

Vaginal Birth After Cesarean (VBAC): A Comprehensive Overview

Introduction

Vaginal Birth After Cesarean (VBAC) is an option for women who have previously delivered *via* cesarean section but wish to attempt a vaginal delivery in subsequent pregnancies. VBAC presents a viable alternative to repeat cesarean sections (C-sections) and has become a topic of increasing interest in obstetrics due to its potential benefits for both mother and child. However, VBAC also carries certain risks that must be carefully weighed. This article provides an in-depth exploration of VBAC, including its benefits, risks, criteria for eligibility and the considerations involved in making an informed decision.

Description

Historical context and rise of VBAC

The approach to childbirth has evolved significantly over the past century. Until the late 20th century, a common medical maxim was “once a cesarean, always a cesarean.” This belief stemmed from concerns about uterine rupture, a potentially life-threatening complication for both mother and baby. However, as medical knowledge advanced and surgical techniques improved, the risks associated with VBAC were reevaluated. In the 1980s, the medical community began to recognize that many women with previous C-sections could safely deliver vaginally in subsequent pregnancies. This shift led to an increase in VBAC rates throughout the 1980s and 1990s.

However, concerns about the safety of VBAC led to a decline in its prevalence in the early 2000s, largely due to fears of uterine rupture and the increased use of repeat cesareans as a precautionary measure. Despite this, the past decade has seen renewed interest in VBAC, driven by a desire to reduce the risks associated with multiple C-sections and to promote more natural birthing experiences.

Benefits of VBAC

One of the primary advantages of VBAC is the avoidance of major abdominal surgery. A successful VBAC allows for a shorter recovery time, less postoperative pain and a reduced risk of complications such as infection, blood loss and injury to internal organs. Additionally, women who undergo VBAC often experience a shorter hospital stay and a quicker return to normal activities compared to those who have a repeat C-section.

VBAC also carries significant long-term benefits. For women planning future pregnancies, each subsequent C-section increases the risk of complications such as placenta previa, placenta accreta and bowel or bladder injury. By opting for VBAC, women can potentially avoid these cumulative risks, making future pregnancies safer.

From a psychological perspective, many women find VBAC to be a more empowering and satisfying birth experience. The ability to have a vaginal delivery can contribute to a greater sense of control and fulfillment, which can positively impact postpartum mental health. Moreover, successful VBACs can improve maternal-infant bonding, as the absence of surgical recovery allows for immediate skin-to-skin contact and breastfeeding initiation.

Risks associated with VBAC

While VBAC offers numerous benefits, it is not without risks. The most serious risk associated with VBAC is uterine rupture, which occurs when the scar from a previous C-section tears during labor. Uterine rupture is a rare but severe complication that can lead to hemorrhage, hysterectomy and in extreme cases, fetal or maternal death. The risk of uterine rupture in women attempting VBAC is estimated to be around 0.5% to 1%.

Other risks of VBAC include the possibility of an emergency C-section if labor does not

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Received: 18-Nov-2024, Manuscript No. jlcb-24-152780; **Editor assigned:** 21-Nov-2024, PreQC No. jlcb-24-152780 (PQ); **Reviewed:** 05-Dec-2024, QC No. jlcb-24-152780; **Revised:** 17-Dec-2024, Manuscript No. jlcb-24-152780 (R); **Published:** 24-Dec-2024, DOI: 10.37532/jlcb.2024.7(6).286-287

progress as expected. This scenario can lead to increased maternal morbidity, particularly if the emergency surgery is more complex than a planned C-section. Additionally, the success rate of VBAC is not guaranteed, with estimates suggesting that 60%-80% of women attempting VBAC will have a successful vaginal delivery. The remaining 20%-40% may require a repeat C-section due to complications during labor.

Criteria for VBAC eligibility

Not all women are candidates for VBAC and careful assessment is required to determine eligibility. The type of uterine incision from the previous C-section is a crucial factor; women with a low transverse incision (the most common type) are generally considered good candidates for VBAC, as the risk of uterine rupture is lower. However, women with a vertical (classical) or T-shaped incision are typically advised against attempting VBAC due to the higher risk of rupture.

Other factors influencing VBAC eligibility include the number of previous C-sections, the reason for the initial C-section and the presence of any contraindications to vaginal delivery (e.g., placenta previa or a large baby). The timing of the previous C-section also matters, as women with a longer interval between deliveries tend to have a higher success rate with VBAC.

Conclusion

Vaginal Birth After Cesarean (VBAC) represents a significant option for women with a history of cesarean delivery who wish to avoid repeat surgery and experience a vaginal birth. While VBAC offers numerous benefits, including induced recovery time, lower surgical risks and a more natural birthing experience, it is not without its challenges and potential complications. The decision to pursue VBAC should be made with careful consideration of the individual's medical history, the type of uterine incision and the availability of emergency care.