

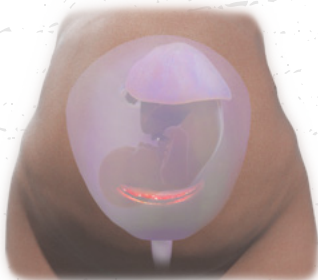


# Ten Things To Consider When Seeking a Vaginal Birth After Cesarean

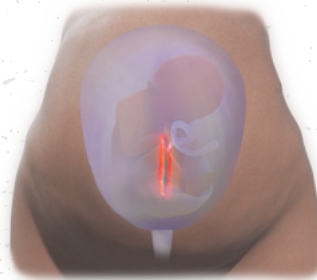
A vaginal birth after cesarean (VBAC) refers to a vaginal birth of a baby after a previous birth resulted in a cesarean delivery. VBACs are possible and have benefits over repeat cesarean births, including faster recovery time and none of the potential risks and complications of surgery.<sup>1</sup>

If you are planning to have more children and want to experience a vaginal birth, you have the right to explore a VBAC with a health care provider (ob-gyn or midwife). Read on for some considerations to keep in mind to make an informed choice:

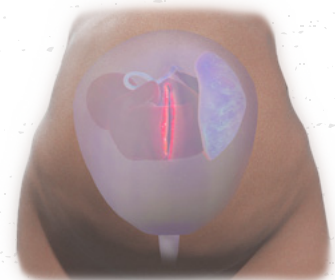
1. Get your cesarean section operative report from your prior hospital birth for your health care provider. This describes which procedures were done and the scar you may have. Keep a copy for yourself.
2. The best candidates for a VBAC are people who have a previous low transverse uterine incision<sup>1</sup> (a horizontal scar across the lower part of the uterus) and have spaced their pregnancies at least 18 months to two years apart.<sup>2</sup>
3. People with low vertical scars (up-and-down scars) are also candidates for a VBAC, but the risk of uterine rupture (a tear in the wall of the uterus during labor or delivery) is higher than for people with low transverse scars.<sup>2</sup>
4. VBACs are **not** recommended for people who have high vertical or classical scars (scars on the upper part of the uterus), T-scars, or scars with extensions.<sup>1</sup>



Low transverse incision  
(recommended)



Low vertical incision  
(recommended)



Classical incision  
(not recommended)

5. Confirm whether your current health care provider will support you having a VBAC.
6. Discuss with your current health care provider whether they will attend your birth personally and whether the other health care providers they work with will support you having a VBAC.
7. Plan to deliver at a practice or hospital that is well equipped for a VBAC. Ask for VBAC statistics and success rates of the practice or hospital you are currently receiving care from **and** research them yourself at **[profiles.health.ny.gov/hospital/pages/maternity](https://profiles.health.ny.gov/hospital/pages/maternity)**.
  - VBACs at home or a birth center are **not** recommended by the American College of Obstetricians and Gynecologists; American College of Nurse-Midwives; Association of Women’s Health, Obstetric and Neonatal Nurses; or American Academy of Pediatrics.<sup>3</sup>
8. Ask if the health care providers at the practice or hospital are comfortable inducing your labor if necessary to make your VBAC successful.
9. Through shared decision-making and informed consent, determine the safest and best option for you and your baby. **Remember:** It is your right to change health care providers or hospitals at any time.
10. Know that you can change your mind and request a repeat cesarean birth at any time during your pregnancy or labor.



If a VBAC is identified as safe for you, continue to talk to your ob-gyn or midwife during your pregnancy.

To learn more, visit [ican-online.org/faqs-about-vbac/](https://ican-online.org/faqs-about-vbac/) or scan the QR code.

1. ACOG Practice Bulletin No. 205: vaginal birth after cesarean delivery. *Obstet Gynecol.* February 2019;133(2):e110-e127. doi:10.1097/AOG.0000000000003078

2. VBAC: know the pros and cons. Mayo Clinic. March 14, 2025. Accessed April 28, 2025. <https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/vbac/art-20044869>

3. ACOG Committee Opinion No. 697: planned home birth. *Obstet Gynecol.* April 2017;129:e117-e122. doi:10.1097/AOG.0000000000002024