

# Can VBACs and Repeat VBACs Really Be Safer than Repeat Cesareans?



## International Cesarean Awareness Network

The International Cesarean Awareness Network, Inc. (ICAN<sup>®</sup>) is a nonprofit organization that was founded in 1982. ICAN<sup>®</sup>'s mission is to improve maternal-child health by preventing unnecessary cesarean sections through education, providing support for cesarean section recovery, and promoting Vaginal Birth After Cesarean (VBAC).

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**Yes!** The risk of serious injury to the mother increases progressively with each cesarean her body endures. On the other hand, women who have one successful Vaginal Birth After Cesarean (VBAC) lower the risk for themselves and their babies during later VBAC attempts. The greater the number of prior successful VBACs a woman has, the lower her risk of complications for the baby in her current and future pregnancies.

The VBAC rate in the U.S. is extremely low, despite the fact that it is a safe choice for birth after cesarean. A close look at the research shows that while both VBAC and repeat cesareans carry their own risks, mothers and babies are likely to be better off by choosing a VBAC.

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# After a Cesarean...

...What's the Safest Path to Your Future Births?

# MAKE AN INFORMED CHOICE ABOUT THE RISKS OF REPEAT CESAREANS VS. VBACS

Cesarean sections are major abdominal surgery, and like all surgery, carry the risks of complications. These can include **dense adhesions**, excessive scar tissue growth that connects the uterus to surrounding tissues and organs. Adhesions can increase the risks of longer operation times and injury to adjacent organs. The risk of **hysterectomy**, or the surgical removal of the uterus, also rises. Undergoing repeated cesareans make it more likely a woman will experience **placenta accreta**, in which the placenta grows into the middle layer of the uterus, possibly causing hemorrhages and requiring a hysterectomy.

A woman who has repeat cesareans can also be more likely to experience **thromboembolisms** (blood clots that break loose and block blood vessels), or excessive blood loss. And while **uterine rupture** (a rare, but potentially catastrophic event during pregnancy or childbirth in which the uterine wall splits open) remains a concern after one or more cesareans, the risk of uterine rupture is small, and it decreases further with each additional VBAC.

**Risks Associated With Repeat Cesarean Sections**

## 4TH C-SECTION

- Risk of hysterectomy: 2.41% (1 in 41) [2]
- Risk of blood transfusion: 3.65% (1 in 27) [2]
- Risk of placenta accreta: 2.13% (1 in 47) [2]
- Risk of major complications: 12.5% (1 in 8) [3]
- Risk of dense adhesions: 42.2% (2 in 5) [3]

## 3RD C-SECTION

- Risk of hysterectomy: 0.9% (1 in 111) [2]
- Risk of blood transfusion: 2.26% (1 in 44) [2]
- Risk of placenta accreta: 0.57% (1 in 175) [2]
- Risk of major complications: 7.5% (1 in 13) [3]
- Risk of dense adhesions: 32.2% (1 in 3) [3]

## 2ND C-SECTION

- Risk of hysterectomy: 0.42% (1 in 238) [2]
- Risk of blood transfusion: 1.53% (1 in 65) [2]
- Risk of placenta accreta: 0.31% (1 in 323) [2]
- Risk of major complications: 4.3% (1 in 23) [3]
- Risk of dense adhesions: 21.6% (1 in 5) [3]

## 1ST C-SECTION

- Risk of hysterectomy: 0.65% (1 in 154) [2]
- Risk of blood transfusion: 4.05% (1 in 25) [2]
- Risk of placenta accreta: 0.24% (1 in 417) [2]

## 1ST VBAC

- Chance of successful VBAC: 63.3% (2 in 3) [1]
- Risk of uterine rupture: 0.87% (1 in 115) [1]
- Risk of hysterectomy: 0.23% (1 in 435) [1]
- Risk of blood transfusion: 1.89% (1 in 53) [1]

**Risks Associated With Repeat VBACs**

## 2ND VBAC

- Chance of successful VBAC: 87.6% (9 in 10) [1]
- Risk of uterine rupture: 0.45% (1 in 222) [1]
- Risk of hysterectomy: 0.17% (1 in 588) [1]
- Risk of blood transfusion: 1.24% (1 in 81) [1]

## 3RD VBAC

- Chance of successful VBAC: 90.9% (9 in 10) [1]
- Risk of uterine rupture: 0.38% (1 in 263) [1]
- Risk of hysterectomy: 0.06% (1 in 1667) [1]
- Risk of blood transfusion: 0.99% (1 in 101) [1]

**NOTE:** "Major complications" includes one or more of the following: uterine rupture, hysterectomy, additional surgery due to hemorrhage, injury to the bladder or bowel, thromboembolism, and/or excessive blood loss.

- [1] Mercer, B. M., & Gilbert, S., et al. Labor outcomes with increasing number of prior vaginal births after cesarean delivery. *Obstetrics & Gynecology*. 2008; 111: 285-291.
- [2] Silver, R. M., & Landon, M. B., et al. Maternal morbidity associated with multiple repeat cesarean deliveries. *Obstetrics & Gynecology*. 2006; 107: 1226-1232.
- [3] Nisenblat, V., Barak, S., & Griness, O.B., et al. Maternal complications associated with multiple cesarean deliveries. *Obstetrics & Gynecology*. 2006; 108: 21-6.

All VBAC statistics for this brochure are taken from the Mercer & Gilbert study which includes induced and augmented labors. Additional studies have shown lower uterine rupture rates (especially with spontaneous labors) and higher VBAC success rates.[1]