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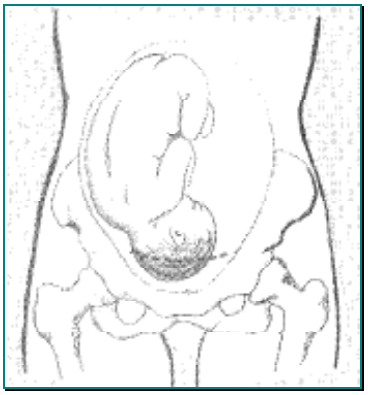
Vaginal **B**irth **A**fter **C**esarean

History:

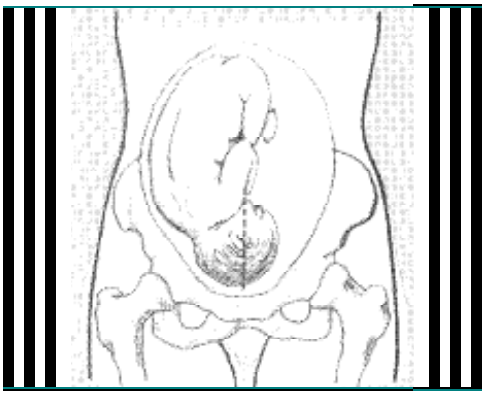
Many theories have popularized the origination of the cesarean delivery. The most notable originating from the birth of Julius Caesar in 100 BC which is certainly untrue; since the operation was invariably fatal up to the 17th century. The next major advancement occurred when Max Sanger, in 1882, advocated the use of suture to close the uterine incision that solved the most immediate complication of hemorrhage. Until 1926, most cesareans used an incision that went up and down on the uterus. It was Kerr that advocated a low transverse incision across the lower and thinner part of the uterus that makes VBAC's possible. Up to the mid 1970's, it was thought- "Once a Cesarean, always a Cesarean." We now know that VBAC's in the right situation provide a safe option to repeat cesarean operations.

Incision Types:

- Low Transverse Incision-is made across the lower, thinner part of the uterus. It heals stronger and is least likely to complicate a subsequent vaginal delivery.
- Low Vertical Incision-is made up and down in the lower uterus. The risks of VBAC after this type of cesarean are unclear. It is best to discuss this with your doctor.
- Classical Incision-is made up and down on the upper, thicker part of the uterus that contains the actively contracting muscles of the uterus involved in labor. We do not recommend VBAC's for those that have this type of prior cesarean delivery.



Low Transverse Incision



Low Vertical Incision

Why Consider a VBAC?

- Less risk of bleeding, infection, anesthetic complications, and transfusion.
- Less pain and shorter return to full activity with VBAC's.
- More involvement in the birth process since more family members may be present at delivery.

Who should attempt a VBAC?

Almost anyone may attempt a trial of labor following a prior cesarean delivery. Overall, the success rate of VBAC's is 65 to 85%. This compares favorably to a 15 to 20% cesarean rate to those mothers who have never undergone a cesarean. Stated otherwise, the success rate of VBAC's is nearly as good as someone that has never had one. ***It is important that you speak to your doctor about the risks and an option of VBAC's prior to labor. Equally important is the need for them to document which type of incision you had by the operative report.***

Who shouldn't attempt a VBAC?

- Any prior uterine surgery that involves entering the uterine cavity, such as removal of fibroids.
- Exceptionally large fetus.
- Certain malpresentations of the fetus such as transverse lies and breech presentations.
- Patient refusal of a VBAC.
- Prior uterine rupture in labor.
- Documented Classical or Low Vertical incisions.
- Multifetal gestations such as triplets and possibly twins.
- Cervical carcinomas.
- Active Herpes.
- Mothers with Idiothrombocytopenic Purpura or other medical conditions precluding vaginal deliveries.