Kristi Krueger had her son, Troy, now 18, by emergency cesarean section after a slow leak of amniotic fluid left the baby in fetal distress. Two years later, she became pregnant with her daughter, Kelsie, now 16.

“I felt like, with Troy everything was so fast. I was in the room, then all of a sudden, I had a baby,” said Krueger, a television news anchor. “I felt so cheated.”

Krueger’s decision to try a vaginal birth after cesarean, or VBAC, is one that many women in her situation face.

A VBAC avoids major abdominal surgery, lowers a woman’s risk of hemorrhage and infection, and shortens postpartum recovery. Risks include uterine infection or rupture, and a failed VBAC requires an emergency C-section, which is more dangerous than a scheduled one. VBACs are successful 60-80 percent of the time, according to the American College of Obstetricians and Gynecologists, known as ACOG.

Before 1970, the standard practice was always a cesarean. During the 1970s, as women achieved successful VBACs, it became more popular, up to 28 percent in 1996, according to ACOG. By 2006, the VBAC rate had fallen to 8.5 percent, due to hospital and insurer restrictions, and to hesitancy by physicians and patients when evaluating the risk.

In August 2010, ACOG relaxed its restrictions on VBACs, making more women eligible.

Dr. Nigel Spier, chief of obstetrics and gynecology at Memorial Regional Hospital in Hollywood, Florida, said the new parameters “have not been fully absorbed by the physician community.” Many remain cautious, he said, in instances such as when a pregnant mom has had more than one prior C-section.

“The problem is there are no randomized trials of VBAC success. It’s all retrospective data, which doesn’t give you the full picture,” said Dr. Spier, who has performed 50 VBACs among 4,000 deliveries in the past 15 years.

When looking for the right doctor, he said most moms rely on friends’ recommendations.

“In general, there isn’t anywhere you’re going to be able to go to get a stamp of approval. It’s largely through word-of-mouth,” he said. “Some physicians will tell you straight out that they don’t do VBACs.”

When a new mom considers a VBAC, she should look for a facility that has 24-hour emergency services, including in-house anesthesia and a doctor readily available.

“This is not the time for a home birth or a birthing center with limited services,” Dr. Spier said. “They would be taking great risks to them and to their baby.”

Krueger’s physician said because she was healthy and in shape, there was no reason she shouldn’t try for a VBAC.

When Krueger went into labor for Kelsie, it was progressing slowly, so she was administered Pitocin. Krueger had an epidural and delivered Kelsie naturally, with no complications.

“It was a good experience. I had excellent doctors around me, and I felt confident that if, at any point, I needed a C-section, it wouldn’t be a problem,” she said. “The bottom line is though it worked out fine for me; it’s a personal choice, whether you want to put your body through it or not.”

Dr. Rene Paez, chief of obstetrics and gynecology at South Miami Hospital, said he has seen interest in VBACs decline in the past decade. Since 2000, of his 2,500 deliveries, only four or five were VBACs. One reason, he said, is most families are stopping at two children.

“If a woman is going to have lots of kids, they are more likely to try a VBAC, because having multiple C-sections increases the chance of complications,” Dr. Paez said. “But the VBAC success rate is 60 to 80 percent, so even for moms who want to try, it’s a coin toss whether it works or not.”

A major risk is uterine rupture.

“Even though the complication rate is only one percent, if that complication happens, it’s a big, big
thing. A uterine rupture can break an old incision, where the organ is weak, causing the need for a blood transfusion, or put the baby in distress,” he said.

When Naomi Crabtree, 34, was pregnant with her second child, Luke, she wanted a VBAC.

“I didn’t want to have an incision again, because there was nothing wrong with me or the delivery [the first time]. It was just because the baby was born breech,” said Crabtree, a mom of three.

When Crabtree’s water broke, the hospital where she was admitted administered Pitocin to help labor progress.

“Later I felt an instantaneous, excruciating pain, and I could tell something had happened,” she said.

Crabtree was rushed to the operating room, where Luke, now 3, was delivered in good health by emergency C-section. Crabtree had a ruptured uterus and bladder, and underwent immediate surgery to repair both. Stents and a drain were inserted, and she wore a catheter for a month.

When she later became pregnant for her daughter, Olivia, she was afraid.

“I was fearful because I didn’t know how my uterus would hold up,” she said.

Olivia, now six months old, was delivered uneventfully by scheduled C-section. Crabtree, who has suffered no ill effects from the ruptured uterus or bladder, said she still feels she made the right decision in trying a VBAC.

“I don’t know if I would have done anything different,” she said. “It’s just the luck of the draw.”

Dr. Paez said doctors use a scoring system to predict which moms are going to be successful.

“There are some patients who are very good candidates,” he said. “The mom and her doctor should consider all of the factors before making a decision.”

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**Relaxed restrictions on VBACs**

In August 2010, the American College of Obstetrics and Gynecology issued less restrictive guidelines on VBACs.

Women with one previous C-section and a low-transverse “bikini cut” incision are still considered the best candidates, but now “women with two previous low-transverse cesarean incisions, women carrying twins, and women with an unknown type of uterine scar are considered appropriate candidates for a trial of labor after cesarean,” according to Dr. Jeffrey Ecker of Massachusetts General Hospital in Boston, who co-wrote the guidelines.

Women seeking a VBAC should discuss it at their first prenatal visit. Ask the doctor:
- Under what conditions will he/she perform a VBAC?
- How many has he/she performed?
- How will he/she evaluate whether you are a good candidate?
- What are the risks to you?
- What are the risks to the baby?

**Fast Facts**

- If your first C-section was because of a problem that exists in the current pregnancy, that raises risk. If the C-section was because of a mechanical issue, not present in current pregnancy, you’re a better candidate.
- The time between a C-section and current pregnancy doesn’t affect outcome, but should be at least a year.
- Induction raises risk of uterine rupture, so if you’re going to try VBAC, labor should start naturally.