

# Birth after Caesarean

If you have had a caesarean birth, and are pregnant or planning another pregnancy, you may be thinking about how you might like to give birth next time.

Every pregnancy, and each woman's preferences about how they birth, are different. If you have had a previous caesarean birth, the options for your next birth may include planning a vaginal birth or a planned repeat caesarean birth. It is important to discuss your options with your healthcare team, including the potential advantages and disadvantages of each option and how they apply to you and your baby, to assist you to make an informed decision about your birth.

## Vaginal birth after caesarean

If you have previously had a caesarean birth, your next birth could be a vaginal birth. This is called a vaginal birth after caesarean (VBAC); however, you may also hear the terms NBAC (next birth after caesarean), or TOLAC (trial of labour after caesarean) used.

Many women who have had a caesarean birth can safely birth vaginally in a future pregnancy. However, there are some important things to consider if you're planning a vaginal birth after caesarean:

- **There is a small chance of uterine scar rupture<sup>1</sup>.** This is when the previous caesarean scar on your uterus pulls open during labour. It is uncommon, however, can result in serious problems for your baby or you (including a small chance of needing a hysterectomy). There are a number of things that can affect the chance of this occurring; including how your previous caesarean surgery was done and how your labour has progressed (i.e., if you need medications to start or speed up your labour).
- **There is a chance you will need an assisted birth.** This is where your doctor/s use special instruments (e.g. forceps) to help with the birth. Your doctor/s or midwife will discuss what this means for you and your pregnancy, including what type of monitoring may be offered during labour (e.g. CTG to monitor baby's heart rate and your contractions).
- **There is a chance you will need an emergency caesarean birth.** Some women who plan a vaginal birth after caesarean still end up needing another caesarean. Because the caesarean wasn't planned in advance, it is called an emergency caesarean birth. An emergency caesarean birth may be recommended to you during labour, to keep you and your baby safe. Each emergency caesarean will look differences for different women because it has not been planned.
- **There is a risk of injury to your perineum and/or pelvic floor.**



Your healthcare team will help you to explore the potential advantages and disadvantages of vaginal birth after caesarean for you so that you can make an informed choice without any judgement, with balanced information, and which aligns to your own circumstances and preferences.

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1. Current evidence suggests that the chance of uterine scar dehiscence, including rupture, in planned vaginal birth after caesarean is 1 in every 122 to 500 women. For women who need induction of labour, the chance of uterine rupture is 1 in every 370 women; and if induction happens from 40+6 weeks' gestation the chance is 1 in every 56 women.



### **Planned repeat caesarean birth**

If you have had a caesarean birth, one option for your next birth may be a planned repeat caesarean birth. A planned caesarean birth is possible (without attempting a vaginal birth) after you have had one or more previous caesarean births. You may also hear the term ERCS (elective repeat caesarean section) used.

A planned repeat caesarean birth carries similar risks to a routine caesarean birth, including bleeding or injury during surgery, infection, and blood clots. Having multiple caesarean births may increase the chance of potential complications in later pregnancies. These include placenta accreta – where the placenta attaches deeply into the uterine wall. It is important to be aware of these potential complications when considering your options.

### **What can impact upon my chances of having a vaginal birth after caesarean?**

Some factors that support a vaginal birth after caesarean include:

- If you have had a previous vaginal birth in the past (either before or after your caesarean).
- If the reason for your previous caesarean birth was because your baby was in breech position (bottom-first) or in another position that is not head-down.
- If the reason for previous caesarean birth was not from prolonged labour such as maternal factors such as hypertension or preterm birth.

Some factors that may make you less likely to have a vaginal birth after caesarean, and more likely to need an emergency repeat caesarean birth, include:

- Needing help to start your labour (induction of labour e.g. using a mechanical method or medications).
- Needing help to speed up your labour with medications if it is going slowly (labour augmentation).
- If you have a Body Mass Index (BMI) over 40 at the start of your pregnancy.
- If your baby is suspected to be bigger than average for their gestational age.
- If you have gestational diabetes.
- If you are over 35 years old.

For your safety and your baby's wellbeing, your healthcare team will discuss the following circumstances where a vaginal birth is not recommended:

- A previous classical caesarean birth (i.e. a high uterine incision).
- A previous caesarean birth with an inverted T or low vertical uterine incision.
- A previous uterine rupture.
- Previous major uterine surgery.

There are some specific cases where there isn't enough certainty in the evidence to guide decision-making about vaginal birth after caesarean. It is important to discuss your individual circumstances and preferences with your healthcare team if:

- You have a multiple pregnancy (e.g. twins).
- Your baby is breech at the end of your pregnancy.
- The time between your last pregnancy and this one is less than 21 months.



**What are the potential advantages and disadvantages of vaginal birth after caesarean (including emergency caesarean birth) or planned repeat caesarean birth?**

|   | Potential Advantages   | Potential Disadvantages   |
|---|--|---|
| <p><b>Planned vaginal birth after caesarean</b></p> <p><b>(including considerations for if you have a vaginal birth, or if you need an emergency caesarean birth during labour)</b></p> | <p><u>For the woman:</u></p> <ul style="list-style-type: none"> <li>• Satisfaction from being able to make an informed choice about your birth.</li> <li>• Shorter recovery time and hospital stay (for vaginal birth).</li> <li>• Less abdominal pain and need for strong pain medication after birth (for vaginal birth).</li> <li>• Lower chance of complications in future pregnancies (for vaginal birth).</li> </ul> <p><u>For baby:</u></p> <ul style="list-style-type: none"> <li>• Lower chance of breathing problems than if born by caesarean (for vaginal birth).</li> </ul>   | <p><u>For the woman:</u></p> <ul style="list-style-type: none"> <li>• Higher chance of needing a blood transfusion.</li> <li>• Higher chance of injury:                             <ul style="list-style-type: none"> <li>• uterine scar tear or rupture</li> <li>• injury to your anal sphincter, perineum, or pelvic floor</li> </ul> </li> <li>• You may need to have an emergency caesarean. The potential disadvantages may be similar to having planned caesarean surgery (see below).</li> </ul> <p><u>For baby:</u></p> <ul style="list-style-type: none"> <li>• Higher chance of a low Apgar score (used to check if baby needs medical or emergency care) after birth.</li> </ul>  |
| <p><b>Planned repeat caesarean birth</b></p>  | <p><u>For the woman:</u></p> <ul style="list-style-type: none"> <li>• Satisfaction from being able to make an informed choice about your birth.</li> <li>• Lower chance of needing a blood transfusion.</li> <li>• Lower chance of uterine scar tear or rupture.</li> <li>• Lower chance of surgical complications (with a planned caesarean compared to an emergency caesarean).</li> <li>• Very unlikely to have injury to the anal sphincter or pelvic floor.</li> </ul> <p><u>For baby:</u></p> <ul style="list-style-type: none"> <li>• Lower chance of a low Apgar score (test used to check if baby needs medical or emergency care) after birth.</li> <li>• Lower chance of Neonatal Intensive Care Unit (NICU)/Special Care Nursery (SCN).</li> </ul> | <p><u>For the woman:</u></p> <ul style="list-style-type: none"> <li>• Longer recovery time and hospital stay (compared to vaginal birth).</li> <li>• May require strong pain relief after surgery.</li> <li>• Higher chance of complications in your future pregnancies (this risk increases with the number of caesareans).</li> <li>• Other potential complications associated with having a caesarean surgery, including infection, adhesions, and surgical injury.</li> </ul> <p><u>For baby:</u></p> <ul style="list-style-type: none"> <li>• Higher chance of breathing problems than if born vaginally.</li> <li>• Higher chance of some long-term health issues that may be associated with a caesarean birth (e.g. asthma).</li> </ul> |

## Making a decision

Your healthcare team will help you as you consider your birth after caesarean options. This will include a discussion about the potential advantages and disadvantages for you, and take into account your history, preferences, and location. A vaginal birth after caesarean should happen at a hospital or birthing unit with access to the appropriate staff and resources (e.g. an operating theatre and special facilities to look after your baby, should this be needed). This information will assist you making an informed decision about which option is right for you and your baby.

Your preferences regarding your birth after caesarean may change during your pregnancy. This is okay, and what you had previously decided or given your consent for can be changed or withdrawn. Your healthcare team are available to discuss any questions that you may have.

Your doctor/s or midwife may offer a risk calculator as a tool to help your decision-making in planning your birth after caesarean, although this should not be the only thing that guides your decision. There are some limitations to these tools, which your doctor/s or midwife will discuss with you.



## Common Questions

### What happens if I go into labour when I'm planning a birth after caesarean?

If you believe you have gone into labour, contact your hospital or maternity care provider. They can advise you on when to come in and explain what to expect, such as what monitoring you'll be offered and next steps.

### What happens if I do not go into labour when I'm planning a vaginal birth after caesarean? Induction of labour

If you're planning a vaginal birth after caesarean, and haven't gone into labour naturally, inducing labour (through the use of medications or mechanical methods) may be an option. Your healthcare team will discuss the potential advantages and disadvantages of labour induction with you, including how this could affect your chances of achieving a vaginal birth after caesarean.

## Consent

You have the right to make an informed choice about any kind of healthcare treatment, procedure, or other intervention. Informed consent is your permission, given voluntarily, to proceed with treatment. It is a clinician's responsibility to make sure that your consent is properly obtained so that you have the chance to:

- Discuss all management options with your doctor(s)/team.
- Review written information.
- Understand what is involved with the treatment/procedure.
- See your doctor(s)/team more than once or have the time and opportunity to consult another doctor for a second opinion, if required.

## Language

RANZCOG currently uses the term 'woman' in its documents to include all individuals needing obstetric and gynaecological healthcare, regardless of their gender identity. The College is firmly committed to inclusion of all individuals needing obstetrics and gynaecology care, as well as all its members providing care, regardless of their gender identity.

**DISCLAIMER:** This document is intended to be used as a guide of general nature, having regard to general circumstances. The information presented should not be relied on as a substitute for medical advice, independent judgement or proper assessment by a doctor, with consideration of the particular circumstances of each case and individual needs. This document reflects information available at the time of its preparation, but its currency should be determined having regard to other available information. RANZCOG disclaims all liability to users of the information provided.

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For more information on RANZCOG guidelines, patient resources, and clinical resources, scan the QR code.

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