



## the VBAC is back!

MANY PEOPLE ASSUME A NATURAL DELIVERY IS OFF-LIMITS IF YOUR FIRST BABY WAS BORN BY CAESAREAN, BUT WITH THE RIGHT CONDITIONS AND CARE, YOU CAN HAVE A SAFE VAGINAL BIRTH

WORDS JODIE THOMSON

**B**efore having children, I spent many hours imagining the birth of my first baby. It was always one of those soft-focus romantic daydreams, with my husband lovingly watching on, and plenty of happy tears. It certainly did not involve having two babies at once, and nor did it involve the serious surgery of a Caesarean section, but that was the reality for my twin girls' delivery.

Like many women who delivered their first child by Caesarean, I was hoping for the chance to experience a natural delivery with my next pregnancy, however I discovered that a vaginal birth after Caesarean, commonly called a VBAC and sometimes referred to as a "trial of labour", is a relatively rare event in Australia and one that attracts an enormous amount of confusion or fear – and conflicting advice.

The phrase 'once a Caesarean, always a Caesarean' has long been a part of childbirth parlance, reflecting the fear that attempting natural birth after a Caesarean could risk tearing the scar. Yet VBACs were relatively common until a series of studies earlier this decade highlighted risks of uterine rupture during delivery, which can have dire consequences for the mother and baby. As a result of these studies, the VBAC rate around the world has plunged. In Australia, around 58 percent of subsequent births after a Caesarean were by elective Caesarean, a 2000 to 2003 report for Women's Hospitals Australasia found. And of the remainder who attempted a VBAC, only a little more than half were successful.

These days, the VBAC debate rages fiercely, hotly contested on the one hand by those medical practitioners who feel the risks of VBAC aren't worth taking, and the natural-birth advocates on the other hand who argue that VBACs are safe in the majority of cases, and point to the risks

inherent in Caesarean deliveries themselves. But for the mothers in question, who want to make the right decisions for their own bodies and their unborn babies, what's the answer?

### RISKY BUSINESS

In the US, hundreds of hospitals have introduced policies banning VBACs outright, according to the International Caesarean Awareness Network. This is not the case in Australian hospitals, as Dr Gino Pecoraro, obstetrician and counsellor with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists says, 'VBACs certainly can be done and are done all the time.' Yet many within the medical community remain increasingly cautious about the risks involved.

So what is it that makes VBACs so potentially dangerous? The main danger is of the uterine scar from a previous Caesarean birth rupturing. If that happens, the mother could bleed uncontrollably, the baby may lose oxygen and the consequences can be serious. 'While the absolute risk of a uterus rupturing is low, it can be catastrophic, with a 20 percent chance of the mother dying and a 50 percent chance of infant mortality,' says Dr Pecoraro.

While it's widely accepted that childbirth in all forms is an inherently risky business, the recent VBAC studies have raised particular concerns.

'We certainly used to do more VBACs, but the numbers have gone down since the studies in 2004 and 2005,' says Dr Andrew Child, director of obstetrics and gynaecology at Sydney's Royal Prince Alfred Hospital (RPA). 'People are more conservative now about explaining the possibilities and problems involved. We used to get 45 percent of mothers having a VBAC, but now that figure has plummeted and at the moment we're not sure what it would be.'

A 2004 study in the *New England Journal of*

### MIND MATTERS

If you're looking to boost your chances of a successful VBAC, get positive. Renee Adair, director of the Australian Doula College, says being informed about your birth options and confident of your chances of success plays a big part in the birth outcome. The College offers counselling sessions for mums-to-be considering a VBAC, to help get their state of mind in the right place.

'We talk to them about the importance of getting some special education and support,' says Adair. 'We like to demystify some of the bigger issues and make it a more positive experience.'

Much of the fear and uncertainty surrounding VBACs can have a negative impact on the labour itself. 'When someone's frightened, they release adrenaline and that affects the level of oxytocins in the system and can actually slow labour down,' Adair says. 'If we get women over the hurdle of the fear and have them really believing they can do it, it helps.'

The counselling also encourages women to find a caregiver they feel will support their VBAC birth, and urges them to ask lots of questions about the birth itself such as are they allowed to use water during the labour, can they labour for as long as they need, and is there continued foetal monitoring? 'It's all about information and resourcing,' says Adair.

## MY STORY

**M**y Child journalist Jodie Thomson had a successful VBAC with the birth of her son, Campbell, three. Her four-year-old twins, Zoe and Caitlin, were born by Caesarean.

When I fell pregnant a second time, I was keen from the start on a natural birth. My girls had been born by Caesarean because one of them turned transverse at the last moment, ruling out a natural twin delivery. But I still relished the chance to experience a vaginal birth, pain and all.

My obstetrician had taken a very hands-off approach through my twin pregnancy and was happy to aim for a natural delivery the second time around. He told me there was no particular medical reason why I'd needed a Caesarean with the twins' birth, so no reason to assume I'd need one this time around. On top of that, I was healthy and had shown I could "carry well".

Sure enough, my pregnancy was trouble free. When I reached my due date with no sign of labour, my obstetrician said he'd prefer to let me go into labour when my body was ready. He told me uterine rupture during VBAC was increased when the baby is artificially induced. I tried the natural method – a fiery chilli stir-fry when I was eight days overdue – and that did the trick.

My contractions started and then picked up once we got to hospital. I was coping with the pain, so kept going without any pain relief. My midwife was happy to let me pretty much do what I wanted.

It was the most amazing primal experience as I felt myself retreat into my head, curled up on the bed. I didn't look at or talk to anyone, including my poor husband. When I felt the strong urge to push, I got in position and within an hour my big 4.1kg boy emerged. I felt euphoric and energised, starving and desperate to call my family.

Looking back, I'm grateful that all three of my children were born in perfect health, but I'm especially grateful I got the opportunity to experience such a joyful, natural delivery with Campbell.

Medicine showed an overall slightly increased risk of complications for mother and baby having a VBAC compared to a Caesarean delivery. While the risk of uterine rupture during VBAC was very low at less than 0.5 percent, or fewer than five cases per 1,000 births, there were slightly greater risks of uterine infection and infant brain damage from lack of oxygen. Importantly, the study found that the risk of uterine rupture was even greater when the labour was induced, occurring in up to 24.5 cases per 1,000 births.

### SAFE & SOUND

While some may feel the risks involved in VBAC, however slim, are too grave to take, others say VBACs are perfectly safe in some circumstances, and point to the fact that Caesareans carry their own risks. 'There is a lot of fear around vaginal births after Caesarean, but that's historical,' says Renee Adair, director of the Australian Doula College. 'There was a much higher risk of uterine rupture in the past, but that was when the incisions were vertical. They're now horizontal. Today we've realised the risks are extremely low in many cases, so it makes sense to let women have a go.'

A 2001 study published in the *New England Journal of Medicine* confirmed that uterine rupture is much less likely to occur with the transverse incisions (bikini scars) used for Caesareans today. Certainly, much research on Caesareans tells us that this is serious surgery, with its own inherent dangers. A 2006 study published in *Obstetrics & Gynecology*, for example, found a decreased risk of overall major complications with a VBAC, compared to an elective repeat Caesarean.

When it comes to deciding whether a VBAC is a possibility for you, it's important to look at the reasons for the first Caesarean. If it was related to a medical cause that may happen again, like the baby's head being too big for the pelvis, a repeat Caesarean may be the only option.

'If the first was due to a breech baby or because the placenta was too low, these are not recurring causes, so you'd be in a much better situation,' says Dr Child. 'The second thing we closely look at is the detail of the operation – did it heal well, was there any infection, how long since the last birth? You have to investigate the chance of success, and the potential risks.'

Once the patient has committed to a VBAC, there are a number of ways to reduce the risks of

complications. Most important is not inducing the labour artificially, as studies have shown this increases the risks of uterine rupture.

'We've adopted a policy of not inducing VBAC patients,' says Dr Child. 'If labour doesn't progress itself, you will have a Caesarean when you have reached 10 days overdue.'

Also, it's essential to monitor both the baby and mother closely during the labour. 'There's very little warning that a uterine rupture has occurred,' says Dr Child. 'Usually the first indication, before the mother feels any pain, is that the foetal heart rate just drops.'

### THE RIGHT CARE

It's essential to find a caregiver who doesn't seem to apply any hard-and-fast rules. 'Most obstetricians practising sit somewhere in the middle with VBACs, and will say, "Let's talk this through and individualise the treatment for each woman",' says Dr Pecoraro. 'We have to be really careful about blanket statements.'

Most important is making sure that women get accurate, unbiased information about the risks and the benefits of both VBACs and Caesareans. Childbirth educator Marie Burrows says, 'I think, unfortunately, some of the advice from doctors is incorrect. Risk of uterine rupture is quite low. It does increase after second and third Caesareans, but women need to research the real risks.'

At RPA Hospital, a special clinic has been set up to improve the consistency of treatment and information provided to VBAC patients. 'It's so people get uniform information,' says Dr Child.

'There are serious risks and a lot of caution, but my biggest worry is that women get conflicting messages. In Australia, there are some individual obstetricians who say, "No way, VBACs are too dangerous." But from the broader picture, there's still encouragement for doing them safely.' ●

### RESOURCES USEFUL CONTACTS

- **birthrites.org** Provides information and resources on all birth options.
- **canaustralia.net** Advice and information about Caesareans and VBACs from the Caesarean Awareness Network Australia.
- **vbac.com** A site dedicated to providing detailed resources about VBACs.