

Vaginal Birth after Cesarean

Vaginal Birth after Cesarean Section (VBAC) is a controversial topic. In the past several years, there has been a significant decline in the rates of VBAC. Many of the issues currently influencing the health care industry overall, including medical malpractice issues, may have affected VBAC rates and may make it difficult for consumers choosing VBAC to find support. ACNM has examined this important issue and continues to study and speak out about VBAC as a choice for women when medically appropriate.

VBAC Rates

The National Center for Health Statistics (NCHS) includes VBAC rates in their annual report of data on births in the United States. According to preliminary data for 2003, the VBAC rate was just 10.6%, a 16% decline in the past year. The VBAC rate “has plunged 63% since only 1996.”¹

ACNM Clinical Bulletin

In 2003, ACNM published a Clinical Bulletin on VBAC, which is available on the ACNM Web site at: http://www.midwife.org/pubs/Clinical_Bulletin_8.pdf The Clinical Bulletin is not intended to define a standard of care, to dictate an exclusive course of management, or to substitute for individual professional judgment. It presents recognized methods and techniques of clinical practice that midwives may consider incorporating into their practices. The Cochrane review is updated regularly and is a good source of further information upon which to base clinical decisions.²

ACNM Press Releases

ACNM has also issued press releases on the subject of cesarean sections and VBAC including one issued in November 2004, *Avoiding First C-section Should be Priority, New Research Indicates*. “Women seeking a vaginal birth after cesarean (VBAC) have an increased risk of complications that require hospital management and will benefit from in-hospital care provided by midwife/obstetrician teams, according to new research published in the November issue of *Obstetrics & Gynecology*. The researchers also cited a previous study of 29,046 women which found that women with a previous cesarean section had higher rates of several maternal and neonatal complications than other women and this increase in complications persisted whether or not they had a repeat cesarean section.”

“Research such as this reinforces the importance of avoiding primary cesarean sections unless there is a medical necessity,” said Katherine Camacho Carr, CNM, PhD, president of the College. The press release is found in full at: <http://www.midwife.org/press/display.cfm?id=445>

Additional Press Releases on this subject are found in the ACNM Web Site Press Archives. The November 2003 ACNM Press Release states *Women's Health Care Professionals Issue Warning About Cesarean Section on Demand* <http://www.midwife.org/press/display.cfm?id=355>

Northern New England Obstetric Quality Improvement Network (NNEOBQIN)

The obstetric departments of Dartmouth Hitchcock Medical Center and Fletcher Allen Health care created the Vermont/New Hampshire VBAC Project. The goal of the project was to increase the

availability and patient and provider safety of VBAC in the region. The goal was accomplished through the collaborative creation of three documents, which were revised in January 2005 to reflect the most recent ACOG Committee Opinion and published literature. Three important documents can be downloaded: 1) VBAC guidelines, 2) VBAC consent form, and 3) patient information online at: <http://www.nnepqin.org/nneob/servlet/ViewPage?id=6> This project has continued through the Northern New England Obstetric Quality Improvement Network (NNEOBQIN).

Maternity Center Association (MCA)

Maternity Center Association has published a comprehensive booklet for consumers, “What Everyone Pregnant Woman Needs to Know About Cesarean Section,” which includes information about VBAC. The book may be downloaded from their web site, www.maternitywise.org.

International Cesarean Awareness Network, Inc. (ICAN)

ICAN is a nonprofit organization founded in 1982. ICAN's mission is to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery, and promoting Vaginal Birth After Cesarean (VBAC). See <http://www.ican-online.org>.

References

1. Hamilton, B. E., Martin, J. A., and Sutton, P. D. Births: preliminary data for 2003. Natl Vital Stat Rep 11-23-2004; 2004 Nov;23;53(9):1-17.
2. Dodd, J. M., Crowther, C. A., Huertas, E., Guise, J. M., and Horey, D. Planned elective repeat caesarean section versus planned vaginal birth for women with a previous caesarean birth. Cochrane Database Syst Rev 2004;(4):CD004224-

The ACNM “*QuickInfo*” series was developed by the Department of Professional Services to respond to common inquiries, summarizing ACNM resources regarding a topic, as well as listing selected literature and a variety of other resources. Feedback is welcomed; contact Professional Services at 240-485-1800 or info@acnm.org. 4/1/05