

## A Small Risk for **Separation of the Uterine Scar**

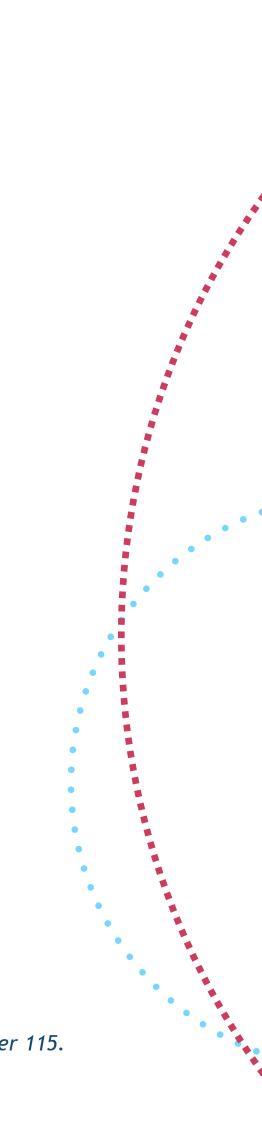
- With either a planned repeat cesarean or a planned VBAC, mothers are at risk.
- The separation of a uterine scar occurs mostly during labor.

### The Chance that a Uterine Scar May Separate in Labor is Very Small

With a low transverse (side-to-side) uterine scar the risk for a uterine rupture is **less than 1%**.

## How Often Does This Occur?

- With one low-transverse (side to side) cesarean scar it is a rare event and occurs in 5 to 9 women out of 1,000 (0.5% to 0.9%) laboring for a VBAC.
- The separation of the uterine scar cannot be predicted before it actually occurs.
- It can occur suddenly during labor or delivery and sometimes during pregnancy.



## The Majority of Women Who Labor for a VBAC Have a Safe Birth

Number of Women Who Labor for a VBAC 1,000

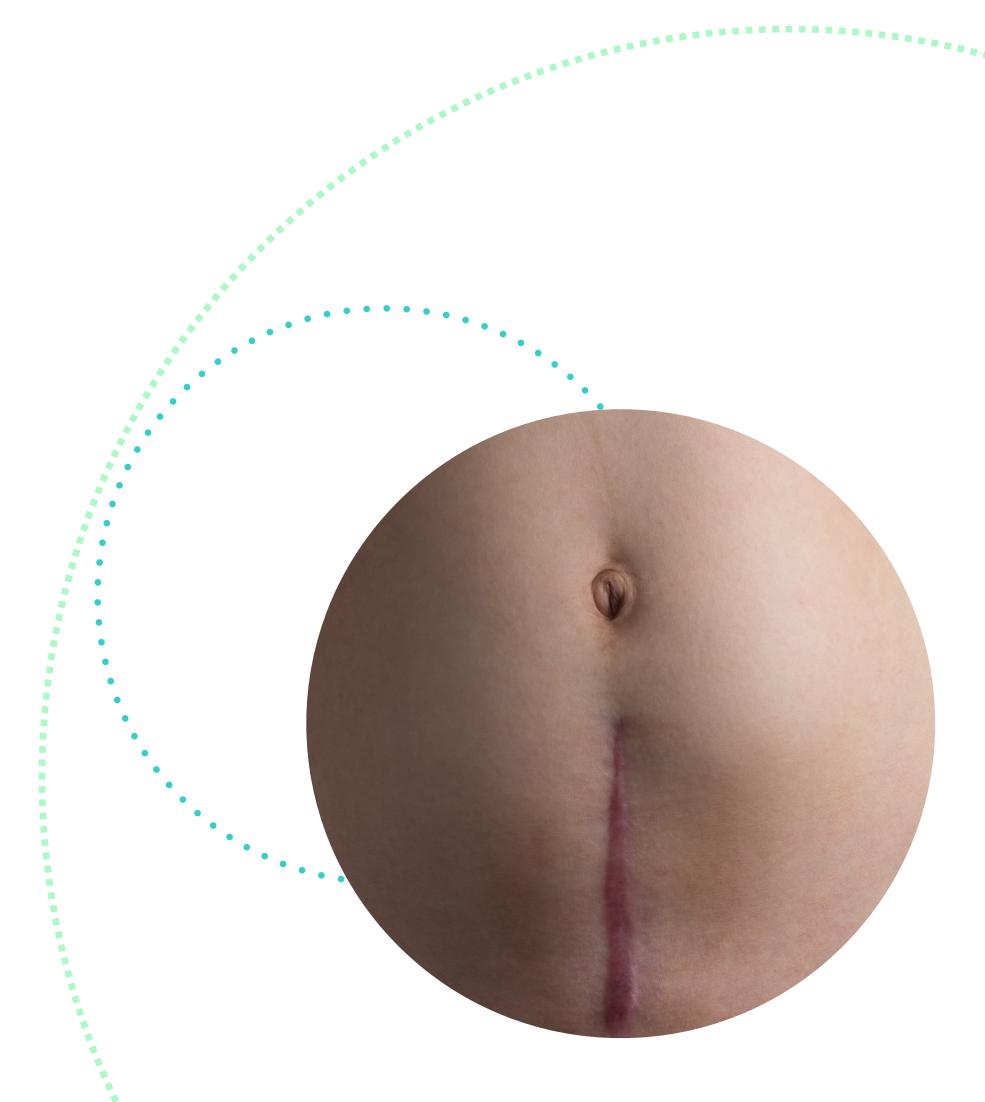
Number of Women Who May Experience a Separation of Uterine Scar

5 to 9

## Rare Types of Cesarean Scars

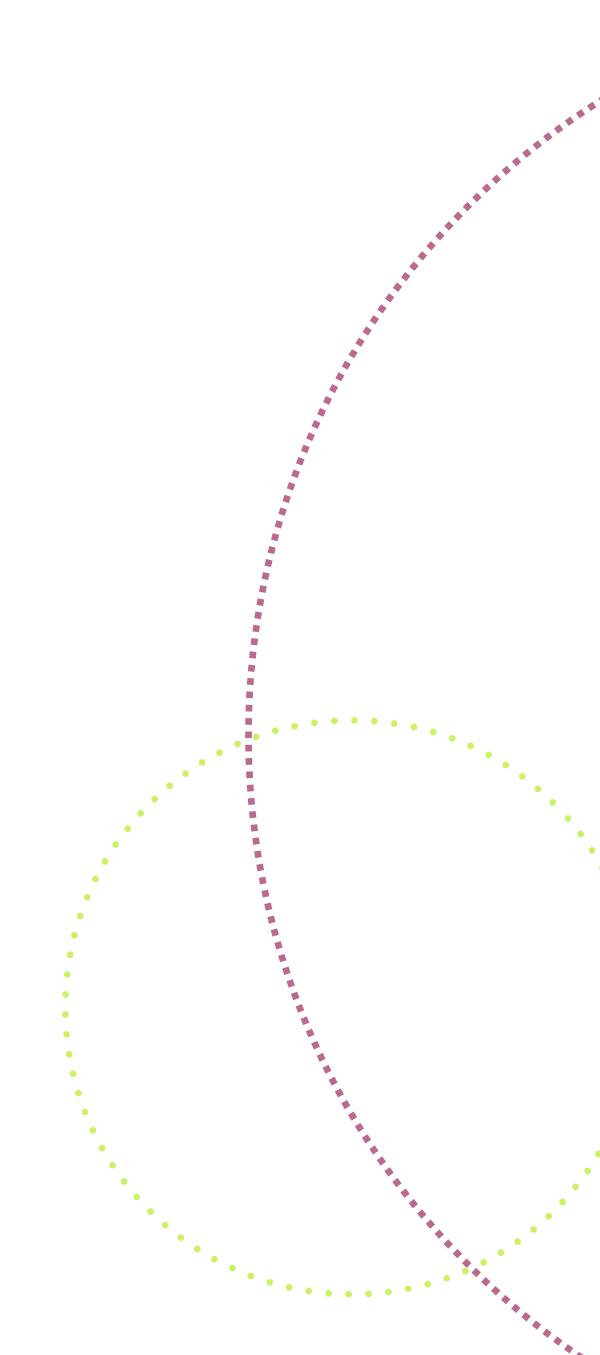
Most mothers have a low transverse (sideto-side) cesarean scar, but you may have a different one. Caregivers may disagree about planning a VBAC with these scars:

- A classical/vertical scar in the thinner upper part of the uterus;
- A low vertical scar in the lower part of the uterus;
- A low "J" or inverted 'T" scar in the lower part of the uterus.



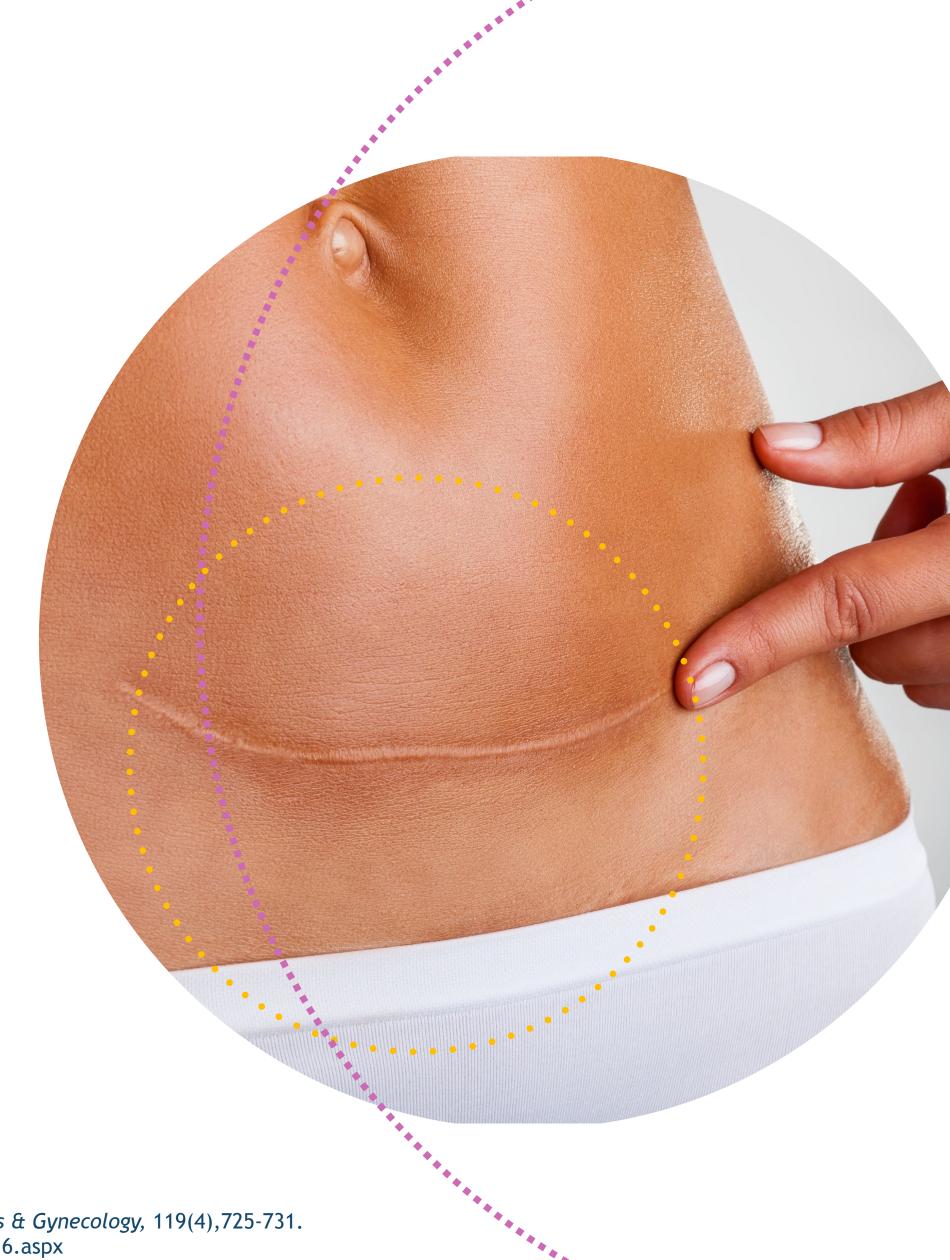
#### What is a Window (Dehiscence)?

- Sometimes the scar stretches thin enough to cause a dehiscence or window. This is also known as a silent or incomplete rupture or an asymptomatic separation.
- A dehiscence does not usually cause harm to the mother or the baby and does not require a medical response.



# What Happens if the Scar Separates?

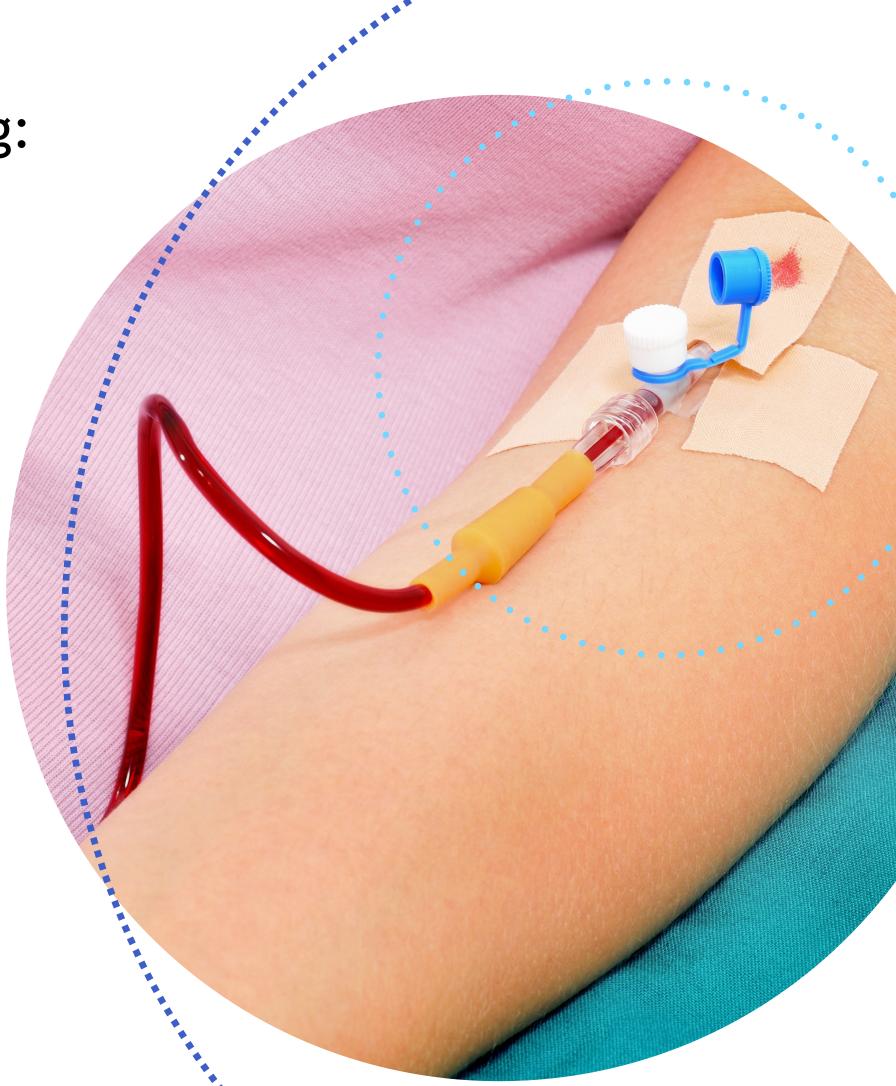
- The separation of a cesarean scar is a rare, but life-threatening complication that requires an immediate cesarean.
- It is a separation through the entire thickness of the uterine wall at the site of a prior cesarean incision.
- The separation can be partial or complete.
- Delay in performing an emergency cesarean can have serious consequences for the mother and the baby.



## What Happens to the Mother?

If the scar separates you may experience the following:

- Loss of blood that may require a transfusion;
- Damage to the uterus that may require a hysterectomy (removal of the uterus);
- Damage to your bladder;
- A serious infection;
- You may develop a blood clot that can travel to your lungs.



Goer, H., Romano, A., Sakala, C. (2012). Vaginal or cesarean birth: What Is at stake for mothers and babies? A best evidence review. New York: Chlldbirth Connection.

## What Happens to the Baby?

#### If the uterine scar separates:

- The baby may experience hypovolemia (decrease in blood volume, extreme drop in blood pressure);
- The baby may be deprived of oxygen;
- The baby may not survive (extremely rare);
- 1.9 babies may not survive per 10,000 women who labor for a VBAC compared to the same number of women who have a routine repeat cesarean.

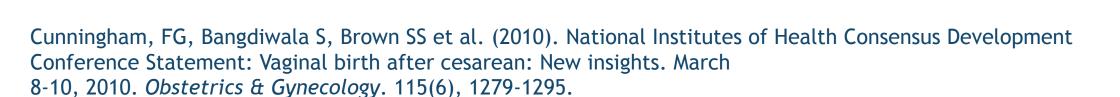
# In the Event that the Uterine Scar Separates

- The hospital staff would respond to the medical emergency.
- You would be taken to the operating room for an emergency cesarean section.
- Your baby may require special attention and would be cared for by a team dedicated to newborn care.
- Your family would wait for you in a designated area.



What does the National Institutes of Health (USA) say about the risks of VBAC?

For low-risk women, the risks of laboring for a VBAC are the same as for any other woman giving birth for the first time.



# Other Complications of Labor Also Require an Emergency Cesarean

Women who labor for a VBAC as well as women without a prior cesarean can experience complications in labor that require an emergency cesarean.

	Per 1,000 Women Who Labor	
•	Uterine Rupture symptomatic separation of uterine scar	7-8
•	Shoulder Dystocia baby's shoulders are too wide to fit through pelvis	6-14
•	Placental Abruption placenta separates from the uterus before the baby is born	11-13
• de	Umbilical Cord Prolapse umbilical cord precedes the baby's head through the cervix	14-62

Komorowsky, J. (2010). Putting uterine rupture into perspective, in a woman's guide to VBAC: Navigating the NIH consensus recommendations. Giving Birth With Confidence Blog, Retrieved from http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/putting-uterine-rupture-into-perspective/

## With a Rapid Response to a Uterine Rupture, Most Mothers and Babies Do Well

- If the mother and baby are carefully monitored, the birth attendant is trained to attend VBAC births, and if the medical response is rapid, mothers and babies usually do well.
- With a rapid cesarean, fetal death from a uterine rupture is an extremely rare event.

## Problems with the Cesarean Scar Can Be Reduced

You are less likely to have problems with the uterine scar if:

You go into labor on your own;

You avoid an induction of labor with an unripe cervix;

 You avoid an induction when you had a cesarean less than 18 months before;

 If your caregiver avoids the use of Misoprostol (Cytotec) which is contraindicated for induction for women with a prior cesarean.



## Closure of the Uterine Incision

- During surgery the uterine incision can be closed using a single or double layer closure.
- A single layer closure is more likely to separate during labor than a double layer closure.

### Key Points to Review

- The risks of VBAC for mothers are the same as for any other woman having a first birth.
- The separation of a cesarean uterine scar is a rare event and occurs in less than 1% of women who labor for a VBAC.
- Although it's a rare event, a uterine rupture is a medical emergency that requires a rapid cesarean section.
- Women with an unusual type of uterine scar may be able to labor for a VBAC.

### Checklist for Parents

- The majority of uterine cesarean scars are low transverse (side-to-side).
- If you are considering laboring for a VBAC and are not sure what type of uterine scar you may have, try to obtain your operative records (documentation of your surgery only).
- Go over your operative record with your caregiver to see what kind of incision was made in your uterus.
- Find out if your uterine incision was closed with a single-layer or double layer closure. With a single layer closure you may need closer monitoring during labor.



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## Checklist for Parents

- During your prenatal visits talk with your caregiver about your specific medical history and your concerns for a uterine rupture. How can these be reduced?
- Ask your caregiver about how you will be cared for while laboring for a VBAC.
- Ask your caregiver if the hospital staff is specifically trained to care for women laboring for a VBAC.



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#### Resources

for Parents

- American College of Obstetricians and Gynecologist Vaginal Birth After Cesarean Delivery: Deciding on a Trial of Labor After a Prior Cesarean
- Birthrights: Healing After Caesarean, Inc., Australia Caesarean Birth: Making Informed Choices
- British Columbia BC Women's Hospital and Health Center, Best Birth Clinic, Power to Push Campaign Birth After Cesarean: Information on Options
- National Childbirth Trust, U.K.
   Vaginal Birth After Cesarean
- Northern New England Perinatal Quality Improvement Network Patient Education: Birth Choices After a Cesarean
- Spectrum Health Gerber Memorial Hospital
   VBAC Patient Informed Consent Form See VBAC for Educators: A Teaching Guide, Sample Hospital Forms