannot describe what I felt – it was relief, joy, tears and laughter, it was pride and satisfaction, and so, so right. It was tenderness, and surprise and love, and a tinge of sadness for my firstborn to no longer have me all to himself – and the most satisfying part of all the tears and the laughter on Todd's face as he looked at our new son, and said "you did it – all by yourself. You're so clever, look what you did!"