

VBAC or Repeat C-Section: Know Your Options

Had a previous C-section? **It doesn't automatically mean every future birth has to be one.** Both paths can be reasonable. The right choice depends on your risks, priorities and plans for future pregnancies.



! About 60–80% of people who try for a VBAC succeed. **Ask early in pregnancy whether it's an option for you.**

AT A GLANCE

	TOLAC	Repeat C-section
Recovery	Shorter if VBAC succeeds	Longer, as with any surgery
Uterine rupture	About 0.5–0.9% with one low-transverse incision	Very rare, since labor is avoided
Predictability	Less predictable; may end in a C-section	Scheduled, usually at 39 weeks
Future pregnancies	Avoids adding another uterine scar	Placenta-related risks rise with each C-section

YOUR UTERINE INCISION MATTERS

The scar on your skin doesn't show the incision on your uterus. **Ask for your operative report.**

- **Low-transverse:** most common, lowest risk of rupture.
- **Low-vertical:** similar VBAC success. TOLAC may be an option.
- **Classical or T-shaped:** higher risk. TOLAC generally isn't recommended.
- **Unknown:** TOLAC may still be possible, since most are low-transverse.

GOOD TO KNOW

Estimate your chances

Many providers use the MFMU VBAC calculator as a starting point. It was updated in 2021 to remove race and ethnicity. Ask your provider to go through it with you, or search "MFMU VBAC calculator."

You may still be a candidate

According to ACOG, TOLAC can be considered after one or two low-transverse C-sections, with twins, or when your incision type is unknown.

Epidurals and induction

Epidurals are an option during TOLAC. Induction is possible but can raise the risk of rupture and lower the chance of VBAC. Misoprostol generally isn't used.

Timing and place

Births less than about 18 months apart carry more risk. TOLAC is recommended where an emergency C-section team is immediately available, and not every hospital offers it.

It doesn't have to be all or nothing

Some people plan a TOLAC with a backup date for a repeat C-section. Others schedule a repeat C-section but discuss what to do if labor starts first.

Questions to Ask Your Provider

Check the ones that matter to you and bring this to an early prenatal visit. **There's more than one reasonable choice.**

YOUR HISTORY AND CHANCES

- ☐ Am I a candidate for TOLAC based on my previous birth and this pregnancy?
- ☐ What type of uterine incision did I have?
- ☐ What makes me more or less likely to have a successful VBAC?
- ☐ How do the risks change if I hope to have more children?
- ☐ What circumstances would make you recommend a planned repeat C-section?

YOUR PROVIDER AND HOSPITAL

- ☐ Do you and this hospital routinely support TOLAC?
- ☐ How do you handle induction or speeding up labor with Pitocin during TOLAC?
- ☐ What monitoring do you recommend during labor, and why?
- ☐ What emergency resources are available if I need an urgent C-section?
- ☐ If I choose a repeat C-section, what family-centered options are available?

What matters most to me

- ☐ Avoiding another surgery and recovery
- ☐ The predictability of a scheduled date
- ☐ Experiencing labor or a vaginal birth
- ☐ Lowering risks for future pregnancies
- ☐ Feeling calm and prepared
- ☐ Other: _____

My questions and notes

Your preferences still matter

You don't need to choose based on what someone else considers the "better" birth. Whether you plan a TOLAC or a repeat C-section, a plan can guide your care team while leaving room to change course if you or your baby need something different.

Sources: ACOG (VBAC FAQ; Vaginal Birth After Cesarean Delivery, Practice Bulletin No. 205; Cesarean Delivery on Maternal Request); MFMU Network VBAC Calculator.

This guide is for education only and is not a substitute for medical advice. Talk with your provider about what's safe for you and your baby.

Read the full article: birthx.org/blog/vbac-or-repeat-c-section