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What are my delivery options?

After a woman has had a cesarean delivery, she can either choose to have an **elective repeat cesarean delivery** or a **vaginal delivery (VBAC)** for future pregnancies. There are different factors that come into play when deciding which delivery method is the safest and best choice for a mother.

Is VBAC right for me?

The best candidate for a VBAC is one that has **not** had any of the following:

- Labor that stalled, resulting in cesarean delivery – “Failure to progress”
- A cesarean delivery due to a narrow pelvis
- A vertical incision on the uterus (ask your physician to learn which type of incision you have had)



Vaginal Birth after Cesarean Section (VBAC)

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What are the risks of VBAC?

One of the major risks of VBAC is **uterine rupture**. This occurs when the scar left on the uterus from the previous cesarean tears while the mother is laboring. This may result in the need for a blood transfusion, hysterectomy (removal of the uterus), and negative effects on the baby.



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What else do I need to know?

Spontaneous labor is preferred if you are electing to do a VBAC. Induction with medications can increase the risk of complications.

If you have had more than one previous cesarean delivery, the risk for complications is increased. Discuss with your doctor about the increase in these risks to determine if VBAC is an option for you.

What should I ask my doctor?

You will need to bring your surgical records to your doctor. They will be able to determine whether VBAC is a safe option for your delivery. Discuss with your doctor the risks and benefits of VBAC, and get their opinion on what is the best choice for you.

For more information on VBAC:

Mayo Clinic:

<http://www.mayoclinic.com/health/vbac/MY01143>

WebMD:

<http://www.webmd.com/baby/guide/vaginal-birth-after-cesarean-vbac-overview>



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