Information Sheet: VBAC/TOLAC

What is VBAC and TOLAC?
VBAC stands for vaginal birth after a cesarean birth. TOLAC stands for trial of labor after cesarean.

What are the benefits of having a VBAC

- Safety. A successful VBAC is safer than a planned C-section. You are less likely to get an infection, have serious blood loss or experience complications from the anesthesia with a VBAC than with a repeat C-section. However, if the VBAC fails, the baby must be delivered by emergency C-section — which may have slightly more risks than a planned C-section.
- Shorter recovery time. You'll likely spend one less day in the hospital after a VBAC than you would after a repeat C-section. Your energy and stamina will return more quickly as well.
- More participation in the birth. For some women, VBAC is more emotionally satisfying than a repeat C-section. Those most important in your life can help you through labor, making it a memorable family experience.
- Earlier bonding with baby. If you have a successful VBAC, you may get to hold your baby sooner than you would after a repeat C-section. If you plan to breast-feed, you can start while you're still in the birthing room.
- Cost. A successful VBAC costs less than a planned repeat C-section. However, an attempted VBAC that results in an unplanned C-section costs more than a planned repeat C-section.

What are the risks of having a VBAC?

- Stretching of existing scar. Sometimes the scar from your prior C-section opens partially without causing bleeding or problems for the baby. Usually, this heals on its own without surgical repair.
- Pelvic floor problems. Any vaginal birth can stretch the pelvic floor muscles that support your uterus. This can lead to urinary incontinence or to protrusion of the uterus into the vagina (uterine prolapse). Some evidence suggests, however, that pregnancy in general — with or without vaginal delivery — can cause these problems.
- Failed attempt at labor. Labor ends in a repeat C-section for 20 percent to 40 percent of women who attempt VBAC — often because the baby doesn't tolerate labor. An unsuccessful VBAC can make some women feel they have somehow failed — although events that require a repeat C-section are almost never in the mother's control.
- Uterine infection. If you must have a repeat C-section after labor has begun, you face a slightly higher risk of C-section complications — such as a uterine infection — than if you had a planned repeat C-section.
- Uterine rupture. Rarely, the uterus may tear open along the scar line from a prior C-section. If your uterus ruptures — either before or during labor — an emergency C-section is needed to prevent life-threatening complications, including blood loss, infection and brain damage for the baby. When you deliver

your baby in a hospital equipped to handle such emergencies, rarely is your baby put at risk. If the rupture occurs late in labor, an emergency operation may be needed to repair the tear and control the bleeding. For less than 1 percent of women who have a uterine rupture, the uterus must be removed (hysterectomy) to stop the bleeding — which means you'd be unable to get pregnant again.

What are my risks of having a uterine rupture?

Although uterine rupture is rare, it's a obstetrical emergency. In fact, fear of uterine rupture is the reason VBAC wasn't done for decades. Depending on the type of uterine scar, the risk of a uterine rupture varies.

If you have:	The risk of uterine rupture is:
One previous low-transverse uterine scar	Slightly less than 1 percent (Of 100 women who fit this description, at least 99 won't experience uterine rupture during VBAC.)
Two previous low-transverse uterine scars	4 percent
A low vertical scar that doesn't extend into upper uterus	2 percent
A low vertical scar that extends into upper uterus	7 percent
An up-and-down (classical) uterine scar	4 percent to 9 percent

In addition to the type of uterine scar, other factors may increase the risk of uterine rupture.

- Single-layer suturing. If your prior C-section incision was closed with one layer of stitches instead of two, the scar may not be as strong. Most C-section incisions are closed with two layers.
- Short time since prior C-section. Women who attempt VBAC less than 18 to 24 months after having a C-section have a two to three times greater risk of uterine rupture. The longer the interval between deliveries, the lower the risk of rupture.
- Labor-inducing drugs. Inducing labor with medication may increase the risk of uterine rupture. If your doctor decides that it's best for your baby to be delivered before labor begins naturally, he or she will probably recommend a repeat C-section.

Summary of pros and cons of a VBAC

Pros	Cons
A successful VBAC is generally safer for you and your baby than is a repeat C-section. When VBAC succeeds, you are less likely to get an infection, have serious blood loss or experience complications from the anesthesia.	VBAC may not succeed. Twenty percent to 40 percent of women who attempt VBAC fail to deliver vaginally. They require an unplanned C-section, which has a slightly higher risk of complications than does a planned C-section.
Recovery is typically quicker — in the hospital and at home. You have less pain after the birth. Your energy and stamina return more quickly.	Risk of uterine rupture, though small, is more likely in a VBAC delivery.

You may find VBAC to be more emotionally satisfying than a C-section. You participate more in the birth. So do your loved ones.	You can't schedule a VBAC as you can a repeat C-section.
If you're planning a larger family, VBAC may be a better option with each subsequent delivery. Repeat C-sections get more complicated each time.	
A successful VBAC costs less than a planned C-section does.	

What are the risks of a repeat C-section?

Repeat C-sections are considered safe but the risk of complications is slightly higher than an initial C-section because the procedure poses more surgical challenges. Potential risks for the mother include:

- Infection. Infection of the uterus or nearby organs, such as the bladder or kidneys, are more likely after a C-section than after a vaginal birth.
- Blood loss. You may lose twice as much blood during a C-section as you would during a vaginal birth. About 3 percent of women need a transfusion after a C-section.
- Problems with the placenta. The more C-sections you've had, the greater the risk of developing placenta accreta. This condition occurs when the placenta is attached too deeply and firmly to the wall of the uterus. It can cause excessive bleeding during delivery, which sometimes can be stopped only by removing the uterus. About one in four women who need a repeat C-section for placenta previa need a post-C-section hysterectomy for placenta accreta.
- Weakened uterine wall. The incision may leave a weak spot in the uterine wall. This may cause problems with future attempts at vaginal birth.

C-sections are usually less stressful for babies than are vaginal deliveries, whether it's your first C-section or a repeat C-section. But potential risks for the baby remain:

- Premature birth. When you plan to deliver a baby on a particular date, it's important to accurately determine your baby's age. Babies delivered prematurely may have a low birth weight and difficulty breathing.
- Breathing problems. The fluid in a baby's lungs is normally squeezed out by the pressure of moving through the birth canal. This doesn't happen during a C-section. If your baby's lungs are too wet, he or she may need extra oxygen after birth. The problem typically goes away within a few hours to a few days.
- Effects of anesthesia. Anesthesia can decrease the baby's oxygen supply or depress the baby's breathing. If necessary, medications can be given to the baby after birth to counteract these effects.
- Surgical cuts. Although rare, accidental nicks to the baby can occur during delivery.

Summary of pros and cons of a repeat C-section

Pros	Cons

You choose the time of delivery.	Your hospital stay will probably be longer than if you'd had a VBAC.
A C-section usually takes considerably less time than does labor and a vaginal delivery.	Pain and fatigue linger longer after a C-section.
In some cases, a C-section may be safer for you and your baby.	You may wait longer to bond with your baby and begin breast-feeding.
Complications are rare.	A repeat C-section makes it slightly riskier to attempt VBAC for your next baby.
You don't have to experience the pain of labor.	C-section poses rare — but real — risks to your baby, such as premature birth and breathing problems.
	The risk of needing a hysterectomy to stop bleeding after delivery increases with the number of repeat C-sections.
	A C-section costs more than a successful VBAC does.

How does the medical community feel about VBAC and TOLAC?
For many years, the medical community believed that once a woman had given birth via cesarean section, in subsequent pregnancies the baby must also be born via c-section. But in fact, safe and successful vaginal deliveries are possible after a c-section.

In 1999, the American College of Obstetricians and Gynecologists issued guidelines for VBACs that called for “immediate” availability of operating room teams to support every VBAC in case it required an emergency c-section. Hospitals and birthing centers were reluctant to keep a full surgery team on-call during a potentially lengthy labor and delivery and many prohibited VBACs as a result. However, the American Academy of Family Physicians recently revised its guidelines on trial of labor after cesarean (TOLAC) to state that “women should not be restricted only to facilities with available surgical teams present throughout labor. However, a management plan should be in place for each woman undergoing TOLAC in case of uterine rupture or other potential emergencies requiring rapid cesarean section. TOLAC should not be restricted only to facilities with available surgical teams present throughout labor since there are no studies that show these additional resources result in improved outcomes.” In March, 2005, the American Academy of Family Physicians (AAFP) revised its guidelines for VBAC supports women to consider labor after a prior cesarean, and maternity care providers to support a woman’s choice. The number of vaginal births after cesarean increased from 3 percent in 1981 to a high of 28 percent in 1996 and the AAFP estimates that approximately 100,000 VBACs are achieved each year in the United States.