Birth choices with previous caesarean section (including Elective Repeat Caesarean Section and VBAC)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline is designed to provide brief, easy to access information and local procedures. If you are providing clinical care or counselling for VBAC, the national guidance linked below from the RCOG and NICE should be utilised:
Recommendations | Caesarean birth | Guidance | NICE
Birth after Previous Caesarean Birth (Green-top Guideline No. 45) | RCOG

Local Guidance which should be used in conjunction with this guideline:
Placenta Accreta Spectrum (PAS) Management and Referral Pathways
Elective Caesarean Section (Including Maternal Request Caesarean)
Care in Labour
Induction of Labour (IOL) Guideline
Fetal Monitoring -Intrapartum
Uterine Rupture

This guideline is for use by the following staff groups:
Midwives and Obstetric Doctors

Lead Clinician(s)

Laura Veal	Consultant Obstetrician
Daisy Austin	Audit & Guidelines Midwife
Approved by Maternity Governance Meeting on:	27th February 2026
Approved by Medicines Safety Committee on:	N/A
Review Date: This is the most current document and should be used until a revised version is in place	27th February 2029

Key amendments to this guideline

Date	Amendment	Approved by:
27th Feb 2026	Complete guideline review and update – now adopted national guidance and document is now local information	MGM

Inclusion statement

We recognise that although our policy uses words such as women/woman, not all birthing people or post-natal parents will identify as such. We encourage all staff to be welcoming of the diversity of our local population, be respectful of preferred language, pronouns, and adapt their communication appropriately. All staff should accommodate mothers and parents with individual needs or disabilities, whether they be physical or not visible, and adapt their care to support them with their pregnancy.

Is there National Guidance Available for this guideline?	Yes
National Guidance used to inform guideline *e.g. NICE/RCOG*	Recommendations | Caesarean birth | Guidance | NICE Birth after Previous Caesarean Birth (Green-top Guideline No. 45) | RCOG
Does the guideline follow National Guidance if available? *If no, what rationale has been used.*	Yes
If no national guidance available or national guidance not followed, what evidence has been used to inform guideline.	N/A
Ratified at Maternity Guidelines Forum:	27/02/2026

Contents

Local Guidance

1 Counselling

For all counselling in maternity, the BRAINS acronym should be utilised.

2 Patient Information

At booking appointment, RCOG VBAC information leaflet should be signposted to on Badgernet. This is a link that will take you to the RCOG website, therefore it is translatable through the browser.

3 Elective repeat caesarean section (ERCS)

All women should be counselled around ERCS. This should include discussions about implications for future family planning.

ERCS can be requested at any point in pregnancy. However, if ERCS is preferred, an obstetric appointment should be scheduled for 32-34 weeks to schedule a date for the birth.

Please follow Elective Caesarean Section (Including Maternal Request Caesarean)

4 Vaginal Birth after Caesarean section (VBAC)

Care in labour should be provided as per Care in Labour.

Keep interventions to a minimum during labour for healthy women with a previous caesarean birth unless there is a clinical indication. **IV access should no longer be recommended as a routine intervention; individualised risk assessment and discussions should determine if IV access is required.**

Use of the pool should be considered on an individual basis and telemetry monitoring should be recommended.

Continuous CTG and delivery on delivery suite is recommended as per Fetal Monitoring - Intrapartum

Routine postdates balloon IOL if no other indication for IOL. Risks of scar dehiscence 1 in 200 and increased 3-5 times with IOL should be discussed.

5 Initial Antenatal Clinic appointment (after 20 weeks)

In antenatal clinic patient should be seen by the consultant or senior registrar (ST6 or above). The clinic appointment should consist of:

Risk Assessment

- Previous Birth history should be reviewed. If the previous caesarean section was in another hospital where Badgernet SPR is not available, notes should be requested.
- Patients with more than previous one caesarean section requesting a VBAC must be seen by a consultant. If a consultant is not available, then they should be called back to ANC for consultant review.
- Placental localization should be reviewed.
- If the woman needs anaesthetic referral for surgical, medical or anaesthetic reasons she should be referred to the antenatal anaesthetic clinic.
- The VBAC checklist on Badgernet should be completed for EVERY woman who has had a previous caesarean section, regardless of their preferred mode of birth in this pregnancy.

Birth Counselling

- BRAINS discussion around birth choices.
- Place of birth should be discussed, with the recommended place of birth Delivery Suite if wishing for VBAC.

VBAC

- Fetal monitoring should be discussed, with continuous fetal monitoring recommended as per Fetal Monitoring -Intrapartum.
- Preference should be clearly documented on Badgernet. Individualised plan should be made for follow up and postdates discussions, utilising the flowchart in appendix 1 as a guide.

Elective Caesarean Section

- If a woman is booked for an elective CS there should be a discussion and documented plan for if labour commences before her scheduled surgery date.
- If there appears to be psychological issues e.g. tokophobia the woman should be referred to the Beacon perinatal service and Consultant midwife. A further follow up should be arranged to see the consultant following these appointments to decide on mode of delivery.

6 Consultant Midwife Referral

Preference for VBAC does not automatically require a referral to the consultant midwife clinic. However, in the instances where care requested is outside of national guidance and recommendations, a referral should take place. In this appointment preferences will be explored and an individualised care plan put together. Some examples of reasons to refer are:

- Requesting fetal monitoring other than continuous CTG
- Wishing to birth outside of delivery suite (meadow birth centre or home)

A referral can be made through Badgernet under ‘Consultant Midwife – detailed referral’. As much information as possible should be put onto the referral to allow for effective triaging.

7 Appendix 1 – Schedule of care (Antenatal)

Booking Appointment (Community Midwife)

- Full history of previous deliveries, including reason for LSCS and any complications that may have occurred.
- Discussion about implications for this pregnancy, expectations and birth choices.
- Discuss referral for consultant led care. This should be clearly documented on Badgernet.
- Obstetric referral via Badgernet.
- Signpost to VBAC leaflet in Badgernet library.

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Antenatal Obstetric Clinic (after 20 weeks)

- Full history of previous deliveries, including reason for LSCS and any complications that may have occurred. Identify individual risk factors.
- Counsel about implications for this pregnancy, expectations and birth choices. BRAINS tool should be utilised to aide this discussion.
- If undecided, schedule additional obstetric appointment later in pregnancy.

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Vaginal Birth (VBAC)

- Recommend Delivery Suite for place of Birth
- Discuss fetal and maternal monitoring & labour management
- If preference is for either home or MBC, counsel with BRAINS tool considering individual risk factors.
- Refer to Consultant Midwife if preferences are outside of guidance.

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Follow up

- Routine Community Midwife follow up (with ANC if any additional risk factors)
- Growth monitoring as per risk factors
- Birth preferences discussion at 34 weeks (with CMW)
- ANC at 40 weeks to discuss birth options and IOL.
- Refer to ANC if any additional queries/concerns or ELCS requested.

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Elective Repeat Caesarean Section

- Discuss options and preferences if labour starts prior to LSCS date.

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Follow up

- Routine Community Midwife follow up (with ANC if any additional risk factors)
- Growth monitoring as per risk factors
- Birth preferences discussion at 34 weeks (with CMW)
- ANC at 32-34 weeks to book ELCS date and complete paperwork
- Care as per ELCS guideline.
- Refer to ANC if any additional queries/concerns

8 Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	VBAC Checklists	Audit	Quarterly	Audit Midwife	Maternity Governance	Quarterly

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Maternity Governance Meeting
Maternity Guidelines Committee

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Quality Governance Meeting