

Title: Specific guidelines have been endorsed by the American College of Obstetricians and Gynecologists (ACOG) to identify women who are candidates for trials of labor after cesarean sections.

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Abstract: Originally written in 2004 and recently reaffirmed in 2009, the ACOG provides a practice bulletin that reviews the literature on VBACs and offers guidelines for assessing the risks and benefits of TOLAC to individual patients in specific situations. The following are selection criteria based on good and consistent scientific data for VBAC candidates:

- Only one previous low-transverse cesarean delivery
- Clinically adequate pelvis
- No other uterine scars or previous ruptures
- MD immediately available throughout active labor who is capable of an emergent cesarean delivery
- Availability of anesthesia and personnel for emergent cesarean delivery
- No other contraindication to vaginal delivery

Other guidelines with limited or inconsistent evidence exist for individual situations outside of these.

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If I had a C-section delivery
with my last pregnancy, can
I have a vaginal delivery
now?



Communicating with your
healthcare provider is
important so that you can
decide together what kind
of birth will be the safest
for you and your baby.

This brochure talks about if it is
safe for you and your baby to have
a vaginal birth or if it may be safer
to have another C-section.

Everyone is different, so it is
important to talk to your doctor
early when you become pregnant
about what the best kind of birth
may be for you. If you have certain
medical problems or have had your
C-section surgery a certain way, it
may not be safe for you to have a
vaginal birth.

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2009

A C-section, or Cesarean section, is an operation in which the doctor cuts your uterus/womb open to remove the baby. Women have C-sections for many reasons including:

Breech: This is where the baby is facing the wrong way, with their feet facing downwards and head facing upwards.

Non-reassuring fetal heart tones: This is when women have been pushing for a long time and the baby is not doing well.

Pre-eclampsia: This is a sickness that some women can get late in pregnancy that makes it dangerous for them to stay pregnant any longer.

Some women have certain rashes or diseases in their vagina that would be unhealthy for the baby to come in contact with during birth.



Vaginal delivery after a C-section (VBAC) has risks. Your uterus/womb has been cut open once and that scar may tear open during labor. This is a very rare complication that usually less than 1% of women experience. If this does happen, it is called uterine rupture and it may lead to:

- Infection
- Need for a blood transfusion
- Need for a hysterectomy (where the doctors have to permanently remove your uterus/womb because it is too badly damaged). After this, you cannot have any more children.
- Risks to the baby
- Rarely, death of mother or baby

Some of the **benefits** to vaginal delivery after C-section (VBAC), if it is successful, are:

- A shorter stay in the hospital
- Less blood loss and fewer blood transfusions
- Fewer infections and blood clotting problems

Who can have a VBAC?

- Women who have **only had one previous C-section** with a certain kind of cut called “low-transverse”
- Hips that are shaped & sized so that a baby can fit out well
- No other surgeries or scars on your uterus/womb
- Women who have never had a “uterine rupture”
- You must be in a hospital that has a physician immediately available who can do an emergency C-section if needed
- Operating room staff and anesthesia personnel available if you end up needing a C-section

These are general guidelines; there are other special situations that have to be considered. Due to the risks and cost of VBAC, some hospitals or doctors may not be able to offer you one even if you fit the examples above.

