

Module 11

Planning a Home VBAC (HBAC)

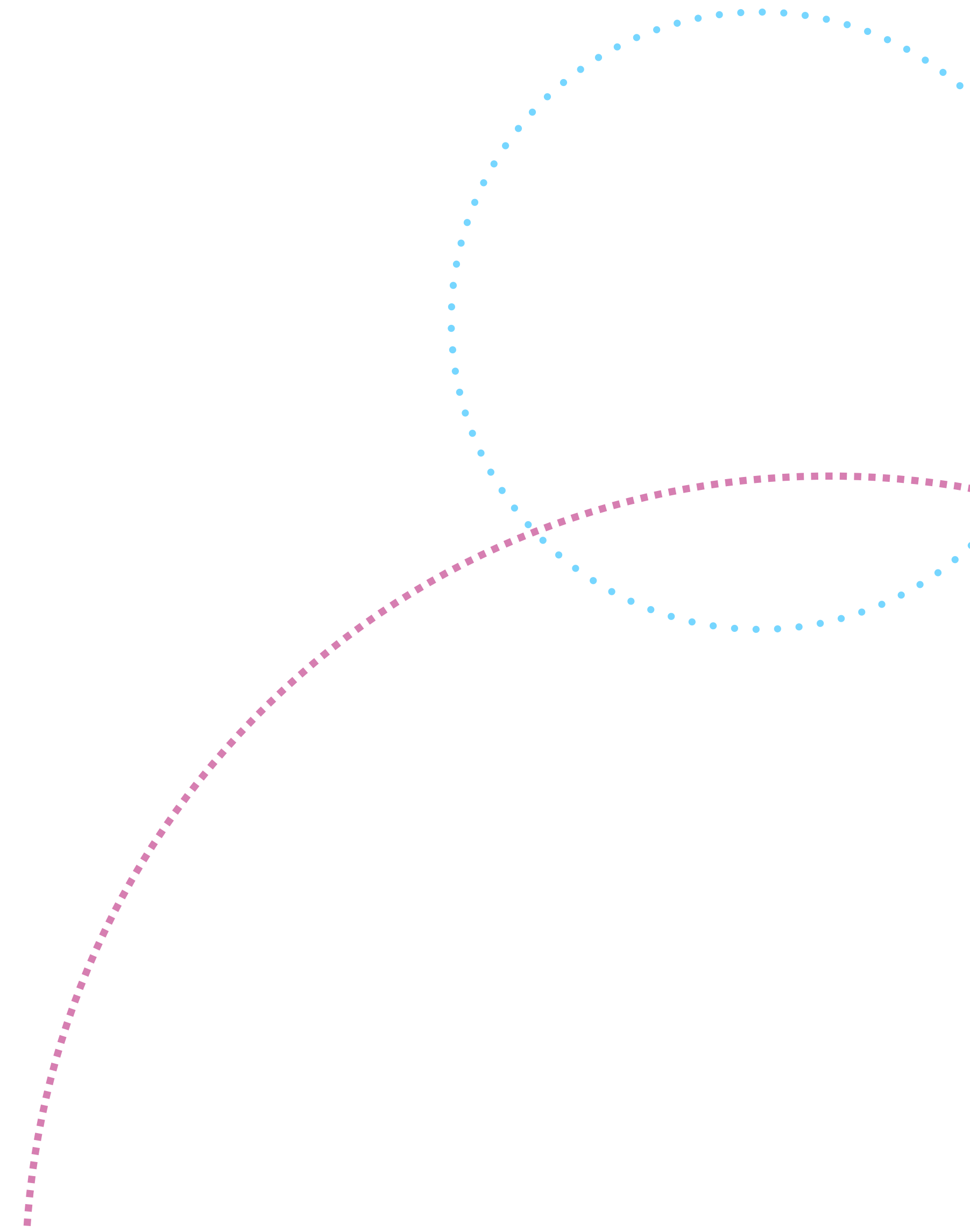
Trends in Home VBAC

- More and more women in the U.S. are faced with the denial of hospital-based maternity care for VBAC.
- Planned home VBACs in the United States have been increasing at the same time that hospital VBACs have been decreasing.¹
- Access to a birth center is not always available.
- Some women are choosing a home VBAC rather than having an unnecessary repeat cesarean or repeating a previously traumatic surgical birth.

1. MacDorman, M.F., Declercq, E., and Mathews, T.J. (2012). Trends and characteristics of home vaginal birth after cesarean delivery in the United States and selected states. *Obstetrics & Gynecology*, 119(4),737-44.

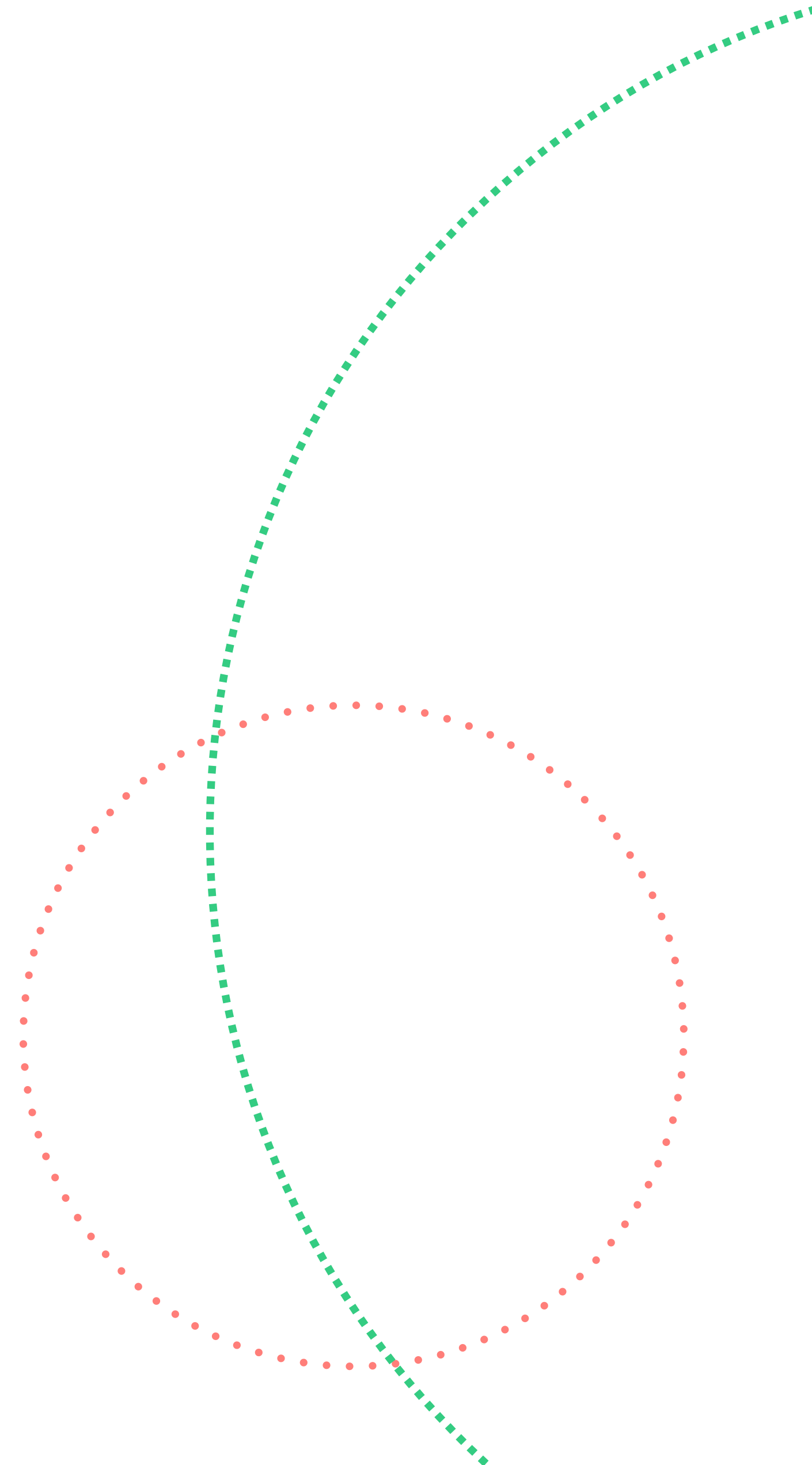
Women Choose Home VBAC for Many Reasons

- ⦿ Denial of care by physician or hospital;
- ⦿ Lack of confidence in support from hospital staff;
- ⦿ Desire for physiologic birth with minimal interventions;
- ⦿ Strong preference for midwifery care;
- ⦿ Lower risk for a cesarean;
- ⦿ Laboring in a private and familiar environment.



Women Choose Home VBAC for Many Reasons

- Right the “wrongs” of the cesarean;
- Feeling safer and having more control over labor and birth;
- Social support;
- To validate their ability to give birth “normally”;
- Religious reasons;
- Economic reasons.



What do we know about home birth?

What Do We Know About Home Birth?

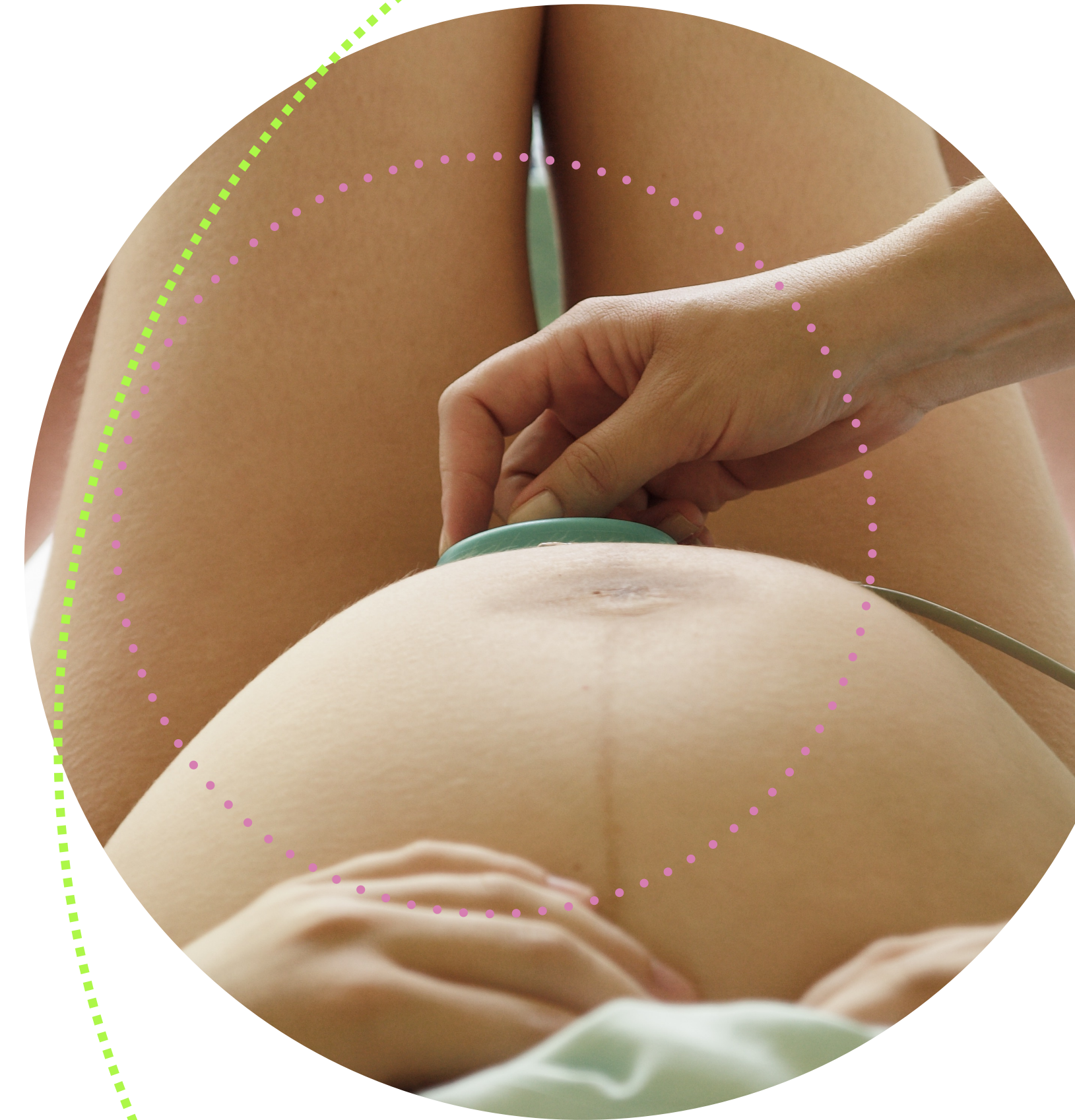
Low-risk women who plan a home birth with a midwife have safe outcomes with fewer interventions, including:

- Less need for drugs and epidural for pain relief;
- Lower rate of episiotomy, instrumental delivery and cesareans;
- Lower rates of augmentation and induction of labor.

Low-Risk Home Birth: Safe Outcomes, Lower Interventions

In a large U.S. study of planned home births with midwives:

- 89% of women gave birth at home;
- 93% gave birth on their own;
- 5.2% needed a cesarean;
- 4.5% needed oxytocin to increase contractions;
- 4.5% needed an epidural for pain relief;
- 1.2% had an assisted birth.



What Do We Know About The Outcomes of Home VBAC?

- As with a home birth with breech and with twins, women with a prior cesarean who plan a home birth are at increased risk for complications.¹
- Many mothers have had a safe VBAC at home.
- However, at this time, we don't have enough research to tell us if planning a home VBAC is safe or unsafe.²

1. Goer, H. & Romano, A. (2012). *Optimal care in childbirth: The case for a physiologic approach* (505-506). Seattle, WA: Classic Day Publishing.
2.2. E-mail communication with M. Cheney, lead author of, Cheney M, Bovbjerg M, Everson C, Gordon W, Hannibal D, & Vedam S. Outcomes of care for 16,984 planned home births in the United States: The Midwives Alliance of North America statistics project, 2004-2009. *Journal of Midwifery and Women's Health*, 59(1), 17-27.
3. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/full>



This Is What We Know for Women Who Went into Labor on Their Own

We can look at the outcomes for women who planned a home VBAC and look at the outcomes for women who planned a hospital VBAC.

Perinatal Mortality Rate:
The chance that a baby would die during labor or up to 28 days after birth.

**Per 10,000 Women
Who Labored for a VBAC**

Planned Home VBAC¹

47

Planned Hospital VBAC²

8

1. Cheyney M, Bovbjerg M, Everson C, Gordon W, Hannibal D, & Vedam S. (2014). Outcomes of care for 16,984 planned home births in the United States: The Midwives Alliance of North America statistics project, 2004-2009. *Journal of Midwifery and Women's Health* 59(1), 17-27. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/full>

2. New Jersey Hospital Association, New Jersey Department of Health and Senior Services, The New Jersey VBAC Task Force (June 2012). Access to VBAC: A vision statement for New Jersey. Retrieved from www.state.nj.us/health/fhs/professional/documents/vbac_vision.pdf



With a planned home birth, mothers and babies have **the best outcomes** when home and hospital caregivers work together¹

1. Home Birth Summit, Home Birth Summit Collaboration Task Force (2011). *Best practice guidelines: Transfer from planned home birth to hospital*. Retrieved from <http://www.homebirthsummit.org/best-practice-transfer-guidelines/>

Collaborative Care Is Best for Mothers and Babies

- In case of complications, mothers and babies have the safest outcomes when home and hospital caregivers work together during pregnancy, birth, and the postpartum period.¹
- But, in the U.S. some hospitals do not collaborate with home birth midwives.

A Group of Maternity Care Leaders Agree...

- “All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary.
- When ongoing inter-professional dialogue and cooperation occur, everyone benefits.”



Home Birth Summit, Home Birth Summit Collaboration Task Force (2011). *Best practice guidelines: Transfer from planned home birth to hospital.* Retrieved from <http://www.homebirthsummit.org/best-practice-transfer-guidelines/>

Photo- Shutterstock

A Formal Agreement With a Hospital Is Important for a Planned Home VBAC

In case you or your baby need to be transferred to a hospital, your caregiver should have a **plan in place** and an agreement with a hospital to make sure you **get the care you need** as quickly as possible.

Photo- Shutterstock



Key Points to Review

- For many mothers, home may be the only option where they can get maternity care for a VBAC.
- **There is not enough information to tell us if VBAC is safe or not with a planned home birth.**
- Parents need to ask their caregivers about collaboration of care and safe transfer to a hospital in case of complications.



Checklist for Parents

Here are some questions you may want to ask your caregiver:

- Are you licensed? Certified?
- What educational background do you have?
- How long have you been attending home birth?
- Do you work with other midwives? Physician?



Checklist for Parents

- Are there health issues that may come up during pregnancy or labor that may mean I need to be transferred to a physician's care? What are they?
- How many home VBACs have you attended? What were the outcomes?
- Do you have a formal agreement with a nearby hospital in case there is a need for transfer?
- What circumstances would require me or my baby to be transferred to the hospital?
- How long will it take to get there? Who will go with me?



Checklist for Parents

- How will I and my baby be cared for until we arrive?
- Are you on staff at this hospital? If not, can you still accompany me and stay with me during my care?
- Will the staff be ready to care for me or my baby?
- Will there be an obstetrician available?
- Will there be an operating room and staff available if I need surgery?

Photo- Shutterstock



Planning a Home VBAC Means **Assuming More Responsibility for Your Birth**

- Get as much information as you can.
- Choose your caregivers wisely.
- Have a safety plan in case you need to be transferred to a hospital for care.
- Rapid access to an emergency cesarean is important in case of complications.



Resources for Parents

- ◎ **Choices in Childbirth**
Understanding the Research on Home Births
- ◎ **University of British Columbia, Division of Midwifery**
Home Births Understood-Vaginal Birth After Cesarean
(YouTube Video)
- ◎ **VBAC.org.uk**
In What Ways is a Home VBAC Less Safe than Hospital?
- ◎ **VBAC Facts**
Why Homebirth? The Dilemma

