



Module 5

VBAC: the Four Main Reasons for a First Cesarean: What You Can Do Differently This Time

Failure to Progress, Fetal Heart Problems, Malposition (Breech), Macrosomia (“Big” Baby)

Main Reasons for First Cesareans

- Failure to progress
- Fetal heart problems
- Malpresentation (baby in wrong position)
- “Big” baby

American College of Obstetrics and Gynecology and Society for Maternal-Fetal Medicine (March 2011). *Safe prevention of the primary cesarean delivery. Obstetric care consensus.*
Retrieved from http://www.acog.org/Resources_And_Publications/Obstetric_Care_Consensus_Series/Safe_Prevention_of_the_Primary_Cesarean_Delivery

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I had a cesarean for **failure to progress.**

I Had a Cesarean for Failure to Progress. Can I Plan a VBAC?

- Yes.
- You may not have this problem when you labor this time.
- Failure to progress is sometimes called “failure to wait.”
- Failure to progress may also result from a failed induction.¹
- Failure to progress may have been due to the position of the baby at that time.

What Does the Evidence Say About Cesareans for Failure to Progress?

- More than 4 in 10 mothers had a cesarean for failure to progress before 5 cm dilation.¹
- Epidurals can make it longer for mothers to push their baby out.
- Women with an epidural who had a cesarean for failure to progress were not given enough time to push their baby out.²

1. Boyle, Annelee; Reddy, Uma M.; Landy, Helain J . (2013). Primary cesarean delivery in the United States. *Obstetrics & Gynecology*. 122(1),33-40.

2. Zhang, J, Troendle, ,Reddy UM, et al, for the Consortium of Safe Labor. (2010). Contemporary cesarean delivery practice in the United States. *American Journal of Obstetrics & Gynecology* 203(1),326.e1-326.e10.

Retrieved from <http://www.ajog.org/article/S0002-9378%2810%2900838-0/fulltext>



An **epidural** in labor can affect labor progress.

Inducing Labor

Increases Risks for the Mother

- Inducing labor increases the risk for cesarean section and problems with the placenta in a future pregnancy.
- Inducing labor increases the risk for hemorrhage, blood transfusion, and hysterectomy.

Inducing Labor

Increases Risks for the Baby

- Inducing labor increases risks for fetal stress that is likely to lead to a cesarean section.
- With a cesarean babies are more likely to suffer from breathing problems at birth, to need a special care nursery, to be separated from their mothers and to have difficulties initiating breastfeeding.



Association of Women's Health, Obstetric and Neonatal Nurses (2014). Position Statement. Non-medically indicated induction and augmentation of labor. *Journal of Obstetric, Gynecological and Neonatal Nursing*, 43(5): 678-681.

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What Does the Evidence Say About Cesareans for Failure to Progress?

Evidence shows that many care providers don't give women **enough time** to complete the first stage of labor (when the cervix dilates to 10 cm) or enough time to push their baby out.

You Can Do Things Differently this Time

- Learn about the signs of labor and stay home in the early part of labor if the bag of waters has not broken.
- Avoid routine interventions which can slow or complicate labor. (See Module 6, Helpful Strategies for Labor and Birth.)
- Wait until you go into labor on your own.
- When labor begins on its own your natural hormones make labor more efficient and provide you with natural pain relief. Baby experiences less stress.
- Hormones help to clear fluid from baby's lungs, increase mother-infant bonding, warm the mother's skin after birth to provide warmth for the baby, help to detach the placenta and enhance breastfeeding.



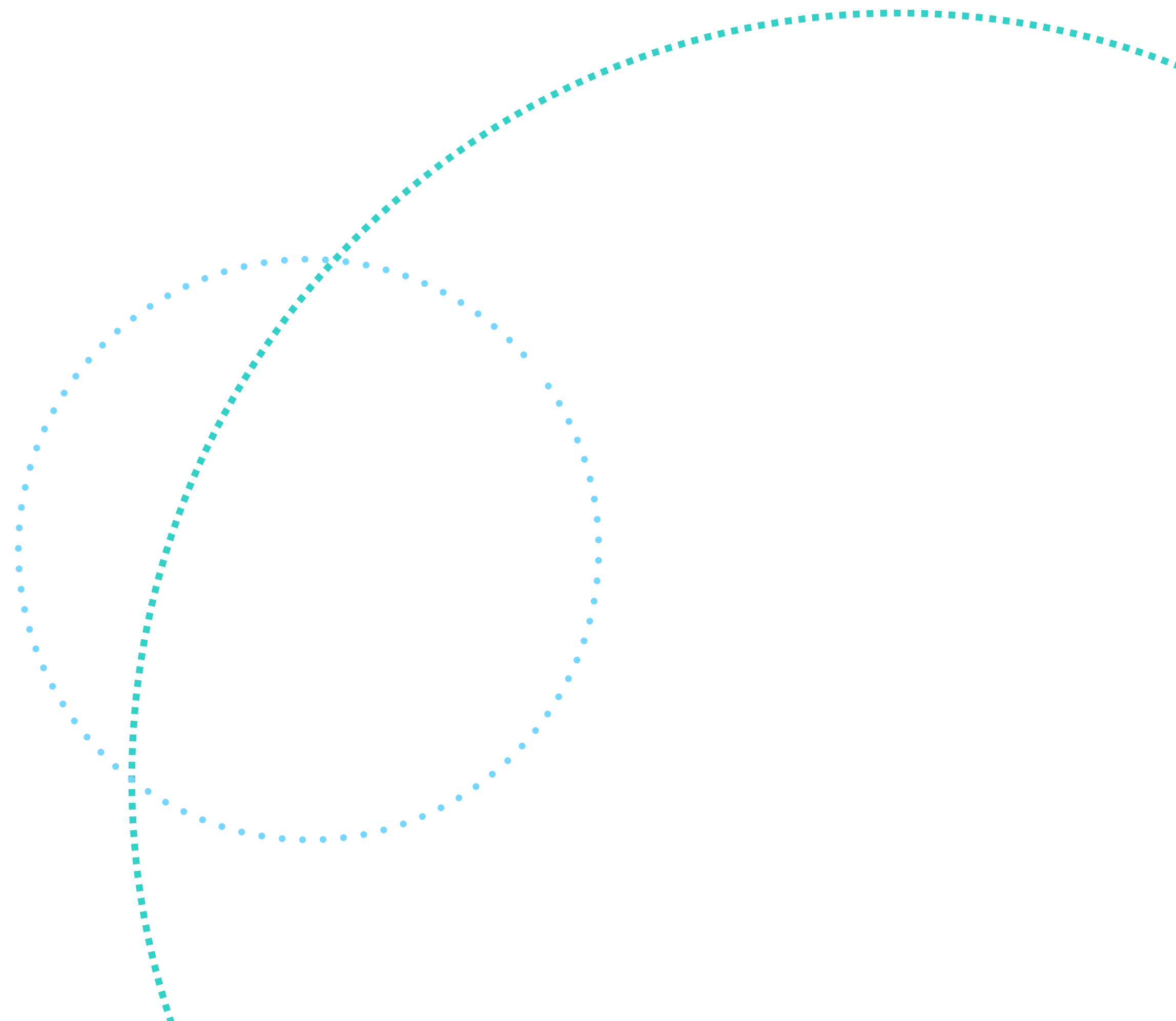
Association of Women's Health, Obstetric and Neonatal Nurses (2014). Position Statement. Non-medically indicated induction and augmentation of labor. *Journal of Obstetric, Gynecological and Neonatal Nursing*, 43(5): 678-681.

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Walk and Change Positions

During Labor

Try **different positions** to make yourself more comfortable, help labor progress and make it easier for the baby to be born.



Checklist for Parents

- Caregivers have different views about how best to respond to certain developments during labor and birth.
- When an induction, medication, breaking your bag of waters, use of forceps or a vacuum extractor is recommended, you have the right to ask questions to help you decide if you want the procedure or not.

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Questions to Ask

To Help You Make an Informed Decision

- If you have a healthy pregnancy ask your caregiver about waiting for labor to start on its own. Is there a problem with that?
- Ask your caregiver about his/her views on routine interventions during labor.
- Ask your caregiver about laboring as long as you need if you and your baby are in stable condition.

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Questions to Ask

To Help You Make an Informed Decision

- Is this an emergency, or do we have time to talk about it?
- What might be the benefits if we go forward with your recommendation?
- What would the risks be?
- What other procedures might I need?
- What other options can we try first, or instead?
- What is likely to happen if we waited an hour or two?
- What is likely to happen if we didn't do the procedure?



I had a cesarean for
fetal heart problems.

I Had a Cesarean for Fetal Heart Problems. Can I Plan a VBAC?

YES!

You may not have this problem this time.

Evidence shows that first births by cesarean for fetal heart problems have been increasing and based on fetal monitor readings physicians disagree on whether or not a cesarean is necessary for the health of the baby.

What Does the Evidence Say About Fetal Heart Problems?

Problems with the fetal heart rate is associated with:

- ⦿ Labor that is progressing very quickly;
- ⦿ A mother taking pain medications;
- ⦿ An epidural for pain relief;
- ⦿ Performing a cervical exam;
- ⦿ A mother's low blood pressure;
- ⦿ A mother experiencing fever.



Checklist for Parents

- During labor and birth the baby's heart rate changes frequently. Often, it's just a sign that the baby is coping with the normal stress of being born.
- Sometimes external stressors can make it more difficult for the baby. Try to avoid them if possible.

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You Can Do Things Differently this Time

- Don't lie down flat on your back during labor or birth. It reduces blood flow and oxygen to the baby.
- Ask your caregiver about telemetry, a way to monitor your baby without having to be physically connected to the fetal monitor.
- Avoid an induction or augmentation of labor. Artificial oxytocin can affect your baby's heart rate.
- Avoid having your membranes broken. The umbilical cord may drop through the cervix before the baby and cause fetal heart rate problems (cord prolapse).
- Avoid an epidural for pain relief, drugs in the epidural can lower your blood pressure and affect your baby's heart rate.



I had a cesarean
for breech.



I Had a Cesarean for Breech. Can I Plan a VBAC?

YES!

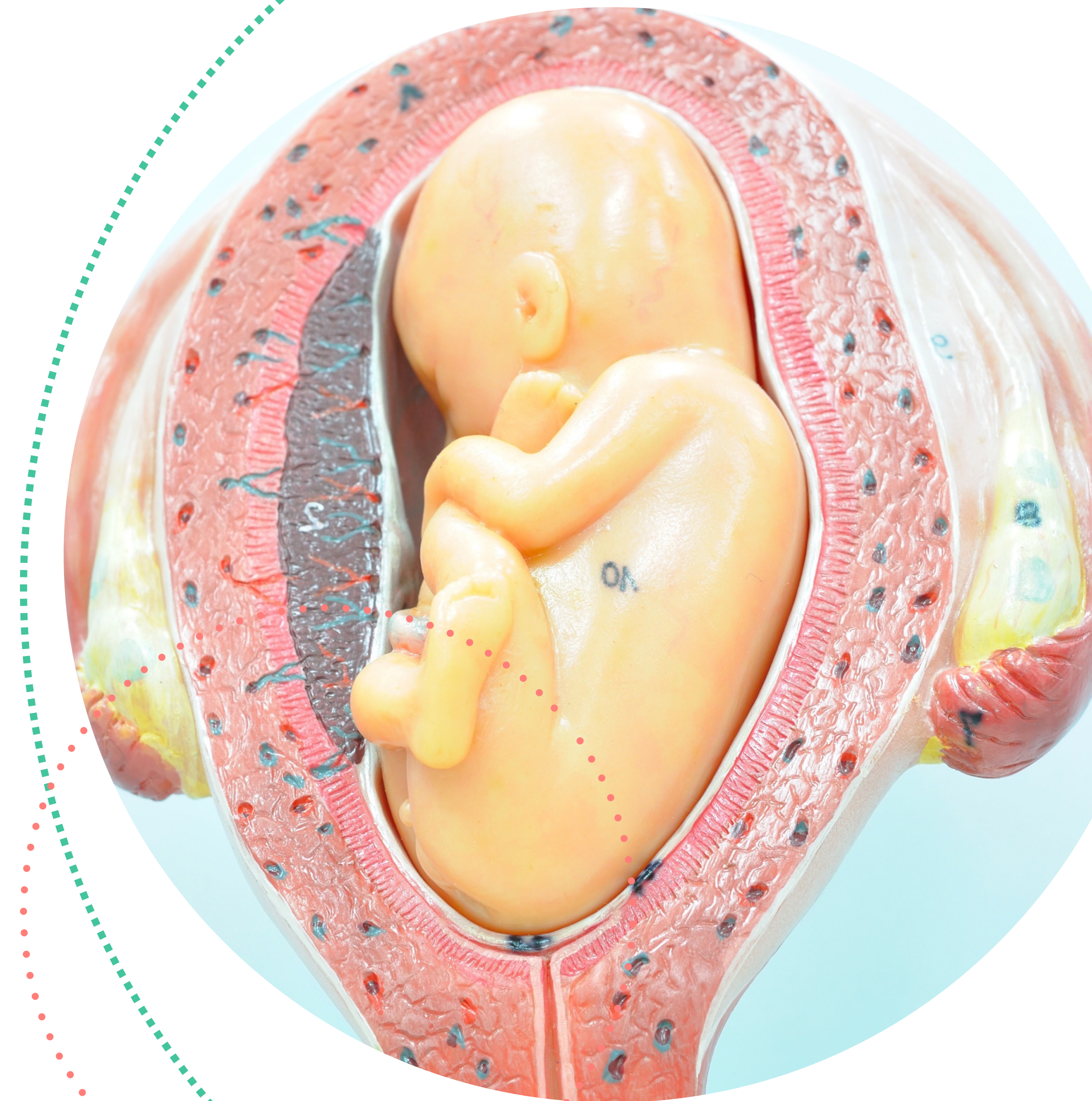
You may not have a baby in the breech position this time.

Mothers who had a cesarean for a breech have a high rate of success with VBAC.

What Does the Evidence Say About Breech Babies?

- There is less risk for the baby when it is in a head-down position for birth.
- If your baby is still in a breech position in this pregnancy during your 36th to 37th week there are ways to turn a breech so you can go into labor with a baby in a head-down position. It's called an external cephalic version (ECV).¹
- ECV can be done with a complete, frank or footling breech.

Hofmeyr GJ, & Kulier R. (2012). External cephalic version for breech presentation at term. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD000083. DOI: 10.1002/14651858.CD000083.pub2. Cochrane Summaries. Retrieved from http://summaries.cochrane.org/CD000083/PREG_external-cephalic-version-for-breech-presentation-at-term



Turning a Breech

- With a breech version the physician's or midwife's hands try to rotate the baby to a head-down position (Leopold's maneuver).
- It is done by gently disengaging the part of the baby that may have entered the pelvis.
- The caregiver applies external pressure to the mother's abdomen and gently guides the baby into a forward or backward somersault while guiding the baby's head towards the pelvis.

What Does The Evidence Say About ECV for Women with a Prior Cesarean?

- Turning a breech baby is a safe option for women with a prior cesarean birth.
- Women with a prior cesarean have about a 67% chance of having a successful ECV.
- With a successful ECV a mother can avoid another cesarean.



Burgos, P., Cobos, P., Rodríguez, L. et al (2014). Is external cephalic version at term contraindicated in previous caesarean section? A prospective comparative cohort study. *British Journal of Obstetrics and Gynaecology*, 121(2), 230-235.

Photo- Shutterstock

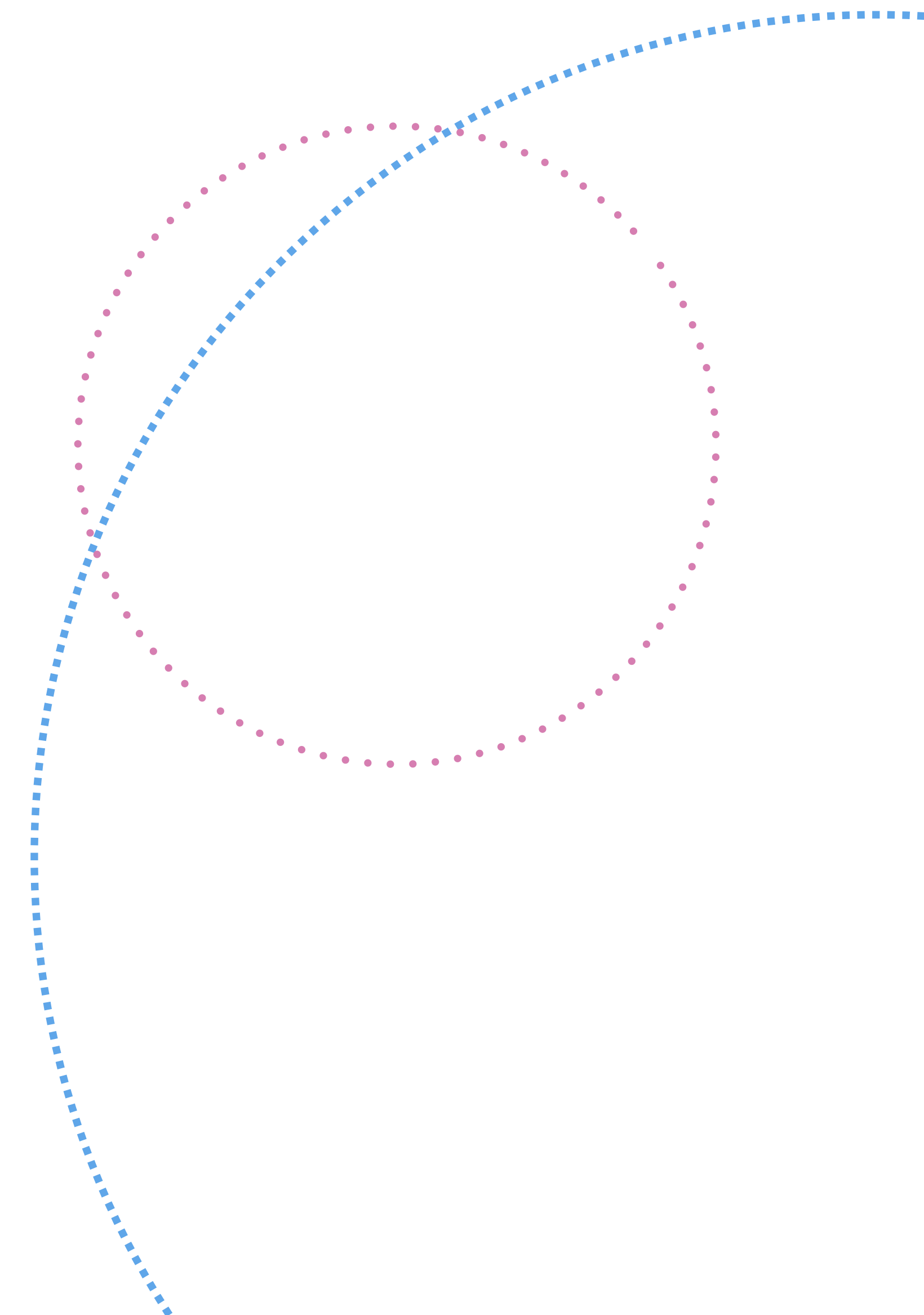
Non-Medical Options for Turning a Breech

Mothers have also tried to turn a breech on their own:

- ⦿ Using the breech tilt exercise;
- ⦿ Using fetal positioning techniques;
- ⦿ Playing music close to the pubic bone;
- ⦿ Using chiropractic care, called the Webster's Technique.



You Can Do Things Differently this Time

- Ask your care provider about an external breech version (ECV), a way to turn the baby to a head-down position.
 - The procedure is usually done with an ultrasound to help your caregiver visualize the umbilical cord and guide the baby.
 - Your caregiver may suggest medication to help relax the uterine muscles.
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Checklist for Parents

- Find out about the benefits and risks of an external version so you can make an informed decision.
- Find out more about the benefits and risks of non-medical options for turning a breech.

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If You Choose to Have a Vaginal Breech Birth

- There is a higher risk for problems with the umbilical cord.
- You should know that complications and the risk for the baby not surviving are higher.¹
- Ask your caregiver about those risks so that you are well informed.

I had a cesarean
because my baby
was *too big*.

I Had a Cesarean Because My Baby Was Too “Big”.

Can I Plan a VBAC?

YES!

Many mothers have given birth to heavier babies vaginally after a cesarean for a “big” baby.

How you are cared for during labor and birth can make a big difference.

What Does the Evidence Say About “Big” Babies?

- Evidence shows that caregivers cannot always accurately estimate the weight of a baby during pregnancy, not even with an ultrasound screening.
- ACOG discourages care providers from recommending an ultrasound in the third trimester to estimate the size of the baby or recommending a cesarean because the baby is “too big.”

You Can Do Things Differently this Time

There are many things you can do during labor to help a “big” baby be born:

- Walk, move about and stay upright during labor;
- Change positions to make yourself more comfortable;
- Sit on a birth ball and sway side to side.

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Bring what you need to make yourself comfortable during labor.

You Can Do Things Differently this Time

- Ask your childbirth educator or doula about movements and positions for labor and birth that can help to widen your pelvis.¹
- See Module 6, “Helpful Strategies for Labor and Birth.”

1. Simkin, P. (2007). Comfort in labor: How you can help yourself to a normal satisfying birth. New York, NY: Childbirth Connection. Retrieved from www.childbirthconnection.org/pdfs/comfort-in-labor-simkin.pdf



You Can Do Things **Differently this Time**

Avoid an epidural in early labor which can make it more difficult for your baby to move through your pelvis and turn into a favorable position for birth.

Key Points to Review

- The majority of primary (first) cesareans are performed for four main indications: failure to progress; fetal heart problems; anticipated “big” baby; and breech.
- Caregivers and mothers can work together to avoid a repeat cesarean for each of those indications.
- Parents can find out more about how they can help to avoid a cesarean for these common indications.



Checklist for Mothers

- If you had a cesarean for “failure” to progress, fetal heart problems, “big” baby or a breech think about how you can do things differently this time.
- Talk about your concerns with your caregiver so you can feel confident and safe in childbirth.

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Checklist for Parents

- Many mothers have given birth to heavier babies vaginally after a cesarean for a “big” baby.
- How you are cared for during labor and birth can make a big difference.
- Having the freedom to walk around, staying upright during labor and using comfort measures can make a difference.

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Resources for Parents

- ◎ **ACNM, MANA, NACPM**
Normal Healthy Childbirth for Women and Families:
What You Need to Know
- ◎ **Birthsource**
Dystocia, Also Known As Failure to Progress
- ◎ **Mothers' Advocate**
Healthy Birth Your Way: Six Steps to a Safer Birth
- ◎ **American Academy of Family Physicians**
What Do I Do if My Baby is Breech?

Resources for Parents

- ◎ **British Columbia, BC Women's Hospital and Health Center, Best Birth Clinic, Power to Push Campaign**
If Your Baby is Breech
- ◎ **Royal College of Obstetricians and Gynaecologists, U.K.**
Turning a Breech Baby in the Womb
- ◎ **Society of of Obstetricians and Gynaecologists of Canada**
Breech Childbirth