Birth, Babies and Beyond

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Informed Choice:VBAC

Cesareans, which are surgical births performed through the abdomen, are extremely common in America, consisting of 32% of all births.[1] In opposition to the myth that a previous cesarean requires future cesarean births, many people go on to have future healthy Vaginal Births After Cesarean (VBAC). Another term related to VBAC is TOLAC: Trial of Labor After Cesarean, which is a term meaning that one has or is attempting to give birth vaginally after having a cesarean. This illustrates that one may attempt to give birth vaginally after a cesarean, but one cannot be assured a vaginal birth. Research reports that VBACs have a success rate of about 60-80%.[2,3] One study stated that the VBAC success rate for those with two previous cesareans was 71.1%.[4] The American Congress of Obstetricians and Gynecologists (ACOG) believes that "attempting a VBAC is a safe and appropriate choice for most women who have had a prior cesarean delivery."[2]

It is important to know that when one attempts a VBAC there are specific increased risks with choosing this path. When VBACs are successful, they can be empowering experiences. We love to support low-risk families seeking this option, but on the condition that families take the time to educate themselves about their personal risks regarding VBAC. Please read through this document thoroughly and ask your midwives any questions that come up regarding VBAC and your individual situation. As always, we encourage you to do your own research as well. We will support whatever decision is right for you and your family.

Preconditions for having a home VBAC:

Making the decision to give birth at home with us rests, in part, upon whether or not you can meet the following requirements. These requirements are in place to keep you safe and be sure you and your midwives have all of the essential information regarding your health and understanding of the risks of VBAC.

- Midwives receive all of your relevant health records, including reports from all previous uterine surgeries
- Records shows that:
    - All uterine incisions were low transverse, low vertical, or unknown
    - Uterine repair was completed via double-layered/imbricated suturing
    - No history of severely contracted pelvis (narrow pelvis)
    - No history of Type I or II diabetes
    - At least 18 months have passed since your last uterine surgery
    - No more than two previous cesareans
- You agree to having an ultrasound around 35 weeks
- The 35 weeks ultrasound shows:
    - Your placenta has not grown too deeply into the uterine wall
    - Your placenta is not covering the location of the scar
    - That your scar has good integrity
- A clear show that you understand the risks for VBAC and the medical alternatives to attempting a VBAC
- Willingness to comply with certain requests regarding your care, such as gestational diabetes (GDM) screening/treatment if you present with risk factors for GDM
- A lack of compounding health risk factors

Benefits of having a VBAC:

- Empowering experience of having your baby vaginally
- Benefits related to giving birth naturally:
    - Baby experiences labor and passage through the vaginal canal, which prepares them for transitioning to the outside world
    - Experience of pushing and having some control over what is happening
    - Normal cascade of birth hormones which are important for the postpartum, such as relating to

maternal-infant bonding and breastmilk production
    - Baby is exposed to vaginal flora, shown to improve their future health
    - Ability to be skin-to-skin with your baby and breastfeed immediately after birth, barring complications
- Less medical intervention
- Avoiding risks associated with cesarean delivery, including but not limited to:
    - Possible separation of you and your baby after birth
    - Slow, painful recovery from major abdominal surgery
    - Possible reaction to drugs given (i.e. spinal headache from epidural)
    - Use of pain medications to cope with post-surgery pain
    - Postpartum infection
    - Antibiotics use which often lead to postpartum yeast infections/thrush
    - Uterine and abdominal scar tissue, possible adhesions
    - Excessive blood loss and clots leading to anemia and a difficult recovery
    - Travel to and from the hospital
    - Increased risk of uterine rupture in following pregnancies
    - Decreased safety of you and future babies if you receive more than three cesareans
        - ACOG recommends no more than three cesarean in a lifetime[2]
    - Postpartum depression
    - Injury to baby or mama during surgery

Risks of having a VBAC:

- Invasive placenta (accreta/percreta/increta): when the placenta grows deeper into the muscle layer of the uterus than normal. This results in a placenta that will not detach from the uterus after birth and thus requires surgical removal. In addition to the surgical removal, there is an increased risk of damage to the pelvic organs, hysterectomy (surgical removal of the uterus), and hemorrhage (excessive blood loss) leading to coma, followed by death.
- Uterine rupture: when the uterus splits open, often at the site of a previous incision/scar. Uterine rupture can range from a very small split to a large laceration of the uterine wall, leading to the following risks:
    - Hospitalization, cesarean/surgery, hemorrhage (excessive bleeding), blood transfusion, infection, hysterectomy (removal of uterus), maternal shock, coma, death, fetal brain damage, fetal death
    - If a uterine rupture occurs, the rate of maternal death is 1-2%
    - Fetal brain damage or death occurs in 30% of all cases of uterine rupture
- Transport: if you and your baby require more medical interventions than the ones we can provide at home, you will be transported to the hospital.
- In short, if a successful VBAC occurs instead of a scheduled cesarean, the complications are lower; if the VBAC is not successful, the complications are statistically worse than would be expected with a scheduled cesarean.

What are the risk factors for uterine rupture?

The more risk factors you have, the greater your risk of having a rupture.

- Previous uterine surgery (due to cesarean or fibroid removal)
    - Increased risk if *not* a low vertical or low transverse incision (other types have a rupture risk ranging from 0.2%-12%)
    - Increased risk if *not* a double layer repair (0.6% rupture rate; 3.3% rate with single layer repair)
    - Increased risk with each additional previous cesarean (one previous cesarean: 0.7-0.9% rupture rate[5]; two previous cesareans: 1.36%)[4]

    - Increased risk if there was no trial of labor
    - Increased risk if cesarean occurred before term
- Invasive placenta or history of placenta accreta
- Placenta located over scar
- Poor incision/scar healing
    - Due to infection
    - Due to postpartum steroid use
    - Due to lack of rest during previous postpartum period
    - Due to diabetes
    - Due to smoking
    - Scar window or dehiscence seen on ultrasound
- Uterine scar <2.3mm thick
- Current pregnancy began <18 months since previous uterine surgery (1.5% rupture rate)
- Induction/hospital procedures (none of which we will do at home)
    - Prostaglandin use[5]
    - Use of misoprostol[5]
    - Pitocin induction (2.3% rupture rate) or augmentation (0.7% rupture rate)[5]
    - Forceps or vacuum use[5]
    - Epidural use[5]
- History of induction or augmentation with Pitocin, misoprostol, or prostaglandins (approximately 2.3% rupture rate)
- Prolonged labor or failure to progress
- Large baby (>8lb 12oz)

Now that you have read through our list of risk factors that contribute to your personal risk of uterine rupture, you should have a good foundation for making a decision about your choice of where and how to give birth. If you have any questions about your personal risk, such as what type of incision and repair you had, please let us know. We will be discussing your personal risk in prenatal visits.

What to expect if I choose a home VBAC:

- A 35 week ultrasound
- Routine questions regarding sensations around scar such as tugging
- Monitoring of fetal heart tones, at minimum, every 20 minutes in active labor via doppler
- Increased monitoring of maternal vitals in labor
- Labor may slow or stall where the labor was halted previously. If this occurs, midwives may give suggestions for gently encouraging labor progress
- Midwives will monitor closely for hemorrhage and successful placental delivery

Alternatives to VBAC/TOLAC

In making a decision about how and where to give birth, it is important to consider all of your options. While research shows that, for most, VBAC is a safe and appropriate option, you may instead elect for a repeat cesarean section. In addition, you may choose to attempt a VBAC in hospital, if that is where you will feel most secure.

Client Signature page for VBAC/TOLAC

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Please sign and return to Birth, Babies and Beyond by 37 weeks pregnancy.

The following are required in order to continue care with us. Please initial next to each statement to show that you agree to the following:

_____ I agree to comply with all of the preconditions laid out in this document under the title "Preconditions for having a home VBAC," including but not limited to obtaining an ultrasound around 35 weeks of pregnancy to assess my candidacy for homebirth.

_____ In signing this form, I acknowledge that I have read this entire form, have had all questions answered by my midwives, and understand my choices.

Please choose <u>one</u> of the following options and sign below:

_____ I choose to transfer care and give birth in a hospital.

_____ I choose to attempt a VBAC at home with licensed midwives. I understand that ACOG recommends that there be "immediate availability" of staff for cesarean if needed, which I will not have at home. I also understand that TOLAC carries a higher risk of uterine rupture (0.7-0.9% after one previous cesarean and 1.36% after two previous cesareans) as compared to for elective repeat cesarean (0.4-0.5%). I am aware that this option poses risks to myself and my baby such as delayed transfer for emergency cesarean section, delayed NICU admission if my baby is not well, potential maternal risk of hemorrhage and/or death, and possible newborn brain damage, internal organ damage, and/or cerebral palsy with uterine rupture. I also understand that there will be ongoing assessment by my midwives about whether or not my baby and I continue to be good candidates for home birth. I know that this may mean that we eventually risk out of home birth care.

Please initial and sign:

_____I have read and understood the handout Informed Choice:VBAC and know what a copy can be found at http://www.birthbabiesbeyond.com/forms.html

Client Name_____

Client Signature_____ Date_____

Partner Name_____

Partner Signature :_____ Date _____

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Citations:

1. http://www.cdc.gov/nchs/fastats/delivery.htm 2015
2. http://www.acog.org/About-ACOG/News-Room/News-Releases/2010/Ob-Gyns-Issue-Less-Restrictive-VBAC-Guidelines
3. http://www.mayoclinic.org/tests-procedures/vbac/basics/definition/prc-20020457
4. Vaginal birth after previous cesarean delivery. ACOG Web site. http://www.acog.org/Resources_And_Publications/Practice_Bulletins/Committee_on_Practice_Bulletins_--_Obstetrics/Vaginal_Birth_After_Previous_Cesarean_Delivery. Accessed May 22, 2014.
5. https://www.acog.org/-/media/ACOG-Today/acogToday0810.pdf?dmc=1&ts=20161018T1540470980
6. Tahseen S, Griffiths M. Vaginal birth after two caesarean sections (VAB-2)- a systematic review with meta-analysis of success rate and adverse outcomes of VBAC-1 versus VBAC-2 and repeat (third) caesarean sections. BJOG. January 2011;117(1):5-19.

1. http://www.cdc.gov/nchs/fastats/delivery.htm 2015
2. http://www.acog.org/About-ACOG/News-Room/News-Releases/2010/Ob-Gyns-Issue-Less-Restrictive-VBAC-Guidelines
3. http://www.mayoclinic.org/tests-procedures/vbac/basics/definition/prc-20020457
4. Tahseen S, Griffiths M. Vaginal birth after two caesarean sections (VAB-2)- a systematic review with meta-analysis of success rate and adverse outcomes of VBAC-1 versus VBAC-2 and repeat (third) caesarean sections. BJOG. January 2011;117(1):5-19.
5. https://www.acog.org/-/media/ACOG-Today/acogToday0810.pdf?dmc=1&ts=20161018T1540470980
6. Vaginal birth after previous cesarean delivery. ACOG Web site. http://www.acog.org/Resources_And_Publications/Practice_Bulletins/Committee_on_Practice_Bulletins_--_Obstetrics/Vaginal_Birth_After_Previous_Cesarean_Delivery. Accessed May 22, 2014.