



# POSITION STATEMENT

## VAGINAL BIRTH AFTER CESAREAN DELIVERY

It is the position of the American College of Nurse-Midwives (ACNM) that:

All women who have experienced cesarean birth have the right to safe and accessible options when giving birth in subsequent pregnancies.

Women who have had a prior cesarean birth have the right to evidence-based information to guide their decision-making when considering a trial of labor after cesarean (TOLAC) versus an elective repeat cesarean birth.

Informed consent regarding TOLAC or elective repeat cesarean includes an evidence-based presentation of the benefits and potential harms for both the mother and infant of both options.

Women should have access to qualified maternity care providers who can offer the opportunity for a TOLAC regardless of geographic location, socio-economic status or type of medical care coverage.

Certified nurse-midwives (CNMs) and certified midwives (CMs) are qualified to provide education, informed consent and risk assessment regarding a woman's decision to have a TOLAC.

CNMs and CMs are qualified to provide antepartum and intrapartum care for women who are candidates for a TOLAC including establishing appropriate arrangements for medical consultation and emergency care if necessary.

Professional liability carriers and hospital administrators should not prohibit maternity care providers or facilities with maternity services from providing care to women who are candidates for a TOLAC.

Continued research should be conducted to identify the necessary resources that should be available in sites where services are provided for women who desire a TOLAC, including VBAC success rates and maternal and newborn health outcomes.

### Background

The cesarean birth rate has steadily increased in the United States from a low of 4.5% in 1965<sup>2</sup> to an all time high of 32.9% in 2009<sup>4</sup>. For the majority of women who have experienced one prior cesarean birth, TOLAC is safe and the majority of these women will

have a successful VBAC.<sup>6</sup> The benefits and risks of a TOLAC compared to the benefits and risks of an elective repeat cesarean section have been evaluated in two large systematic reviews of evidence<sup>2,3</sup> and a 2010 National Institutes of Health Consensus Conference final panel statement<sup>6</sup> and TOLAC is recommended as a safe option for the majority of women who have had a prior cesarean birth.

Rupture of the uterus is the major risk for women laboring after a prior cesarean section. The incidence ranges from 0.5 –0.7% compared with 0.03% of women undergoing elective repeat cesarean delivery.<sup>2</sup> The incidence of uterine rupture for women laboring after prior cesarean is similar to the incidence of other sudden obstetric emergencies such as placental abruption, cord prolapse and unexplained severe fetal heart rate decelerations.<sup>1</sup> The occurrence of this rare but potentially catastrophic event can be minimized with appropriate risk assessment and careful labor management.

Care of the woman who desires a TOLAC should include ongoing informed consent and risk assessment as well as heightened surveillance of fetal heart rate patterns according to established high-risk criteria in labor.<sup>1</sup> Well-established and ongoing communication between midwifery and obstetric providers to facilitate transfer of care and surgical intervention if necessary is an essential component of promoting optimal outcomes for mothers and their newborns.

Women who attempt a TOLAC are successful 60-80% of the time.<sup>2</sup> Vaginal birth after cesarean reduces the likelihood of maternal morbidity associated with multiple cesarean deliveries<sup>5</sup>. Women who desire large families and are candidates for a TOLAC should be encouraged to attempt VBAC.

### **References:**

1. American College of Nurse-Midwives (2011). Care for women desiring vaginal birth after cesarean. *JMWH*; 56(5)517-525.
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3. Guise, JM, McDonagh, M, Hashima, J, et al. Vaginal Birth after Cesarean (VBAC). Evidence Report/Technology Assessment No.71. AHRQ Publication No. 03-E318. Rockville, MD: Agency for Healthcare Research and Quality: March 2003.
4. Hamilton, BE, Martin, JA, Ventura, SJ. Births: Preliminary data for 2009 [online]. National Vital Statistics Reports, vol 59 no 3. National Center for Health Statistics.
5. Marshall, NE, Fu R, Guise, J-M. Impact of multiple cesarean deliveries on maternal morbidity: a systematic review. *Am J Obstet Gynecol*. 2011; 205 (262).e1-8.

6. National Institutes of Health. NIH Consensus Development Conference on Vaginal Birth after Cesarean: New Insights. Final panel statement.

<http://consensus.nih.gov/2010/vbacstatement.htm>. Accessed October 17, 2011.

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\* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse Midwives Certification Council, Inc. (ACC).

Source: Board of Directors

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