

After C-Section, Women Can Have Vaginal Birth with Minimal Risk

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- **Researchers have uncovered more about the potential risks of giving birth vaginally after a cesarean delivery.**
- **A new study found there's increased risk, but low risk overall, of complications for women who give birth vaginally after a cesarean delivery.**
- **Experts say women should talk to their doctors about potential risks and what they want.**

Across the globe, more women than ever before[Trusted Source](#) are having cesarean births, commonly referred to as a C-section — a surgical procedure in which an incision is made in the abdomen and uterus to deliver a baby.

Many women who've had a cesarean delivery eventually become pregnant again and must decide whether to give birth vaginally, known as a planned vaginal birth after cesarean (VBAC), or have another cesarean delivery, which is called an elective repeat cesarean section (ERCS).

Up until now, there hasn't been a ton of information about the health risks and outcomes associated with a VBAC birth compared to an ERCS.

Now, researchers from the University of Oxford have uncovered more details about the risks and benefits of vaginal and cesarean births, which can hopefully address this information gap.

The study, which published in PLOS Medicine today, found that while there are more health complications associated with delivering vaginally after a cesarean birth, giving birth either way after a previous cesarean birth are both, generally, very low risk.

“These findings are important, because now physicians have more concrete data to share with their patients so they can make an informed decision,” Dr. Adi Davidov, the program director of the department of obstetrics and gynecology at Staten Island University Hospital, told Healthline.

While doctors should consider these new findings when counseling pregnant women, health experts say it’s crucial to look at existing evidence about the risks of either type of birth.

“I hope that physicians will realize that this data is limited to only short-term data. Therefore, it should not be the only data that is taken into consideration,” Davidov said.

There is a risk, but it’s small

To evaluate the risk of delivering vaginally compared to an elective cesarean delivery after a previous cesarean birth, researchers looked at health data from 74,043 women in Scotland who had previously had a cesarean delivery.

Of the group, 45,579 gave birth via ERCS and 28,464 had a planned VBAC — about 28 percent of whom went on to have a nonelective repeat cesarean delivery.

The researchers found that while women who had a planned VBAC experienced more health complications, the overall, or absolute, risk of having an adverse event from either delivery method was small.

Overall, only 1.8 percent of people attempting a vaginal birth and just 0.8 percent of women who underwent another cesarean birth experienced a serious maternal complication, including a blood transfusion, uterine rupture, or sepsis.

About 8 percent of those who gave birth vaginally and 6.4 percent of those delivering via a repeat cesarean birth had an adverse infant health outcome, such as stillbirth, admission to the neonatal unit, or resuscitation requiring drugs or intubation.

Still, while the overall risk of complications is small, it’s important to recognize there’s a higher risk with vaginal birth.

About 0.24 percent of the women with VBAC births had a uterine rupture compared to only 0.04 percent of women who delivered by ERCS.

“Both these rates are very low, but if a patient chooses to VBAC, she is six times more likely to rupture her uterus compared to a woman who chooses to have an ERCS,” Davidov pointed out.

About 1.14 percent of the women with VBAC births had a blood transfusion. Only 0.50 percent of the women who had an ERCS received a blood transfusion.

Additionally, the women who gave birth via VBAC had a higher chance for experiencing puerperal sepsis and surgical injury.

On the other hand, women who had a VBAC were more likely to breastfeed at birth — and also at 6 to 8 weeks postpartum — than those who delivered by ERCS.

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Understanding the risk of VBACs

VBAC has long been considered the riskier delivery method for women who previously gave birth via cesarean delivery.

While the study confirms the fact that VBAC has risks — especially when it comes to uterine ruptures — it also found the rate of having a complication is very low, and adverse events happen infrequently.

Because of the low risk, some women may want to consider attempting a vaginal birth after a cesarean birth.

“Given the low overall incidence of adverse outcomes, most eligible women (those without contraindications) remain good candidates for planned VBAC,” said [Dr. Janice Aubey](#), the medical director of the postpartum service at NewYork-Presbyterian/Columbia University Irving Medical Center.

According to Aubey, VBAC is becoming more widely supported in appropriate, eligible pregnancies.

In some cases, this type of vaginal birth may even reduce the risk of maternal consequences, like bowel and bladder injury, that often occur from multiple cesarean births, she added.

Talk to your doctor, be informed

According to the researchers, the findings from this study should be used to counsel women who've previously had a cesarean delivery and are exploring their delivery options for subsequent births.

Dr. Shane Wasden, an OB-GYN with Lenox Hill Hospital, says that knowing a person's chances of successfully delivering vaginally after a cesarean birth can help doctors better counsel their patients when breaking down the risks and benefits of each delivery method.

"It is impossible to know which patients will successfully VBAC prior to delivery, but certain factors, such as age, body mass index, indication for the prior cesarean delivery, history of prior vaginal delivery and/or number of prior cesarean deliveries, will help a clinician determine if chances of success are high or low," Wasden explained.

What's best for one woman will vary from what's right for another. That's why it's crucial to make an informed, personal decision based on your own risk factors and preferences.

The bottom line

New research from the University of Oxford found that giving birth vaginally after a previous cesarean birth may not be as risky as it was once perceived to be.

While there are more health complications associated with planned vaginal births after cesarean (VBAC) compared to a subsequent cesarean birth (elective repeat cesarean section, or ERCS) — including uterine rupture, blood transfusions, and sepsis — the overall risk of experiencing a complication from either delivery method is low.

The researchers hope doctors will use this information to better counsel pregnant women on their available delivery options.