

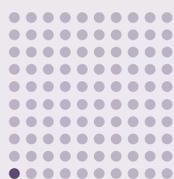
Planning how to give birth after previous caesarean section – **key messages from three large studies:**

Whichever way you plan to give birth, birth after previous caesarean section is **generally very safe**.

Out of 10 women planning a vaginal birth after a previous caesarean section (known as a **planned VBAC**), **7 gave birth vaginally** and **3 had an unplanned caesarean section** when they were in labour. In this situation the caesarean section may have to be carried out urgently and be a different experience to a planned caesarean. The most common reasons for an unplanned caesarean section during labour is that the labour progresses too slowly or there are concerns about the wellbeing of the baby.

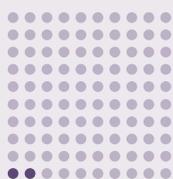


Planned VBAC compared to planning another birth by caesarean section (known as an Elective Repeat Caesarean Section or **ERCS**) **increased** the chance of the **mother** having various **birth-related complications** such as needing a blood transfusion, womb (uterine) rupture, and experiencing damage to the bowel, bladder or the tube between the kidneys and bladder (ureter) needing an operation to repair. Most of the maternal birth-related complications occurred among the women who needed an unplanned caesarean section carried out during the course of a planned VBAC labour.



ERCS

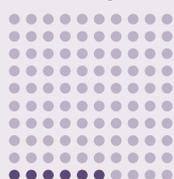
Nearly **1** in every **100** women having an ERCS experienced serious birth-related maternal complications (or 0.8%)



Planned VBAC

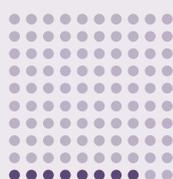
Nearly **2** in every **100** women planning a VBAC experienced serious birth-related maternal complications (or 1.8%)

Planned VBAC compared to ERCS **increased** the chance of the **baby** having various problems during or shortly after birth such as needing to be admitted to a specialist newborn (neonatal) unit for extra care and needing medicine or equipment to help with breathing immediately after birth.



ERCS

Around **6** in every **100** babies born to women having an ERCS had one or more of a range of problems during or shortly after birth (or 6.4%)

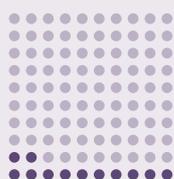


Planned VBAC

Around **8** in every **100** babies born to women planning a VBAC had one or more of a range of problems during or shortly after birth (or 8.0%)

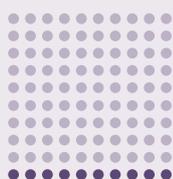
Women who planned a VBAC were **more likely** than women who had an ERCS to **breastfeed**.

Women who had an ERCS were **more likely** than women who planned a VBAC to be given **medication to treat mental health problems** in the year after they gave birth. However, this does not necessarily mean that mental health is better in the planned VBAC group, as not all women with mental health problems will seek treatment and not all mental health problems are treated with medication.



ERCS

Around **12** in every **100** women having an ERCS were given any medication to treat mental health problems in the year after giving birth (or 12.3%)



Planned VBAC

Around **10** in every **100** women planning a VBAC were given any medication to treat mental health problems in the year after giving birth (or 10.0%)

Children born following planned VBAC compared to ERCS had a **similar** chance of having **special educational needs** - that is, learning difficulties or disabilities that make it harder for a child to learn compared to other children of the same age such as dyslexia.

More information can be found at: www.npeu.ox.ac.uk/birth-after-previous-caesarean