DECISION AID

Giving birth after previous C-section:
Vaginal birth or another C-section?

If you're pregnant and you've had a C-section (Cesarean section) in the past, you might be wondering whether to have a vaginal birth or another C-section this time.

You can usually have a vaginal birth even if you've previously had a C-section. That will depend on things like how long ago your last C-section was and what position your baby is in.

There's a scar in your womb from the previous C-section. That slightly increases the risk of problems during a vaginal birth.

This decision aid was created to help you decide which type of birth is right for you, together with your doctor and midwife.

THESE ARE THE OPTIONS:

Vaginal birth after C-section (VBAC) — You can still have an unplanned C-section if needed.

Another C-section — This is usually done one week before the baby's due date.

You can read about the pros and cons of these options on the next few pages.

If complications arise during a vaginal birth, medical teams in hospitals can switch to a C-section procedure at any point. If you want to deliver your baby at a birth center or at home instead, you can ask your doctor or midwife whether that will be possible in your situation and what to do if there are any problems.

MAKING AN INFORMED DECISION

This decision aid probably won't include all of the information that you need. It is still important to talk to a doctor or midwife, but the decision aid can help you. The type of birth you choose will depend on personal factors, too. These include your life circumstances, other medical conditions you may have, and any past experiences of giving birth. The things you want and expect from the birth will influence the decision too.

! Take the time you need to find out what you want to know and don't let anyone pressure you into choosing a certain option.

PROS AND CONS OF THE OPTIONS

	Vaginal birth after C-section (VBAC)	Another C-section
What does the birth involve?	The same as it does for women who haven't had a C-section in the past. If necessary, the childbirth team will use instruments like a ventouse suction cup to help things along, or do a C-section after all. 75 out of 100 women who decide to have a vaginal birth actually do deliver their baby that way. But 25 out of 100 end up needing a C-section.	The C-section is usually done one week before the baby's due date. Regional anesthesia is typically used to numb just your lower belly area. This means that you can be awake to experience the birth.
Who is this suitable for?	For most women. But sometimes there are medical reasons to not have a vaginal birth. For instance, if your placenta isn't in the right position.	For all women.
What are the advantages?	Some women want to have the experience of giving birth through their vagina. You avoid having C-section surgery and the related risks. You spend less time in hospital and recover more quickly.	You avoid the risk of having an emergency C-section under general anesthesia. You can plan the date of the birth early on. There's a lower risk of the wall of your womb tearing, a perineal tear, and pelvic floor problems.
What are the dis-advantages?	There's a higher risk of the wall of your womb tearing, a perineal tear, and pelvic floor problems.	The surgery may lead to infections, wound-healing problems, and adhesions in your belly (tissue sticking together) later on. You have to stay in the hospital longer. The wound takes longer to heal.
How common are uterine ruptures?	The womb tears open (ruptures) in around 3 out of 1,000 women. This can cause heavy bleeding, so they often need an emergency C-section under general anesthesia. The childbirth team usually notices ruptures early on.	The womb tears in fewer than 2 out of 1,000 women.
How might future births be affected?	You're more likely to have another vaginal birth in future if you have one this time.	The risk of problems (for example, with your placenta) increases. You're more likely to have a C-section in future pregnancies.

YOUR DECISION

You can now weigh the pros and cons of the two options for yourself.
Which of them is better suited to you and your life circumstances, and which of them isn't?

WHAT IS IMPORTANT TO YOU?

Use this section to make a note of the things that are particularly important to you. Which of them will affect your decision? How important are they to you? Mark the statements that apply to you, and add any thoughts of your own. Ranking the statements could help: For instance, you could mark the statements that are especially important to you with a 1, those that are a little less important with a 2, and so on.

Which statements apply to you?		Ranking (1, 2, ...)
I really want to be physically active again as soon as possible after the birth.	○	
I don't want to have another C-section.	○	
I want to experience a vaginal birth.	○	
I want to be able to plan the date of the birth early on.	○	
I definitely don't want a last-minute C-section.	○	
I had a bad experience during a previous birth (vaginal or C-section) and don't want that to happen again.	○	
	○	
	○	
	○	
	○	

WHICH OPTION WOULD YOU CONSIDER?

You can use this table to assess the different options. Mark the type of birth you would consider and write down what you like and don't like about it.

What would you consider?		What do you like about it?	What don't you like about it?
Vaginal birth after C-section (VBAC)	○		
Another C-section	○		

HOW FAR HAVE YOU GOT WITH YOUR DECISION?

You can use this section to record how far along you are in your decision-making process.
Mark where you are on a scale of 0 to 10.

0 **10**

I haven't decided yet. **I've made my decision.**

If you still aren't sure and need more help, you can find some tips and more information on the following pages.

WHAT ELSE DO YOU NEED IN ORDER TO MAKE A DECISION?

If you still can't decide, the following might help:

Knowledge If you feel that you don't have enough information:	☐ Write down any questions you still have (see below). ☐ Take this decision aid and your questions to your next appointment with your doctor or midwife to discuss with them. ☐ Get more information (for example, on the internet) but make sure your sources are reliable!
Support If you feel you need more support:	☐ Discuss the various options with a trusted person (for instance, with your doctor, your midwife, someone in your family, or a friend). ☐ Contact a support group or information and advice center. You will find more information about this on the next page. ☐ Arrange practical support (like transport for appointments, someone to go with you, or childcare).

PREPARING FOR YOUR APPOINTMENT WITH THE DOCTOR OR MIDWIFE

Do you still have any questions or concerns? Write down your questions or your own thoughts to talk about at the appointment.

There's a list of possible questions here:

www.informedhealth.org/questions

YOU'LL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:

	**Giving birth after previous C-section: How should your baby be born?** www.informedhealth.org/giving-birth-after-previous-C-section.html
	**What does a C-section involve?** www.informedhealth.org/what-does-a-c-section-involve.html
	**Birth** www.informedhealth.org/birth.html
	**At the hospital in Germany** www.informedhealth.org/at-the-hospital.html
	**Surgery** www.informedhealth.org/surgery.html
	**Support groups and information centers** www.informedhealth.org/support-groups-and-information-centers

PUBLISHING DETAILS

Institute for Quality and Efficiency in Health Care (IQWiG, Germany)
www.informedhealth.org/about-us

Last updated: June 2026

The format of this decision aid is based on the following:

- Ottawa Personal Decision Guide. O'Connor, Stacey, Jacobsen 2012. Ottawa Hospital Research Institute and University of Ottawa, Canada.
- MAKING SDM A REALITY – Hospital-wide shared decision making – G-BA Innovation fund 2023.
- Institute for Quality and Efficiency in Health Care (IQWiG, Germany). Development of a decision aid for hysterectomy: Rapid Report; Commission P18-01. 2019.