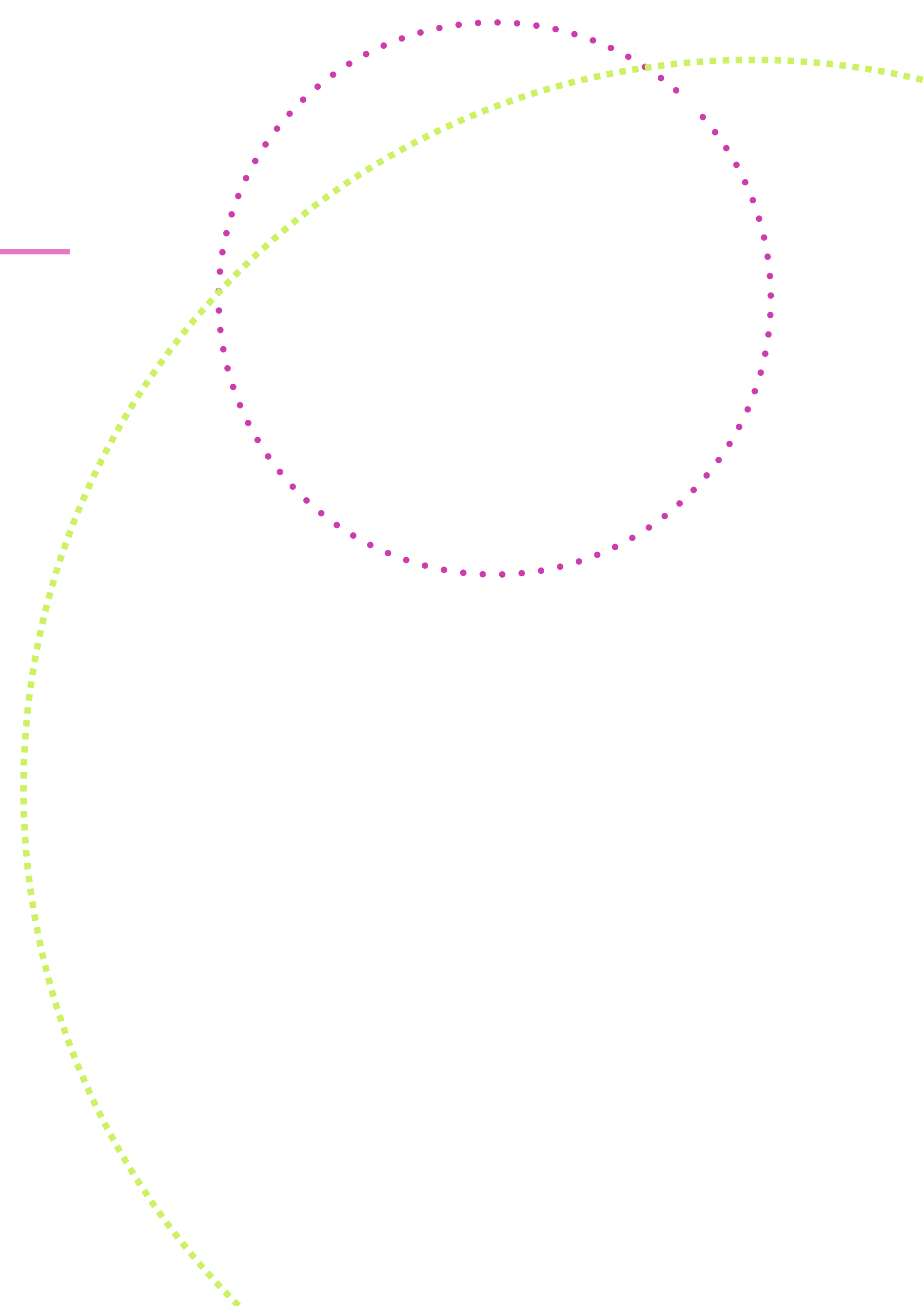


Module 1

VBAC: the Benefits for Mothers and Babies

Three Possible Birth Outcomes After a Prior Cesarean

- 1** You can schedule a repeat cesarean at term without going through labor.
- 2** You can labor and have a VBAC.
- 3** You can labor but may need to have another cesarean.



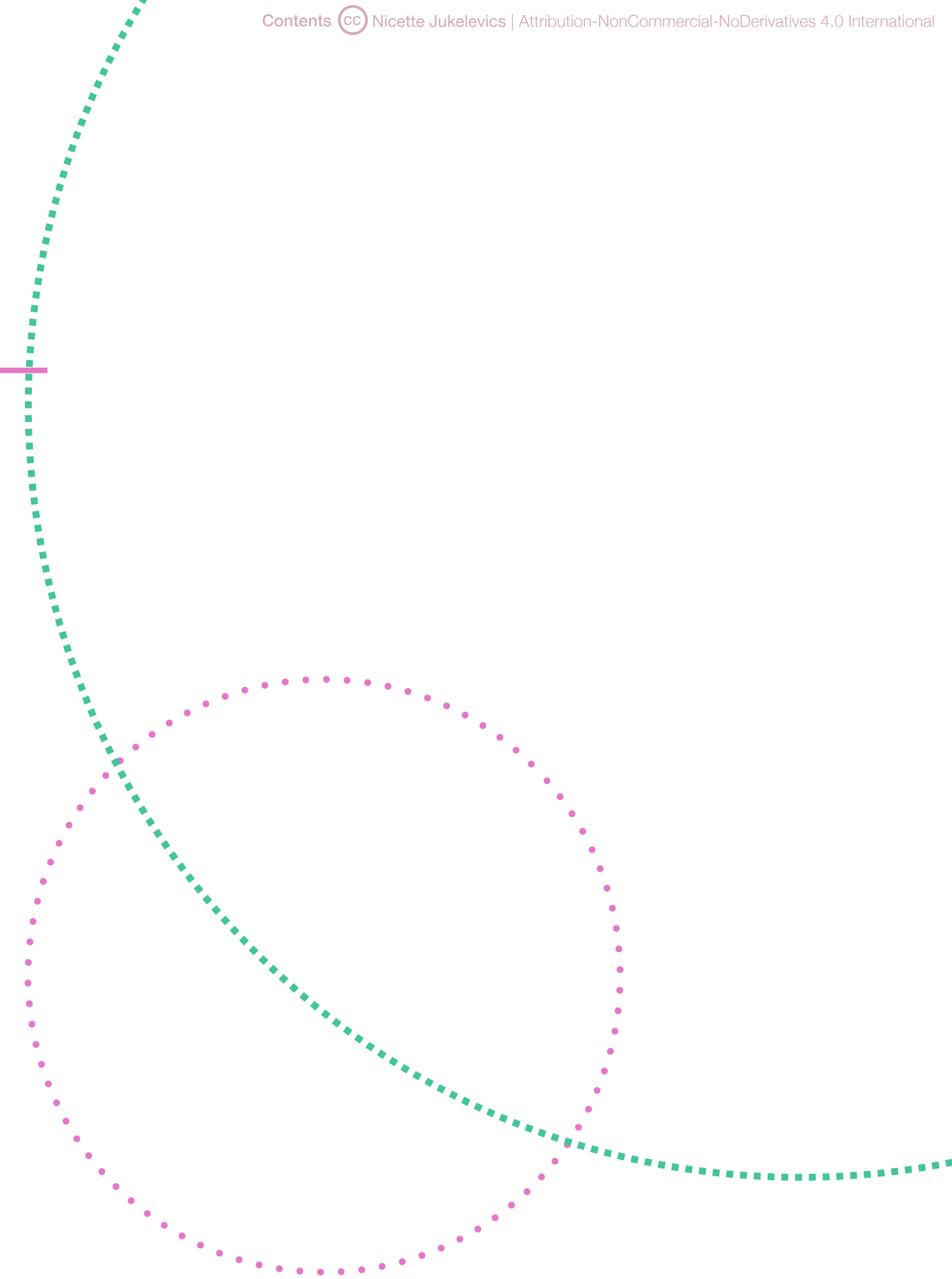
Making an Informed Decision

- It's important for women and their partners to learn all they can about the benefits and harms of repeat cesarean and VBAC.
- Women have the legal right to make their own informed decision about how they want to give birth.



What is a VBAC?

- **Vaginal Birth After a Cesarean**
- It is also known as physiologic birth after a cesarean or a TOLAC (trial of labor after a cesarean).
- A candidate for a TOLAC is a woman that can labor for a VBAC.
- Many women don't like the medical term "trial of labor" nor the term "candidate."



Why is VBAC an Option to Consider?

- Research shows us that repeat cesareans may do more harm than good for low-risk mothers and babies.
- Mothers and babies experience these harms both in the short- and long-term.
- Cesareans put all mothers' next pregnancy and fetus at risk for complications.

What You Should Know About VBAC

- VBAC is a safe alternative to a routine repeat cesarean.
- If you have a healthy pregnancy, have a low horizontal scar on the uterus and go into labor on your own at term (39th to 40th week gestation), you have about a 70–75% chance that you and your baby will have a safe normal birth.



What You Should Know About VBAC

- ◉ Women who are cared for by midwives or labor in a birth center have a higher chance of having a VBAC.
- ◉ Women who have the support of a birth doula are at lower risk for a cesarean section.

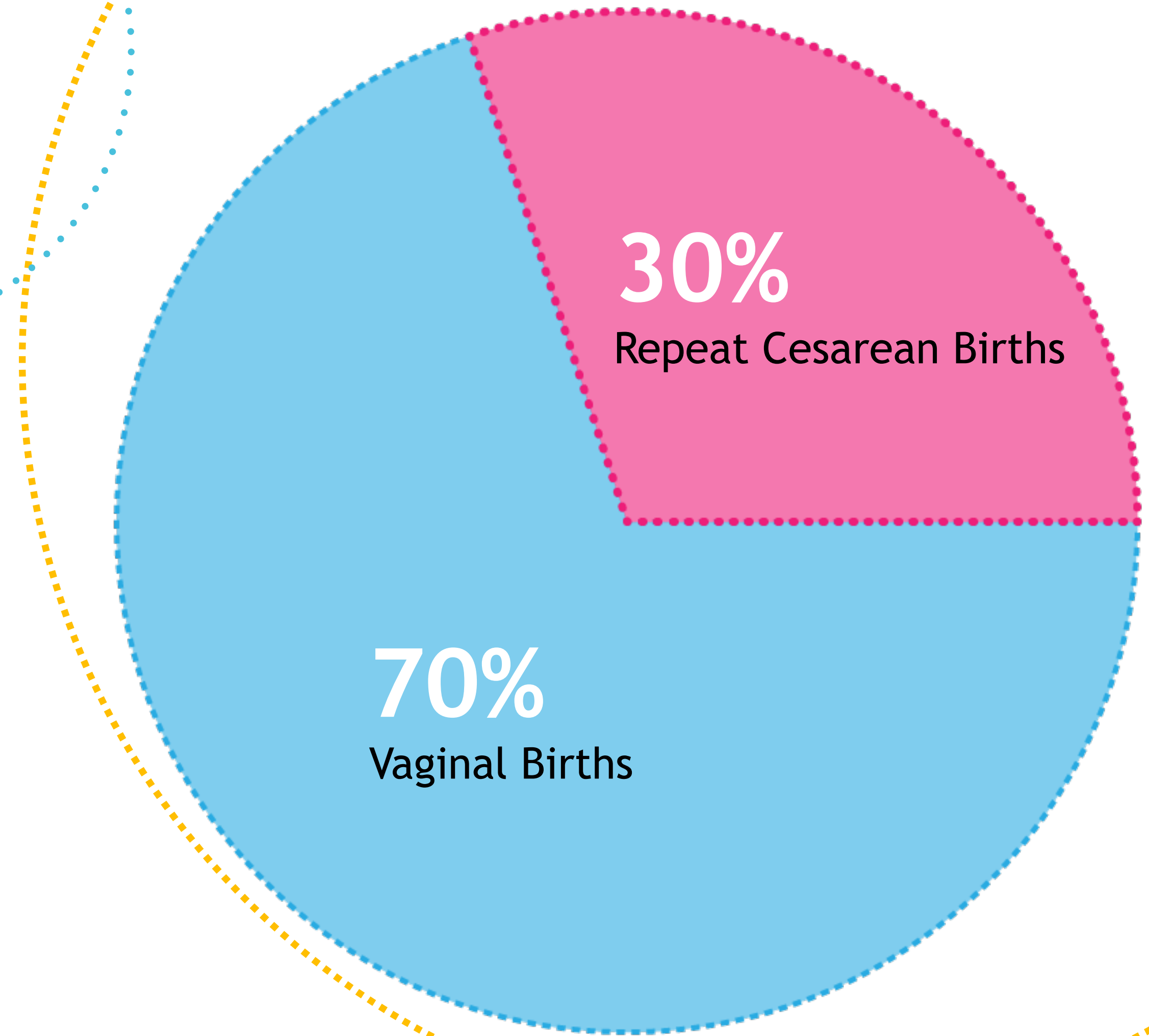


Goer, H. & Romano, A. (2012). *Optimal care in childbirth: The case for a physiologic approach*. Seattle, WA: Classic Day Publishing.

Photo- Shutterstock

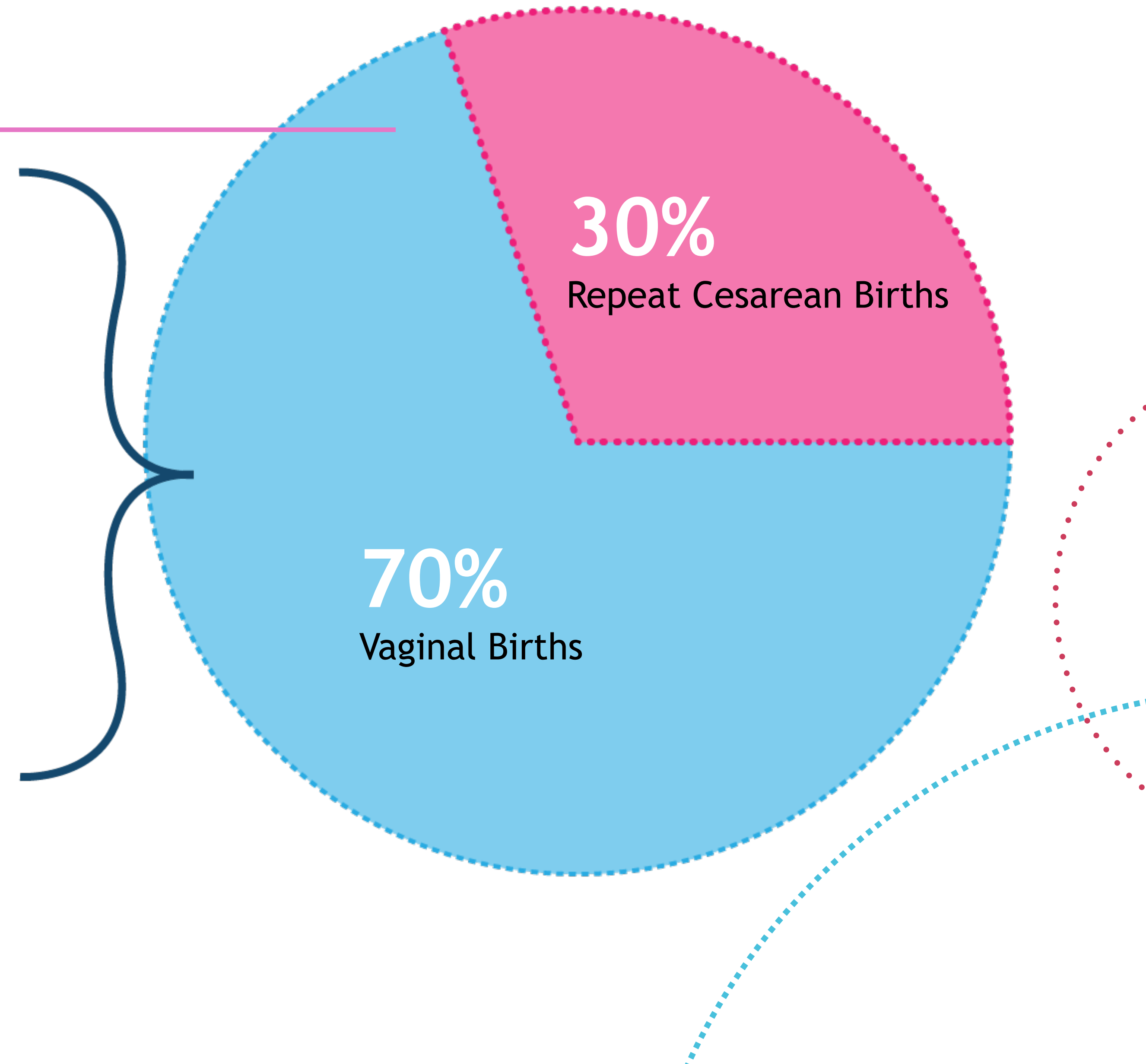
About **70%** of women who labor for a VBAC avoid the complications of repeat cesareans.

About 70% of women who labor after a cesarean have a **safe VBAC**.



If 100 women labor for a VBAC

- Women avoid complications of surgery.
- Babies avoid complications of surgery.
- Babies avoid breathing problems from scheduled cesarean.
- Mothers and babies go home sooner.



What does the U.S. National Institutes of Health (NIH) say about the benefits of VBAC?

- “Given the available evidence, trial of labor is a reasonable option for many pregnant women with one prior low transverse uterine incision.”
- “Women who have a trial of labor, regardless of ultimate mode of delivery, are at decreased risk of maternal mortality compared to elective repeat cesarean delivery.”



Fewer Mothers Die in Childbirth

When Women Labor for a VBAC

Mothers at all stages of pregnancy who had a VBAC were compared to those who had a repeat cesarean. These are the results.

Maternal Mortality at Delivery	Per 100,000 Live Births
Women who had a VBAC	3.8
Women who had a repeat cesarean	13

Cunningham, FG, Bangdiwala S, Brown SS et al. (2010). National Institutes of Health Consensus Development Conference Statement: Vaginal birth after cesarean: New insights. March 8-10, 2010. *Obstetrics & Gynecology*, 115(6),1279-1295.

What does the American College of Obstetricians and Gynecologists (ACOG) Say About the Benefits of VBAC?

“Women who achieve VBAC avoid major abdominal surgery, resulting in lower rates of hemorrhage, infection, and a shorter recovery period...”

American College of Obstetricians and Gynecologists (August 2010). *Vaginal birth after previous cesarean delivery. Practice bulletin number 115.*
Retrieved from <http://www.acog.org/Search?Keyword=Vginal+birth+after+previous+cesarean>

Photo- Shutterstock



What Does ACOG Say about VBAC?

“For those considering larger families, VBAC may avoid potential future maternal consequences of multiple cesarean deliveries such as ...

- Bowel or bladder injury,
- Blood transfusion,
- Hysterectomy,
- Infection, and
- Abnormal placentation such as placenta previa and placenta accreta.”

Problems with the Placenta Increase with Each Additional Repeat Cesarean

- Placenta previa (covering the cervix)
- Placenta accreta (grows into the uterine wall)
- Placenta percreta (grows through the uterine wall and may grow into other abdominal organs)
- Problems with the placenta increase the risk for hemorrhage and a hysterectomy.



Mothers are Less Likely to Need a Hysterectomy if They Labor for a VBAC

Comparing mothers (pregnancy with all gestational ages) with a uterine scar with mothers who had a scheduled repeat cesarean:

Risk for Hysterectomy	Per 100,000 Live Births
Women who had a VBAC	157
Women who had a repeat cesarean	280

Cunningham, F.G., Bangdiwala, S., Brown, S.S. et al. (2010). National Institutes of Health Consensus Development Conference Statement: vaginal birth after cesarean: New insights. March 8-10, 2010. *Obstetrics & Gynecology*, 115(6),1279-1295.

What does the Society of Obstetricians and Gynaecologist of Canada (SOGC) Say About the VBAC?

“Provided there are no contraindications, a woman with 1 previous transverse low-segment caesarean section should be offered a trial of labour after caesarean with appropriate discussion of maternal and perinatal **risks and benefits.**”

What does the Royal College of Obstetricians and Gynaecologists (U.K.) Say About VBAC?

- “All women who have experienced a prior caesarean birth should be counseled about the maternal and perinatal risks and benefits of planned VBAC and ERCS (elective repeat cesarean section) when deciding the mode of birth.”
- “Women...should be informed that, overall, the chances of successful planned VBAC are 72-76%.”

What are the Benefits of VBAC for Mothers Compared to a Planned Repeat Cesarean?

- No complications from major surgery
- A faster and easier recovery
- Less postpartum pain
- Less risk for serious infection



Goer, H., Romano, A., & Sakala, C. (2012). *Vaginal or cesarean birth: What Is at stake for mothers and babies? A best evidence review*. New York: Childbirth Connection. Retrieved from <https://childbirthconnection.org/pdfs/vaginalorcesareanbirth.pdf>

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What are the Benefits of VBAC for Mothers Compared to a Planned Repeat Cesarean?

- Less likely to return to the hospital with complications
- More likely to have baby skin-to-skin after birth
- More likely to begin and successfully continue to breastfeed

Benefits of Breastfeeding for Babies

Breastfeeding helps to protect babies from:

- Ear and stomach infections, severe respiratory infections;
- Allergies, asthma, Type 1 and Type 2 diabetes;
- Obesity, childhood leukemia, sudden infant death syndrome (SIDS), and necrotizing enterocolitis (a life-threatening intestinal infection).



Jukelevics, N. & Wilf, R. (2009). *Breastfeeding Is priceless: There is no substitute for human milk*. A coalition for improving maternity services fact sheet. Retrieved from <http://www.motherfriendly.org/downloads>

Benefits of Breastfeeding for Mothers

Breastfeeding helps to protect mothers against:

- ⦿ Postpartum depression;
- ⦿ High blood pressure;
- ⦿ Type 2 diabetes, heart disease;
- ⦿ Ovarian and pre-menopausal breast cancer;
- ⦿ Osteoporosis later in life.

Jukelevics, N. & Wilf, R. (2009). *Breastfeeding Is priceless: There is no substitute for human milk*. A coalition for improving maternity services fact sheet. Retrieved from <http://www.motherfriendly.org/downloads>

Photo- © Eric Jukelevics



What are the Benefits of VBAC for Mothers in a Future Pregnancy?

- Less likely to have fertility problems
- Lower risk for having a premature birth, a low birth weight baby or a miscarriage
- Lower risk for bleeding during pregnancy and birth due to problems with the placenta
- Lower risk for a uterine rupture
- More likely to have a vaginal birth again in the future

What are the Benefits of VBAC for Babies?

- Baby is less likely to need transfer to a neonatal intensive care nursery.
- Baby is exposed to beneficial vaginal organisms which initiate immunities.
- Contractions stimulate the baby and prepare him for breathing outside the womb.
- Baby is less likely to develop asthma and diabetes and less likely to become obese later in life.
- Baby is more likely to breastfeed and continue breastfeeding during infancy.

Goer, H. & Romano, A. (2012). *Optimal care in childbirth: The case for a physiologic approach*. Seattle, WA: Classic Day Publishing.

Photo- © Michael Jung/Dollar Photo Club



What Does ACOG Say About Who Can Labor for a VBAC?

- Mothers with one or two low-transverse uterine scars
- Mothers with one low vertical uterine scar
- Mothers with one unknown uterine scar
- Mothers whose pregnancy may extend past the due date (40 weeks)
- Mothers who are told they are going to have a “big baby,” more than 4000g (8.8 lb)
- Mothers who are carrying twins if the first twin is head down in the pelvis before birth
- Mothers who have a successful breech version (See Module 5, “Four Main Reasons for First Cesareans: Can I Plan a VBAC?” for more information on breech version.)

What Do Researchers Say About Who Can Labor for a VBAC?

- Mothers with a high body mass index (BMI)
- Women with a short inter-delivery interval (less than 18 months since the prior birth) whose labor is not induced
- Mothers with a single-layer uterine closure
- Older women



Goer, H. & Romano, A. (2012). *Optimal care in childbirth: The case for a physiologic approach*. Seattle, WA: Classic Day Publishing.

Photo- Shutterstock

Who can Labor for a VBAC?

The evidence shows that over 95% of women with a prior cesarean can **labor safely** for a VBAC without any uterine scar problems...



Goer, H. & Romano, A. (2012). *Optimal care in childbirth: The case for a physiologic approach*. Seattle: Classic Day Publishing.

Photo- Shutterstock

Caregivers Differ

About Who Can Labor for a VBAC

- Some caregivers advise mothers based on their own personal experience and comfort level with VBAC.
- If you feel strongly about planning a VBAC, don't get discouraged by the first caregiver that tells you it's not possible.
- In your search for a caregiver consider obstetricians, family physicians, midwives, and DOs (doctors of osteopathic medicine).

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From an Author and a VBAC Mom

“On many occasions over a long period I dreamed that I would one day be able to push my own baby out into the world. Those three years of research left me convinced that there is not just one obstetric reality, but several, and that these realities are not necessarily the ones we hear as unavoidable solutions.

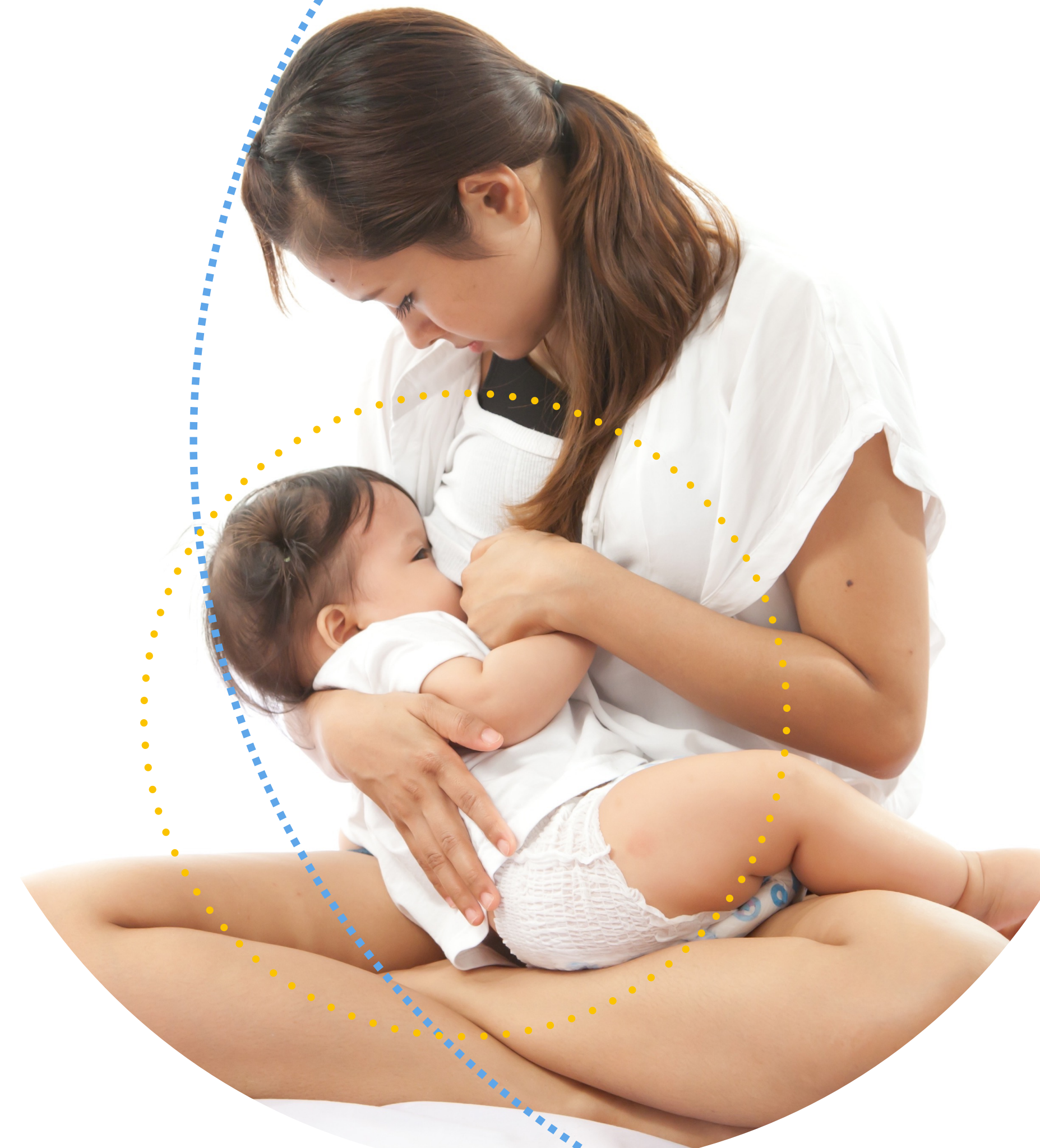
We women need to have our say because we are the people most immediately affected by birth.”

—Hélène Vadeboncoeur,
*Birthing Normally After a Cesarean or Two:
A Guide for Pregnant Women, Exploring Reasons
and Practicalities for VBAC.*

Key Points to Review

- VBAC is a reasonable option for women who do not need or want a repeat cesarean.
- The majority of women who labor for a VBAC do have a vaginal birth.
- If you labor for a VBAC, it's possible that you may need a cesarean.
- Having a VBAC helps mothers and babies avoid the complications of surgery.
- Having a VBAC helps mothers avoid complications in a future pregnancy.
- With a VBAC babies are more likely to begin and successfully continue to breastfeed.

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Checklist for Parents

- What information do you have now that you did not already know?
- What additional information would you like to have?
- If you are pregnant, have you started talking with your caregiver about your options?
- Make a list of questions or concerns you would like to discuss with your caregiver.
- Look at the additional resources for this section and discuss them with your partner and caregiver.

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Resources for Parents

- ◎ **Childbirth Connection**
Best Evidence: VBAC or Repeat Cesarean?
Pathway to A Healthy Birth
- ◎ **Lamaze International**
A Woman's Guide to VBAC
- ◎ **Royal College of Obstetricians and Gynaecologists, U.K.**
Birth After Caesarean: Information for You
- ◎ **Society of Obstetricians and Gynaecologists of Canada**
Vaginal Birth After Caesarean