

2152 S Vineyard#138, Mesa AZ 85210  
480-539-6646-p 480-539-6696-fx

## **C-sections vs VBAC Article**

By Kimberly Dimock

The birth story never ceases to amaze me. From the moment a woman discovers she is pregnant, she begins a beautiful journey with her loved ones and with the little life being formed within her. It is truly a miracle every time a woman becomes pregnant and gives birth. Each woman who becomes pregnant envisions a beautiful childbirth. This is also the goal of the health care provider and every attempt is made during prenatal care to ensure the most positive and satisfying experience. Unfortunately, certain things can happen either before or during delivery that can change the course of the birthing plan. The goal of this article is to explore c-sections, which are often not the intended mode of delivery for many mothers. We will also explore VBAC's (vaginal birth after cesarean), an alternative to subsequent c-sections after an initial c-section has been performed.

C-sections, or cesarean sections, have been performed to aid in difficult births for several years. In fact, the first successful c-section was performed in 1794. Much advancement has been made since that time, which has made the use of c-section valuable when the following complications arise during delivery:

Situations that are life threatening to mom and baby  
Malpresentation  
Placenta previa/placenta abruption  
Cord prolapse

The rate of maternal and fetal death, as well as permanent neurological deficits, has decreased significantly in the face of the above potential and emergent situations due to the use of c-sections. Although useful, much controversy exists regarding the practice of c-sections in the medical community as well as the current practices for subsequent c-sections. Women must understand and be educated that there is an alternative to having future c-sections when a prior c-section has been performed.

It used to be accepted in the medical community that "once a C-section, always a C-section". This is not the case anymore. Many studies have been performed showing that VBAC's are safe in up to 70% of subsequent deliveries in the absence of those situations that indicated C-section in the prior pregnancy. Also, if the mother's c-section incision is low and transverse (as opposed to midline and horizontal), she is also a good candidate for VBAC. VBAC's are not without risks. Uterine rupture, although as low as 1%, is still a very real complication of VBAC's. If a mother has had one prior c-section and she is a good candidate for VBAC, it would be advantageous for her to find a physician who will perform a VBAC. As the number of c-sections increases, so does the risk of uterine rupture and the likelihood that a physician will decline VBAC.

There is increasing controversy surrounding both, including increasing rates of medically necessary and elective c-sections, as well as a decreasing number of VBAC's performed due to liability concerns. Despite these controversies, the most important point to remember is this: each mother has a right to be educated and informed about her choices, and she has every right to find a practitioner that will listen to her needs and help achieve the goals of her birth plan.

Edited and revised by Sherry Fragosa, Dr.Christine Brass-Jones OBGYN, and Dr. Denise Quance Grobe N.D.

For any questions or comments contact True Harmony at (480)539-6646 or through email at [info@trueharmonywellness.com](mailto:info@trueharmonywellness.com)