

Vaginal delivery after caesarean section

The purpose of this leaflet is to introduce the benefits and risks of vaginal delivery after previously having a caesarean section.

If you have given birth to one child by caesarean section, it is still possible to give birth vaginally

if the circumstances are favourable. On average, 75% of women who have previously given birth by caesarean section are able to give birth vaginally.

Advantages of vaginal delivery compared to repeated caesarean section

- You have to stay in the hospital for a shorter time after giving birth and the recovery is usually faster.
- The need for painkillers is lower.
- There is a lower risk of postpartum complications – after a caesarean section, fever, inflammation of the uterus, thrombosis (blood clots in the blood vessels) and the need for a blood transfusion are more common.

Risks associated with repeated caesarean section

- The surgery takes longer and is more technically complicated than the first caesarean section due to the scar tissue from the previous surgery and possible adhesions (connective tissue bands) in the abdominal cavity. Due to the adhesions, there is a higher risk of injuring the bowel or bladder during the surgery.
- The risk of blood clot development is higher as well. A blood clot can move to the lungs. This condition is called pulmonary embolism and is a life-threatening condition.
- The recovery and rehabilitation period may be longer.
- Newborn breathing problems are more common with a caesarean section (present in 3-4% of newborns) but usually do not last long. Sometimes the newborn has to be monitored in an intensive care unit.
- After each surgery, more scar tissue develops in the uterus. This increases the risk that the placenta will grow into scar tissue during the next pregnancy and will be difficult to remove. As a result, life-threatening uterine bleeding may occur, which may require surgical removal of the uterus in order to stop the bleeding.
- The more caesarean sections you have, the higher the risk of serious complications.

Risks associated with vaginal delivery

Several problems can occur during vaginal delivery. The greatest risk is the rupture of the uterine scar. Fortunately, this happens very rarely: in 2-8 women out of 1000. If this happens, the birth must be converted into an emergency caesarean section. Sometimes the vaginal delivery does not go as planned and the delivery must be converted into an emergency caesarean section. This happens in 25% of women, which is slightly higher than the general frequency of caesarean sections – 20%.

Generally, vaginal delivery after a cesarean section is more likely to be successful if you have previously had at least one child born by vaginal delivery.

It is not recommended to give birth vaginally if:

- the uterus was not dissected in a standard way at the time of the caesarean section (T-shaped incision on the uterus);
- you have had several cesarean sections;
- vaginal delivery is not safe for you or your baby.

After a previous cesarean section, vaginal births can only take place in a hospital.

A gynaecologist and a midwife will help you and your baby choose the safest way to give birth.

ITK1084

Approved by the decision of the Care Quality Commission of East Tallinn Central Hospital on 20.04.2022 (protocol no. 6-22)