



VAGINAL BIRTH AFTER CESAREAN

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MYTH

Once a Cesarean,
Always a Cesarean

VAGINAL BIRTH AFTER CESAREAN (VBAC)

FACT

With one previous low
transverse C-section,
your chance of having
a normal delivery in
your next pregnancy
(VBAC) is as high as
80%

In the Sanctum
experience, the
chances of a woman
having a successful
VBAC is as high as 96%



How do you determine if you stand a good chance of having a VBAC?

1. If you are otherwise a low-risk Mom, with no other medical complications in the current pregnancy.
2. If you have a singleton pregnancy, with a head down baby at term.
3. If you have had a previous vaginal birth, that makes your VBAC chances even higher.
4. If your reason for the previous C-section is a non-repetitive event such as a breech baby, or foetal distress in the previous pregnancy, or any other factor that you were told, such as "cord around neck" or "low AFI" which are in themselves, not good reasons for an elective C-section in the first place.
5. Most importantly, if you choose a care provider with known 70-80% VBAC success rates - Choosing such a care provider is now being recommended as almost a gold standard to determine/increase your chances of having a successful VBAC!

It seems practice makes the Doctor/Midwife perfect! Well, who knew?



VBAC Benefits to the Mother

Ask any woman who has had a VBAC, and she will tell you that the difference is dramatic!

1. It is better to deliver vaginally, as with any major surgery, the risks are non-trivial. Infections, poor healing, blood loss, use of plenty of antibiotics and painkillers - all these increases dramatically.
2. The more surgeries that a woman has, the more the risks increase - increased risk of scar adhesions, placental abnormalities in future pregnancies, risks of miscarriage/ectopic pregnancy, all increase.
3. Most importantly, your physical recovery is amazingly fast. For most women, with having a vaginal birth, they are able to walk and move around within a couple of hours. This is all the more important when you have an older child to take care of!
4. Emotionally too, you as the mother feel strong, and your confidence level soars as the feel-good hormones of accomplishment & "I did it", make your bonding with the baby start off on a much better note. Breastfeeding is easier too when your body does not feel pain and drugged!

Did you know that C-section is the most commonly performed surgery today? Surprised? It is.



VBAC Benefits to Baby

1. Certainly, the process of being born vaginally seems to be the first vaccination for the baby. Ongoing research shows that even as Mom pushes the pH of the birth canal changes to only allow for beneficial bacteria to be present. This is then ingested by the baby, which forms the first colony of good bacteria in the baby's gut so that the baby has good gut function and less digestive disorders and allergies later on in life.
2. Much is being found about the importance of the Microbiome and the immune systems of the baby too. When the baby is born naturally and is received by the mother, on her belly, only the beneficial maternal bacteria are in contact with the baby, thus minimising infection risks.
3. The process of being born vaginally seems to improve the baby's lung function as well.



4. Being able to be skin-to-skin with Mom, allows for better temperature control, regulating baby's heartbeat and respirations, and aiding the easier transition to the outside world. This also translates into better hormonal regulation for both Mother and her baby and allows for a good start to breastfeeding.
5. Delayed cord clamping allows for transfer of more than 1/3rd of the baby's blood which is still in the placenta at birth. With this comes the benefit to transfer of stem cells, WBC and RBCs. This translates to better haemoglobin stores for 4-6 months, decreased risks of childhood anaemia, and better brain development!
6. 35 years of research on more than 1 million Danish children, is also telling us that babies born by elective C-sections are at a higher risk for bronchitis, asthma, other respiratory disorders, including higher risks of newborn respiratory distress, obesity, allergies, and autoimmune disorders.
7. Finally, the stress of being born seems to be a stress that is much needed for the baby to survive in the stressful environment of the outside world!



Who is not a good candidate for trying for a VBAC?

1. If you have a prior vertical incision/scar on your uterus from a previous surgery or C-section.
2. If your baby is not head down (VBAC breech birth is possible, but the risks are much higher), or lying on your belly, or your placenta is attached too close to the cervix (the opening of the mouth of the uterus) - low lying placenta, or Placenta Previa.
3. If you have had other major uterine surgeries.
4. If you have any other major medical complications.

What are the risks to a VBAC?

So, the reason not every woman can have a VBAC, is that there is a very small risk that during the process of labour, your scar might separate. This is called Uterine Rupture, which means that the uterus might open up along the line of the incision that was made during your previous C-section. If this happens during labour, that would lead to an emergency, where your baby would need to be delivered very quickly.



The research and literature currently put this risk as 3 out of 1000. And, most of the times the body does give indication of something being off. More importantly, it does not give way completely at once. There is what is called a scar dehiscence or thinning that happens. Your body does not go from being perfectly healthy, to becoming perfectly unhealthy, in the blink of an eye! If there is a care provider who is experienced in VBAC, and one who is supporting and intermittently monitoring you, he/she will pick up the signs - of either a pain that seems out of the range of normal, or of radiation of that pain into areas that are remote, or of the uterine contractions getting ineffective, or of the baby not moving down with the contraction, or of a bleed that seems out of proportion to the dilation of the cervix, or of mother's vitals not being in the normal range, or of baby starting to show signs of distress. In each of these cases, availability of a setting where there is immediate access to surgical infrastructure and Anaesthesiologist, OBGyn and Paediatrician, accustomed to performing an Emergency C-section is highly recommended.



10 TIPS

TO A SUCCESSFUL VAGINAL BIRTH AFTER
CESAREAN (VBAC)

1. Find a Care Provider who has greater than 80% VBAC success rates. Ask questions - How many VBACs do you do in a month/in a year? How many are successful?
2. Ask what are their "must haves" or what restrictions do they place in order for them to help you deliver vaginally. If they say, baby should not be bigger than 3 kgs, or baby should be born before 39 weeks, or if they say "we will see at that time" - that is not a good answer. Talk with your feet - walk out, and find someone else whom you can trust.



3. Find a hospital with overall low C-section rates. Chances are that they already practice good birthing practices, so that you will have a better chance for a natural birth with them.

4. Ensure that your labour partner is fully supportive. Whether it is Dad or Grandma or a Doula, everyone in that room should be supportive and encouraging of your intent to have a VBAC. Negativity, even non-verbal stalls labour!

5. Make a Birth Plan. It does not have to be very long; it can be even a small visual birth plan. Share it with your care provider. That way, they will know what your wishes for your birth are.



6. Deal with your fears. Fear closes, Love opens. This is the hallmark of good Midwifery practices. There is a lot of listening that goes on during each antenatal check-up, and that allows you to talk about your fears, concerns, wishes aspirations, so that when labour starts your body is ready to do the work and surrender to the process of labour! Meditate daily. Mental health is as much important as physical health.

7. Become physically active - Current recommendations are that you should do some form of physical activity in pregnancy! Walk, walk, walk. Climb a flight of stairs daily. Do some prenatal yoga - It opens up your body and soul. Join a Prenatal Aerobics class, it is fun and you will be amazed as to how much both you and your baby enjoy it! Labour is called labour, because it is hard work. Prepare yourself to push through it in the best possible way!



8. Take a Lamaze childbirth preparation class. No one that we know has ever come out of the classes saying that it was not beneficial. In fact, most parents say that the Lamaze classes were the game changer and that it empowered them with good information to have a positive birth experience. Read books, watch good birth related videos too. You would not go into an exam without preparation, would you? Mental preparation and knowledge of what to expect can help you to navigate the uncertainties of labour, just that much better! You can also consider joining one of the many VBAC/Natural Birth Support groups that are available on social media.



9. Practice relaxation and visualise giving birth daily. Make your own positive affirmations, find a music or a song that relaxes your resonates with your pregnancy. Labour is stressful on many levels, and these are wonderful coping tools to have, to help you have a successful VBAC!

10. Finally - Be open to whatever birth brings! Sometimes, despite everything, it may become necessary to have a repeat C-section. Being in a space that supports and celebrates you, and gives you the continuity of care that is so important for good postpartum recovery, will allow you to feel empowered and satisfied with your birth experience. If you have access to a Midwife/ Birth Centre in your city, go check it out. Their focus towards normal birth and least interventions might give you the best chances of a safe, successful VBAC!





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