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# **Pregnancy after a Caesarean birth (For postnatal women)**

Maternity

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[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

Congratulations on the birth of your child. We hope that you and your baby are well and that you are enjoying getting to know your new baby.

As you have given birth via Caesarean section (CS) we have developed this leaflet to inform you about how this may affect any future pregnancies and births you may have.

### **Pregnancy after Caesarean section (CS)**

In any future pregnancies you will be offered 'consultant-led care.' This means that you will be offered appointments with an obstetric doctor alongside your usual appointments with a community midwife.

The role of the obstetric doctor is to advise you about any additional risk factors that you may have now you have had a CS. They will also ensure you and your baby are well and in conjunction with you, plan your care to ensure it is personalised to you and your individual pregnancy.

Having a CS means that you have a healed wound to your womb. Whilst the majority of subsequent pregnancies appear to be unaffected by this, it does increase the risk of certain complications. We recommend that you wait a while (ideally at least one year) between pregnancies to allow your body time to heal.

#### Additional factors that *may* arise in future pregnancies

Pregnant women who have had a CS previously are more likely to have a placenta that is low in their womb, near or covering the cervix (opening to the womb).

Research shows women who have previously had a CS when their cervix was fully dilated are more likely to experience premature labour in their next pregnancy.

One study in Scotland showed a small increase in the risk of stillbirth for women who have had a CS previously (4 in 1000 compared to 2 in 1000 women who had never had a CS).

Research shows you are more at risk of complications if you fall pregnant within the six month period immediately following a CS birth.

### **Birth after Caesarean section (CS)**

During subsequent pregnancies your midwife and doctor will ask you about your thoughts and preferences for your next birth.

Although there are risks, women who have had a previous CS can have a vaginal birth safely:

72-75 out of 100 (or 7-8 in 10) women who have never had a vaginal birth before will successfully have a vaginal birth.



This increases to 85-90 of 100 (or 8-9 in 10) women who have had a previous vaginal birth.



You may also decide that you prefer to have another CS. If this is the case, your midwife and doctor will discuss this with you. At around 36 weeks your team will confirm your choice and schedule a date for your CS. Unless there are other pregnancy concerns this will be after you are 39 weeks and 3 days, as having your baby by CS before this time increases the baby's risk of requiring extra support and admission to the special care baby unit.

### **Are there additional risks?**

Yes, there are additional risks to birth after CS, whether you plan for a vaginal birth or a repeat CS. There is no clear answer to state which mode of birth is safest as the different risks for each option varies and depend on lots of other individual factors.

The most commonly discussed risk is 'scar rupture.' Around 5 in 1000 women (approximately 1 in 200) planning a vaginal birth after CS experience this.

This is a term used to cover two things:

<i>Scar dehiscence</i>	The healed wound begins to thin and weaken
<i>Full rupture</i>	The healed wound breaks apart

If you planned a vaginal birth you would be offered electronic fetal monitoring during active labour. This provides constant surveillance of the baby's heart rate and allows the midwives and doctors caring for you time to identify whether your baby is coping well, or is starting to struggle, or is definitely not coping with labour. This often is how we can pick up cases where the wound is weakening, well before it breaks apart. Birth in a hospital setting is recommended for women who have had a previous CS.

### **What is safest?**

There is no clear answer. Planning a vaginal birth carries the small chance of scar breakdown/rupture. Planning a repeat CS increases the risk of heavy bleeding after birth and of baby requiring additional support and/or admission to the special care baby unit.

### **I have been told to avoid...**

You may have been told by the midwife or doctor caring for you to avoid another pregnancy, or to avoid a vaginal birth, or a repeat CS in future. If this is the case please ask them for more information so that you fully understand the reasons for this.

If you would like to discuss your labour and birth, or any implications for future pregnancies, please contact our Birth Afterthoughts service. They will either meet with you or direct you to the person best placed to help you.

If you decide to have another baby in future the team caring for you will discuss your options with you in detail.

**You do not need to make any decisions now**, however, you should consider your choice of contraception, as we recommend avoiding another pregnancy for a year. Your midwife, GP and practice nurse can advise you about your options for contraception.

For now, enjoy your baby and seek help and support from your midwives who are very happy to help you.