

QUALITY STANDARDS

Vaginal Birth After Caesarean

A guide for people who have had
a Caesarean birth and are
planning their next birth

2024 UPDATE



Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on [vaginal birth after Caesarean](#), or VBAC. It outlines the top 9 areas where clinicians can take steps to improve care for people who have had a Caesarean birth and are planning their next birth. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

Everybody is different, and some options may not apply in your situation. If you have questions about your care, **it is important to speak with your clinician.**

Summary of the top 9 areas to improve care for people planning a VBAC

Quality Statement 1: Access to Vaginal Birth After Caesarean



What the standard says

People who have had a Caesarean birth before can plan a vaginal birth for their next birth, as long as there is no medical reason not to have one.



What this means for you

If you have previously had a Caesarean section, you can plan a vaginal birth in this pregnancy, as long as there is no medical reason not to have one.

Did you know?

“Clinicians” are health care professionals who provide care to patients, including doctors, midwives, nurses, and nurse practitioners.

A “Caesarean section” is a surgery used to deliver a child through the abdomen.

Quality Statement 2: Discussion After Caesarean Birth



What the standard says

After a Caesarean birth, people have a discussion with their physician or midwife and receive written information about the reasons for their Caesarean birth and their options for future births.



What this means for you

Before you leave the hospital after a Caesarean birth, your physician or midwife should talk with you about why you had a Caesarean birth and what your options are for future births.

They should give you this information in a written report. They should also talk about this at your 6-week follow-up appointment.

The written report from your physician or midwife should include:

- Why you had a Caesarean birth
- How many weeks pregnant you were
- Any interventions or problems you had during labour, or if there were problems with your baby's position or heart rate
- What kind of scar is on your uterus
- Any reason(s) why you should not have a vaginal birth in the future

Quality Statement 3: Shared Decision-Making



What the standard says

Pregnant people who have had a previous Caesarean birth participate in shared decision-making with their physician or midwife. The discussion and planned mode of birth are documented in the perinatal record.



What this means for you

When you are choosing how you want to give birth, you and your physician or midwife should work together to make decisions. Conversations should include what is important to you about your birth experience, and the benefits and harms of both vaginal birth after Caesarean and a planned repeat Caesarean section.

Quality Statement 4: Previous Vaginal Birth



What the standard says

Pregnant people who have had both a previous Caesarean birth and a previous vaginal birth are informed that they have a high likelihood of successful vaginal birth if no contraindication is present.



What this means for you

If you have had a vaginal birth before, you are very likely to have a successful vaginal birth after Caesarean, as long as there are no medical reasons to avoid one in this pregnancy.

Quality Statement 5: Operative Reports and Incision Type



What the standard says

Physicians and midwives obtain an operative report from any previous Caesarean births whenever possible. Pregnant people who have had a previous Caesarean birth with an unknown type of uterine incision have an individualized assessment by their physician or midwife to determine the likelihood of a low transverse incision.



What this means for you

Your physician or midwife should read the report from your previous Caesarean birth. If they don't know the type of scar on your uterus from your previous Caesarean birth, they should help determine whether a vaginal birth after Caesarean is right for you.

Quality Statement 6: Timely Access to Caesarean Birth



What the standard says

Pregnant people planning a vaginal birth after Caesarean are aware of the resources available and not available at their planned place of birth, including physician, midwifery, nursing, anesthesiology, and neonatal care, and the ability to provide timely access to Caesarean birth.



What this means for you

If you choose to have a vaginal birth after Caesarean, your physician or midwife should tell you about the expertise available and not available where you plan to give birth, and what would happen if you needed an unplanned Caesarean birth.

Quality Statement 7: Unplanned Labour



What the standard says

Pregnant people planning an elective repeat Caesarean section should have a documented discussion with their physician or midwife about the feasibility of vaginal birth after Caesarean if they go into unplanned labour. This discussion should take place during antenatal care and again if the person arrives at the hospital in labour.



What this means for you

If you plan to have another Caesarean birth but you go into labour before your scheduled Caesarean, it may still be possible to have a vaginal birth. Talk to your physician or midwife about your options if you go into labour early.

Quality Statement 8: Induction and Augmentation of Labour



What the standard says

Pregnant people who have had a previous Caesarean birth are offered induction and/or oxytocin augmentation of labour when medically indicated, and are informed by their physician or midwife about the potential benefits and harms associated with the method proposed. Discussion about this should begin in the antenatal period.



What this means for you

You may be offered drugs or other methods to speed up your labour if you need it. Be sure to talk with your physician or midwife about the benefits and potential harms of what they recommend.

Quality Statement 9: Signs and Symptoms of Uterine Rupture



What the standard says

During active labour, pregnant people who have had a previous Caesarean birth are closely monitored for signs or symptoms of uterine rupture.



What this means for you

While you are in labour, your clinicians should watch you closely for signs and symptoms of a tear in your uterus.

Suggestions on what to discuss with your clinicians

Ask your clinicians:

- What are my options for giving birth after a previous Caesarean?
- What are some of the benefits of a vaginal birth after Caesarean (VBAC)?
- What are some of the risks of a VBAC?
- What factors might affect my eligibility to have a VBAC?
- Why is the type of uterine incision or scar from my previous Caesarean birth important to know?
- How do I know what type of uterine incision or scar I had with my previous Caesarean birth?
- Which of my clinician(s) will be there to support me during labour?
- Where is the safest place for me to have a VBAC, if I choose this as my birth plan?
- What would happen if I were to go into labour early?
- What can happen during labour that may change my birth plan?
- What would happen if I needed to have an unplanned Caesarean birth?
- What is a uterine rupture?
- What signs or symptoms could mean that I am experiencing a uterine rupture?
- What will my clinician(s) do to monitor me during labour and/or to prevent me experiencing a uterine rupture?
- If I have questions or concerns about my birth plan, who can I call?

Share with your clinicians:

- If you are worried about attempting a VBAC
- Any reports or written information you may have about your previous Caesarean birth
- If there is anything about your birth plan that you do not understand
- If you have ever been told that you may not be eligible for a VBAC by anyone on your health care team
- If you have any other health problems that they should know about
- What matters the most to you about your care, and any social supports you may need
- Any concerns you have about your birth plan

Learn more

The Association of Ontario Midwives has developed a client handout titled [Deciding How to Give Birth After a Caesarean Section](#), which explains research on this topic and can help inform your choices and conversations with your health care team. This resource is available in multiple languages.

[My Next Birth](#) is an online decision-making tool developed by Perinatal Services BC that can help you consider your values and goals for your next birth after a Caesarean section.

[Pregnancyinfo.ca](#) offers evidence-based information from The Society of Obstetricians and Gynaecologists of Canada.

[OMama](#), a website and mobile application developed by the Better Outcomes Registry and Network (BORN Ontario), connects you with trusted and evidence-based information on many pregnancy-related topics including VBAC.

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

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