



Successful Vaginal Birth After Cesarean

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Abstract

Background: Global cesarean rates continue to rise. Vaginal birth after cesarean (VBAC) can lower repeat cesareans and related morbidity. **Objective:** Identify clinical, psychosocial, and institutional predictors of successful VBAC. **Methods:** We searched PubMed, ScienceDirect, and Google Scholar (2020–2024) using PRISMA-ScR methods. Twenty-one studies met eligibility criteria and underwent quality appraisal (EPHPP for quantitative; JBI for qualitative). **Results:** Consistent predictors of VBAC success included prior vaginal birth, spontaneous onset of labor, cervical dilation ≥ 4 cm at admission, and higher Bishop score. Supportive counseling and family involvement increased willingness to attempt trial of labor after cesarean (TOLAC). Facilities with VBAC-supportive policies and reliable emergency backup reported higher success rates. **Conclusions:** Clinical readiness, informed choice, and institutional capability together shape VBAC outcomes. Programs should standardize counseling, strengthen facility preparedness, and track VBAC indicators. Future multi-center studies should validate predictors and examine long-term outcomes versus repeat cesarean.

Introduction

The Rates Of Cesarean Section (Cs) Are Increasing Globally, Currently Accounting For 21% Of All Births, With Projections Indicating An Increase To 29% Within The Next Decade (Who, 2021). The World Health Organization Recommends An Optimal Cesarean Section Rate Of 10-15% To Enhance Outcomes For Mothers And Infants; Nevertheless, Regions With Elevated Cesarean Rates, Such As Latin America And The Caribbean, Average

Over 42%, While East Asia Is Anticipated To Attain 63.4% By 2030 (Betran *Et Al.*, 2021). However, Cesarean Sections Are Life-Saving In Emergencies, But Unnecessary Procedures Without Medical Justification Can Lead To Increased Short- And Long-Term Risks Such As Maternal Infection, Hemorrhage, And Respiratory Distress In Newborns (Keag *Et Al.*, 2018; Who, 2021). In Certain Nations, Elective Cesarean Sections Are Increasingly Prevalent, Particularly Among Nulliparous Mothers Over

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35 Years Of Age Birthing In Private Institutions (Begum *Et Al.*, 2023).

In Indonesia, Cesarean Section Rates Have Reached 17%, With A Significant Portion Performed For Non-Medical Reasons. This Trend Places A Considerable Burden On The National Health Insurance System (Gultom *Et Al.*, 2022; Sdk, 2018). This Trend Underscores The Necessity For Evidence-Based Protocols To Restrict The Utilization Of Cesarean Sections Absent Medical Justification, With Vaginal Births Being The Optimal Choice For Mothers Who Satisfy Medical Requirements (Shaterian *Et Al.*, 2021; Who, 2021). An Alternate Option Is Vaginal Birth After Cesarean (Vbac), Which Has Been Demonstrated To Be Safe In Most Instances And Has Been On The Rise In High-Income Countries, With Rates Reaching 38-55% In Certain European Countries (Keedle *Et Al.*, 2015; Osterman *Et Al.*, 2022).

Interest In Uterine Rupture Has Increased In Recent Years As Efforts To Offer More Patients The Opportunity For A Trial Of Labor After Cesarean Delivery (Tolac) Have Grown. Tolac Refers To The Intention To Achieve A Vaginal Birth In Subsequent Pregnancies Following A Cesarean Section. The Potential Risk Of Uterine Rupture Is A Significant Consideration When Counseling Patients About Tolac. If A Vaginal Delivery Is Successful, It Is Known As A Vaginal Birth After Cesarean (Vbac) (Togioka & Tonismae, 2023). Vbac Permits Mothers With A History Of Cesarean Section To Pursue Vaginal Births, Offering Advantages Such As A Reduced Likelihood Of Problems Like Uterine Rupture And A Decreased Length Of Hospital Stay. It Also Provides Benefits Such As Fulfilling Patient Preferences For Vaginal Delivery, Reducing Maternal Health Risks, And Lowering Cesarean Rates (Acog, 2019).

Research Indicates That The Success Rate Of Vbac Varies Between 60% And 80%, Particularly When Labor Begins Spontaneously Or The Cervix Is Dilated Beyond 4 Cm Upon Hospital Admission (Indirayani *Et Al.*, 2023). The Findings Of The Study Of Bhardwaj *Et Al.*, (2023), All Neonates Had Apgar Scores Over 6 At 5 Minutes Post-Vbac, While 81.67% Of Infants Attained Apgar Scores Greater Than 6 Following Cesarean Section. The Analysis Of The Results Indicated That Successful Vbac Correlated

With Parity, Delivery Interval, And Birth Weight (Lestari & Rohmah, 2023). Predictors Of Successful Vbac Include Demographic Factors Such As Race/Ethnicity, Ideal Maternal Age, Bmi, Weight Gain Of Less Than 40 Pounds, And Gestational Age Under 41 Weeks. Although Many Factors Have Been Identified, They Are Not Sufficient To Accurately Predict Vbac Success Individually. Therefore, Several Predictive Models Have Been Developed That Combine Various Factors. One Is Designed For Women With A Term Pregnancy And One Prior Low Transverse Cesarean, While Another Model Can Incorporate Information That Arises During The Progression Of Pregnancy, Such As Labor Induction. Both Models Have Been Validated In Different Populations, Aiding In Providing Information And Support To Women Considering Vbac (Miller & Grobman, 2016).

Medical Factors That Promote Successful Vbac Encompass A History Of Prior Vaginal Births, Spontaneous Labor Initiation, And A High Bishop's Score Signifying Cervical Preparedness (Mamo & Siyoum, 2022; Maroyi *Et Al.*, 2021). In This Context, The Spontaneous Commencement Of Labor And Cervical Dilation Are Critical Signs For A Successful Vbac, Since They Facilitate A More Efficient Normal Birth Process (Atia *Et Al.*, 2023; Zhang *Et Al.*, 2020). In Modern Obstetric Practice, Low-Transverse Uterine Incisions Are Preferred Because They Reduce The Risk Of Complications And Are Easier To Repair Compared To Classical Incisions. Low Vertical Incisions Are Applied In Situations Where The Lower Uterine Segment Is Not Wide Enough To Ensure Safe Delivery. Therefore, Proper Management And Decision-Making Based On Risk Assessment Are Crucial In Determining The Optimal Delivery Method (David *Et Al.*, 2020).

Additional Factors, Like Reduced Maternal Age And Appropriate Newborn Weight, Significantly Contribute As Well. An Age Under 35 Years And An Infant Weight Within The Normal Range Have Been Demonstrated To Enhance The Likelihood Of Successful Vbac By Mitigating The Risk Of Problems During Labor (Y. Girma *Et Al.*, 2021; Tegegne *Et Al.*, 2024). The Existence Of Non-

Recurrent Indications From Prior Cesarean Sections, Such As Fetal Malpresentation Or Fetal Distress, Enhances The Likelihood Of A Successful Vbac, As These Indications Seldom Reappear In Later Pregnancies (Atia *Et Al.*, 2023; Mamo & Siyoum, 2022). By Evaluating These Criteria, Clinicians Might Enhance Their Decision-Making Concerning Vbac, Therefore Aiding In The Reduction Of Recurrent Cesarean Sections. Psychosocial Support, Encompassing Encouragement From Family And Healthcare Professionals, Significantly Influences A Mother's Decision To Pursue Vbac. Evidence Indicates That Knowledge And Family Support Factors Are Significantly Correlated With The Decision To Opt For The Vbac Method (Musdalifah *Et Al.*, 2024; Zahroh *Et Al.*, 2024). Health Care Providers, Particularly Obstetricians And Midwives, Significantly Contribute To Delivering Objective Information And Support For Post-Cesarean Section Vaginal Birth Options, Aiding Mothers In Making More Educated Decisions (Guzewicz & Sierakowska, 2022; Zahroh *Et Al.*, 2024). The Growing Inclination Towards Vaginal Delivery Among Women Who Have Previously Undergone A Cesarean Section Highlights The Need For Healthcare Services That Accommodate Maternal Preferences While Maintaining Medical Safety. (Davis *Et Al.*, 2020).

Medical And Behavioral Factors Significantly Affect The Effectiveness Of Vbac And Serve As Crucial Determinants In Therapeutic Decision-Making. Healthcare Practitioners Must Offer Education Regarding The Advantages Of Vbac And The Hazards Associated With Recurrent Cesarean Sections, Especially With Long-Term Health Issues. This Study Seeks To Examine The Various Factors That Affect The Success Of Vaginal Birth After Cesarean (Vbac). The Review Seeks To Uncover Medical, Psychological, Social, Economic, And Cultural Factors That Influence Effective Vbac Outcomes By Examining Papers From Various Geographical And Healthcare Contexts. This Systematic Review Seeks To Elucidate The Multifaceted Factors Influencing Successful Vbac Outcomes, Thereby Addressing Research Deficiencies And Contributing To Evidence-Based Guidelines That Facilitate Informed

Choices And Safe Delivery Options For Women.

Method

This systematic review investigates the key determinants influencing the success of Vaginal Birth After Cesarean (VBAC) through a thematic analysis of peer-reviewed studies sourced from PubMed, ScienceDirect, and Google Scholar, with a focus on both clinical and non-clinical factors. A comprehensive search was conducted using Boolean operators across these databases. In PubMed, for instance, terms like "factors influencing," "predictors," "determinants," and "Vaginal Birth After Cesarean" or "Trial of Labor After Cesarean" were combined, with additional filters applied to prioritize recent studies. Similar search strategies were used in ScienceDirect and Google Scholar, with the latter manually reviewed based on article titles. Among the 128 articles initially identified, 21 studies met the inclusion criteria and were included in the final review. The inclusion criteria were clearly defined, focusing exclusively on primary research articles published between 2020 and 2024 in English. Only full-text, open-access studies were considered to ensure unrestricted access to the research content. Studies that did not specifically address factors related to VBAC success, such as opinion pieces, conference abstracts, and reviews, were excluded. The selection process, which involved screening for duplicates and relevance, resulted in 21 articles that were subject to quality assessment using the Effective Public Health Practice Project (EPHPP) Quality Assessment Tool for quantitative studies. For qualitative studies, the Joanna Briggs Institute (JBI) critical appraisal tool was used to assess methodological rigor.

To ensure the collected data aligned with the study's objectives, a tailored data extraction tool was developed. This tool allowed the reviewers to systematically analyze both qualitative and quantitative data, which were subsequently synthesized thematically. The analysis focused on identifying critical demographic, clinical, and obstetric factors, as well as the influence of maternal counseling and healthcare support on VBAC outcomes. Statistical analysis was conducted on the

quantitative data to examine the significance of various predictors. By integrating both types of data, this review provides a comprehensive understanding of the factors contributing to successful VBAC outcomes, considering the diverse demographic contexts and healthcare settings across the studies.

Results and Discussion

Study selection and characteristics. The search identified 128 records. After screening and eligibility assessment, 21 studies met inclusion criteria (Figure 1: PRISMA flowchart). Designs included retrospective and prospective cohorts, case-control, and cross-sectional studies with settings across Ethiopia, China, India, and other contexts. Figure 2 summarizes study characteristics. Quality appraisal showed mostly moderate-to-strong ratings for quantitative studies using the EPHPP tool and high quality for the included qualitative study using the JBI tool (Tables 1–2) (Mounika et al., 2022; Davis et al., 2020; Adewole et al., 2022; Dereje et al., 2022; Mekonnin et al., 2021; Yang Mi et al., 2021; Abdulrahman et al., 2021; Maroyi et al., 2021; Mamo & Siyoum, 2022; Girma HT et al., 2021; Tesfahun et al., 2023; Hastuti et al., 2024; Atia et al., 2023; Zhang et al., 2020; Tegegne et al., 2024; Sahin et al., 2022; Tefera et al., 2021; Masoom et al., 2021; Varun et al., 2022; Girma Y et al., 2021; Landy CK et al., 2020).

Clinical predictors. Successful VBAC was associated with prior vaginal birth, spontaneous onset of labor, cervical dilation ≥ 4 cm at admission, and higher Bishop score (Mamo & Siyoum, 2022; Maroyi et al., 2021; Atia et al., 2023; Zhang et al., 2020). Younger maternal age and normal fetal weight further supported success (Y. Girma et al., 2021; Tegegne et al., 2024). Non-recurrent indications for the prior CS aligned with higher success (Atia et al., 2023; Mamo & Siyoum, 2022).

Psychosocial and informational predictors. Women who received clear, unbiased counselling and had family support showed greater willingness to attempt TOLAC (Musdalifah et al., 2024; Zahroh et al., 2024; Davis et al., 2020). Provider communication quality contributed to confidence in choosing VBAC (Guzewicz & Sierakowska, 2022).

Institutional predictors. Facilities with explicit VBAC-supportive policies, reliable emergency backup (operating theatre, blood, anaesthesia), routine intrapartum monitoring, and team drills reported higher VBAC rates. Inclusion of VBAC/TOLAC fields in information systems strengthened visibility and learning (Sahin et al., 2022; Zhang et al., 2020; Tefera et al., 2021; Masoom et al., 2021).

Decision tools. Studies reported the utility of validated prediction models, such as those described by Miller & Grobman (2016), and subsequent validations in different populations (Bhardwaj et al., 2023; Varun et al., 2022). These tools supported structured counselling at admission.

Framework presentation. Findings are organized into a policy-to-practice pathway that connects predictor domains with mechanisms, safeguards, decision tools, and outcomes (Figure 3)

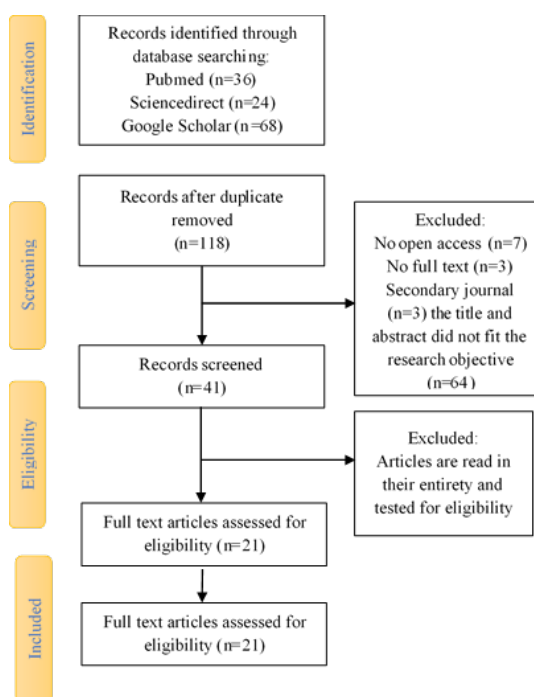


Diagram 1. PRISMA flowchart

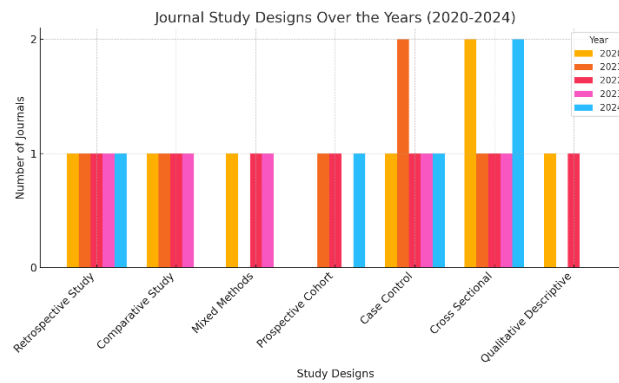


Figure 2. Characteristics of the synthesized articles

Table 1. Quality Assessment using EPHPP for Quantitative Articles

No	Component	Selection Bias	Study Design	Confounders	Blinding	Data Collection Methods	Withdrawals and Dropouts	Global Rating
1	Mounika <i>et al</i> , 2022	Strong	Moderate	Moderate	Weak	Moderate	N/A	Moderate
2	Davis DA , <i>et al</i> , 2020	Strong	Moderate	Weak	Weak	Moderate	Weak	Weak
3	Adewole AA, <i>et al</i> , 2022	Strong	Moderate	Strong	Weak	Strong	N/A	Moderate
4	Dereje L <i>et al</i> , 2022	Strong	Moderate	Strong	Weak	Strong	N/A	Moderate
5	Mekonnin FT <i>et al</i> , 2021	Strong	Moderate	Moderate	Weak	Strong	N/A	Moderate
6	Yang Mi <i>et al</i> , 2021	Strong	Moderate	Strong	Moderate	Strong	N/A	Strong
7	Abdul rahman NB <i>et al</i> , 2021	Strong	Moderate	Strong	Moderate	Strong	N/A	Strong
8	Maroyi R <i>et al</i> , 2021	Strong	Moderate	Strong	Moderate	Strong	N/A	Strong
9	Mamo NK <i>et al</i> , 2022	Strong	Moderate	Strong	Weak	Strong	N/A	Moderate
10	Girma HT <i>et al</i> , 2021	Moderate	Moderate	Strong	Weak	Strong	N/A	Moderate
11	Tesfahun DT <i>et al</i> , 2023	Strong	Moderate	Strong	Weak	Strong	N/A	Moderate
12	Hastuti TT <i>et al</i> , 2024	Strong	Moderate	Strong	Weak	Strong	N/A	Moderate

13	Atia H <i>et al</i> , 2023	Strong	Moderate	Strong	Moderate	Strong	N/A	Strong				
14	Zhang HL <i>et al</i> , 2020	Strong	Moderate	Strong	Moderate	Strong	N/A	Strong				
15	Tegegne GA <i>et al</i> , 2024	Strong	Moderate	Strong	Weak	Strong	N/A	Moderate				
16	S. Sahin <i>et al</i> , 2022	Strong	Moderate	Strong	Moderate	Strong	N/A	Strong				
17	Tefera M <i>et al</i> , 2021	Strong	Strong	Strong	Weak	Strong	N/A	Moderate				
18	Masoom K <i>et al</i> , 2021	Strong	Moderate	Strong	Moderate	Strong	N/A	Strong				
19	Varun N <i>et al</i> , 2022	Strong	Moderate	Strong	Moderate	Strong	N/A	Strong				
20	Girma Y <i>et al</i> , 2021	Strong	Moderate	Strong	Weak	Strong	N/A	Moderate				
Author	JBI Assessment Tools											INTERPRETATION
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	%YES	
Landy CK <i>et al</i> , 2020	Y	Y	Y	Y	Y	U	U	Y	Y	Y	80%	High quality

Table 2. Quality Assessment using JBI for Qualitative Articles

The framework links three predictor domains (clinical, psychosocial, institutional) to mechanisms of action, equity/quality safeguards, decision tools, and outcomes. Arrows show feedback loops that support continuous learning and scale-up. This review shows that VBAC success reflects three interlocking domains vis-a-viz clinical readiness at presentation, informed and supported choice, and facility capability. Prior vaginal birth, spontaneous labor, cervical dilation ≥ 4 cm, and a higher Bishop score consistently predict favorable outcomes (Mamo & Siyoum, 2022; Maroyi et al., 2021; Atia et al., 2023; Zhang et al., 2020). Moreover, younger maternal age and normal fetal weight associate with success (Y. Girma et al., 2021; Tegegne et al., 2024), while non-recurrent indications for the index CS further increase the likelihood of VBAC (Atia et al., 2023; Mamo & Siyoum, 2022).

The quality of counselling and family support also shape preferences and uptake of TOLAC (Musdalifah et al., 2024; Zahroh et al., 2024; Davis et al., 2020). This highlights while

providers should present balanced information on risks and benefits, document informed decisions, and align recommendations with local capability (Guzewicz & Sierakowska, 2022). Nevertheless, access barriers in lower-resource settings such as distance, costs, and limited counseling could also reduce opportunities for safe VBAC, while cultural norms may overestimate TOLAC risk (Adewole et al., 2022; Dereje et al., 2022). Facility policies that ensure emergency readiness and routine monitoring can counter these barriers and improve outcomes (Sahin et al., 2022; Zhang et al., 2020; Tefera et al., 2021; Masoom et al., 2021).

Some previous studies also found that maternal nutrition and related outcomes, such as low birth weight, preterm delivery, and stunting (Helmizar et al., 2024; Kujariningrum et al., 2023). These variables influence overall pregnancy outcomes, however, they were not consistently measured as core predictors of VBAC across studies and should be interpreted as contextual rather than primary determinants in this synthesis. Based on the findings,

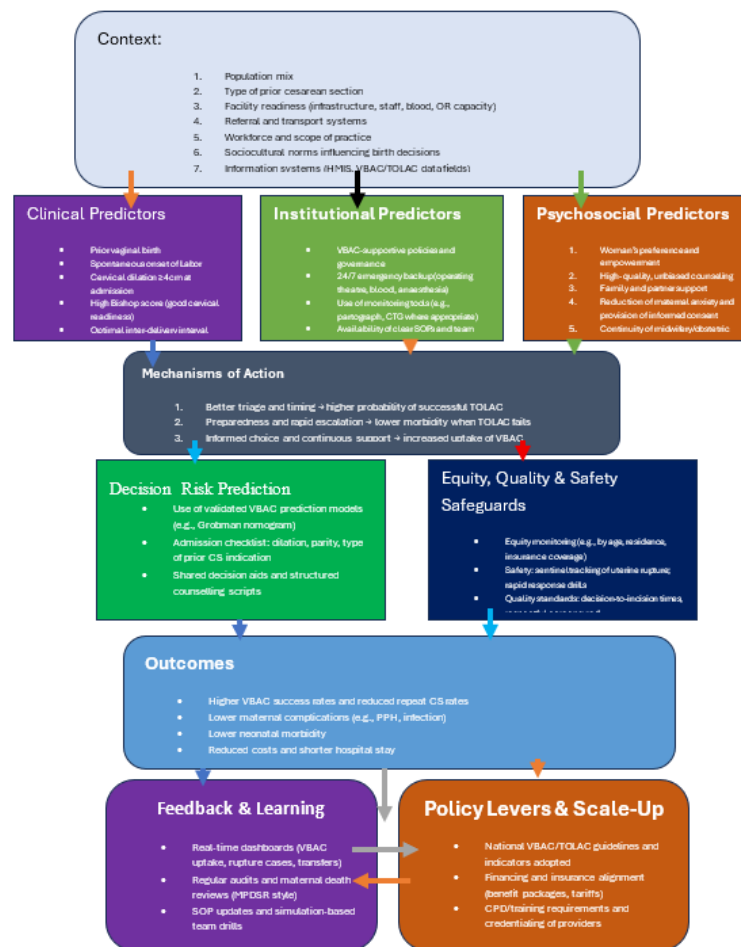


Figure 3. VBAC Policy and Practice Framework for Low- and Middle-Income Countries

prediction models can organize multiple risk factors and provide realistic expectations during admission, which supports shared decision-making (Miller & Grobman, 2016; Bhardwaj et al., 2023; Varun et al., 2022).

Safety remains central. Failure pathways include long labor, occiput-posterior position, and non-reassuring fetal status, which require timely escalation and adherence to decision-to-incision standards when conversion to CS is indicated (Tesfahun et al., 2023; Girma HT et al., 2021). Nevertheless, when facilities maintain emergency capacity and teams use structured monitoring, VBAC can reduce repeat surgery, shorten hospital stay, and align with women's preferences (ACOG, 2019; Keag et al., 2018; WHO, 2018). Figure 3 integrates clinical signals, counselling, and system requirements with equity and quality safeguards to guide implementation at scale.

Conclusion

This review identifies consistent clinical and psychosocial predictors of successful VBAC, including younger maternal age, prior vaginal birth, spontaneous labor, adequate cervical dilation at admission, and the absence of complicating conditions such as macrosomia and fetal distress. Supportive counselling, psychological readiness, and socio-cultural factors also influence women's decisions to pursue VBAC and affect overall uptake.

The findings highlight the importance of informed choice, provider communication, and institutional readiness, particularly access to emergency resources, to ensure that TOLAC can be offered safely and equitably. Prediction tools may further support individualized counselling and decision-making at admission.

However, the current evidence base is limited by geographic specificity, small samples, and retrospective designs, which

constrain generalizability. Future prospective multi-center studies should validate predictors across diverse populations and assess long-term maternal and neonatal outcomes compared to repeat cesarean delivery. At the health-system level, national policies that integrate VBAC/TOLAC indicators into information systems and set minimum facility readiness standards may help expand safe access while reducing unnecessary repeat cesareans.

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