



Module 10

Planning a VBAC In a Birth Center



What Is a Birth Center?

As defined by the American Association of Birth Centers, a Birth Center is:^{1,2}

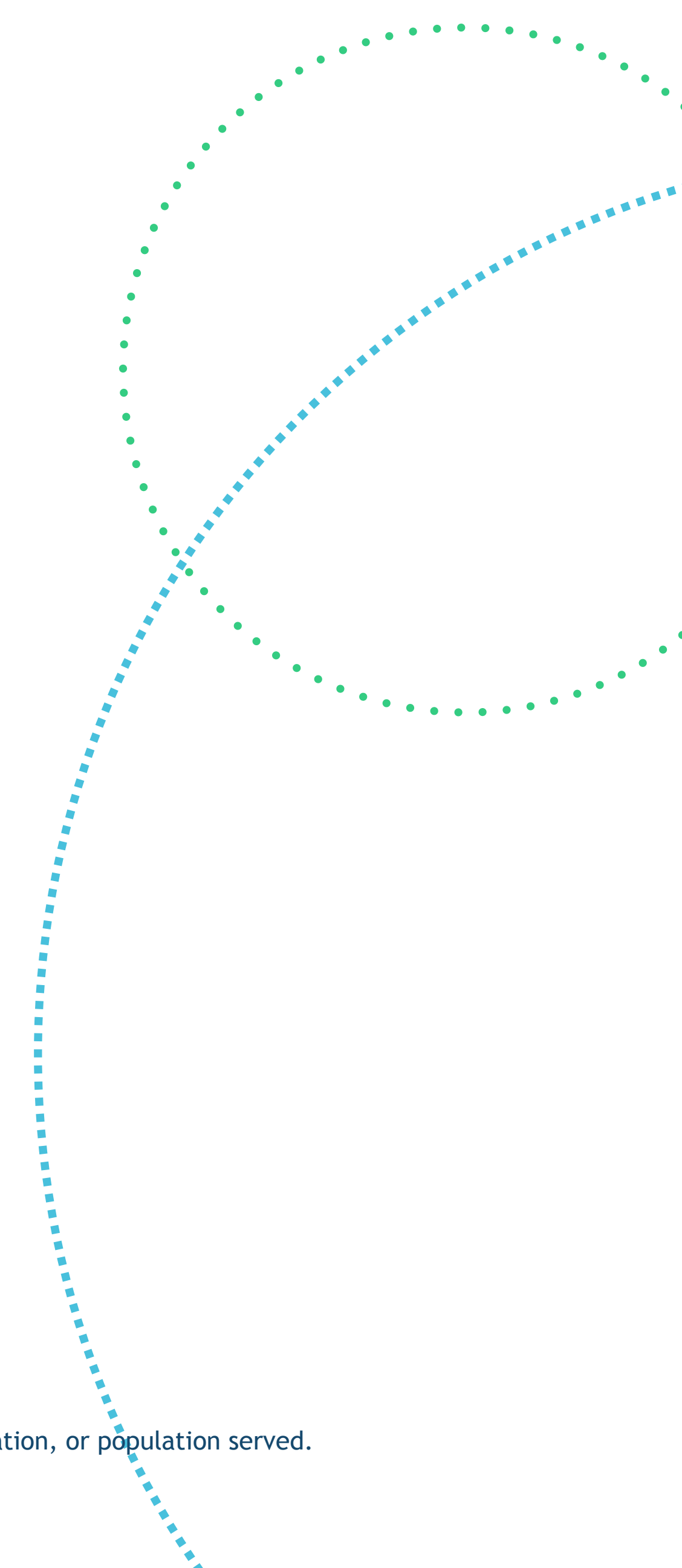
- A homelike facility;
- Within a healthcare system;
- A program of care for the wellness model of pregnancy and birth.

1. Birth Center Definition, Adopted by American Association of Birth Centers (AABC) Board of Directors: October 1, 1995. Retrieved from <http://www.birthcenters.org/about-aabc/position-statements/definition-of-birth-center>;

This definition is used by The Commission for the Accreditation of Birth Centers (CABC) for accreditation of birth centers regardless of ownership, primary care provider, location, or population served.

2. American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. (February 2015). Obstetric Care Consensus, Levels of Maternal Care.

Retrieved from <http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Levels-of-Maternal-Care>;
Commission for the Accreditation of Birth Centers, March 9, 2015.



Birth Centers in the U.S.A.

- Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost effectiveness.
- They provide family-centered care for healthy women before, during and after normal pregnancy, labor and birth.



1. Birth Center Definition, Adopted by American Association of Birth Centers (AABC) Board of Directors: October 1, 1995.

Retrieved from <http://www.birthcenters.org/about-aabc/position-statements/definition-of-birth-center>;

This definition is used by The Commission for the Accreditation of Birth Centers (CABC) for accreditation of birth centers regardless of ownership, primary care provider, location, or population served.

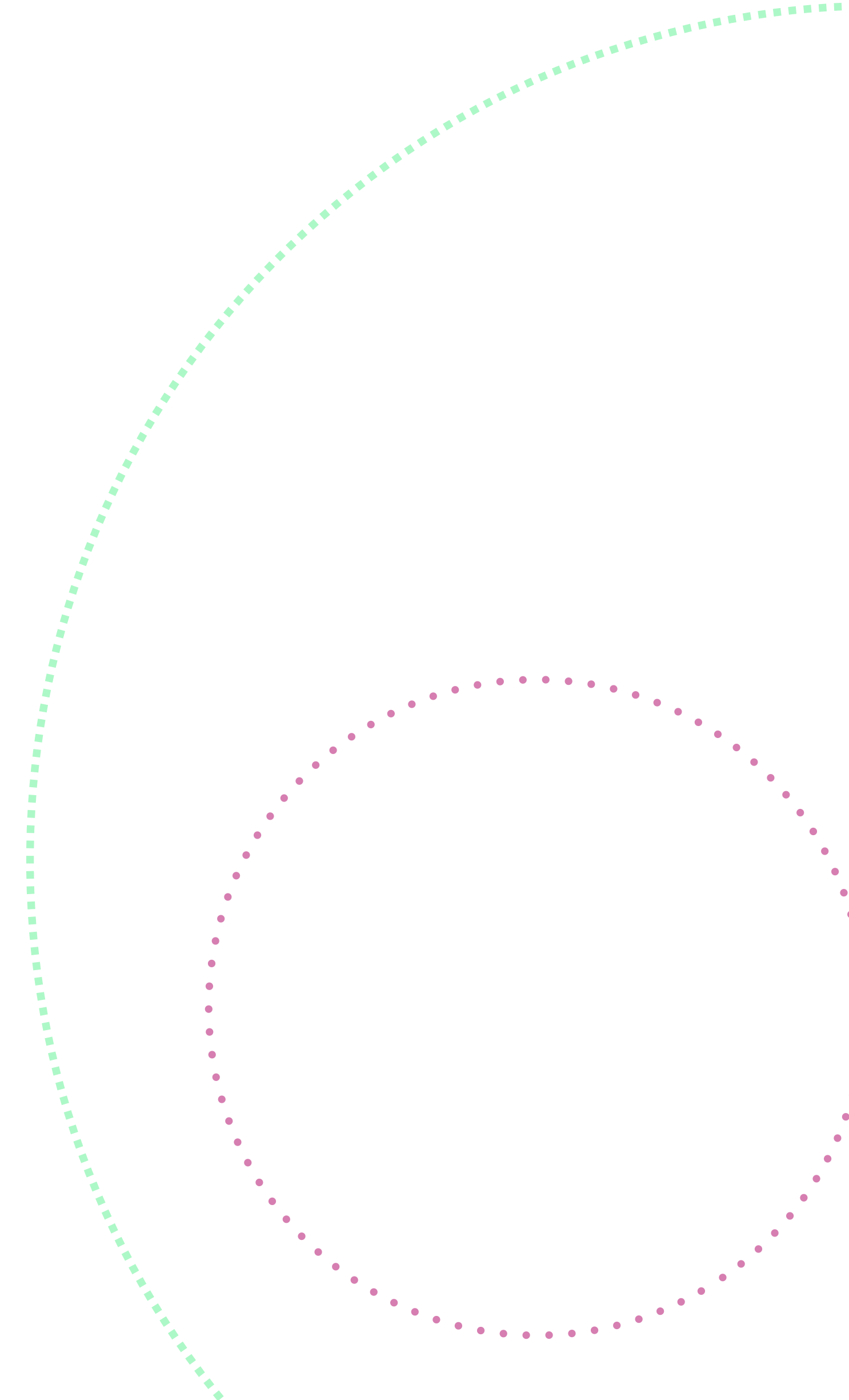
2. American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. (February 2015). Obstetric Care Consensus, Levels of Maternal Care.

Retrieved from <http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Levels-of-Maternal-Care>;

Commission for the Accreditation of Birth Centers, March 9, 2015.



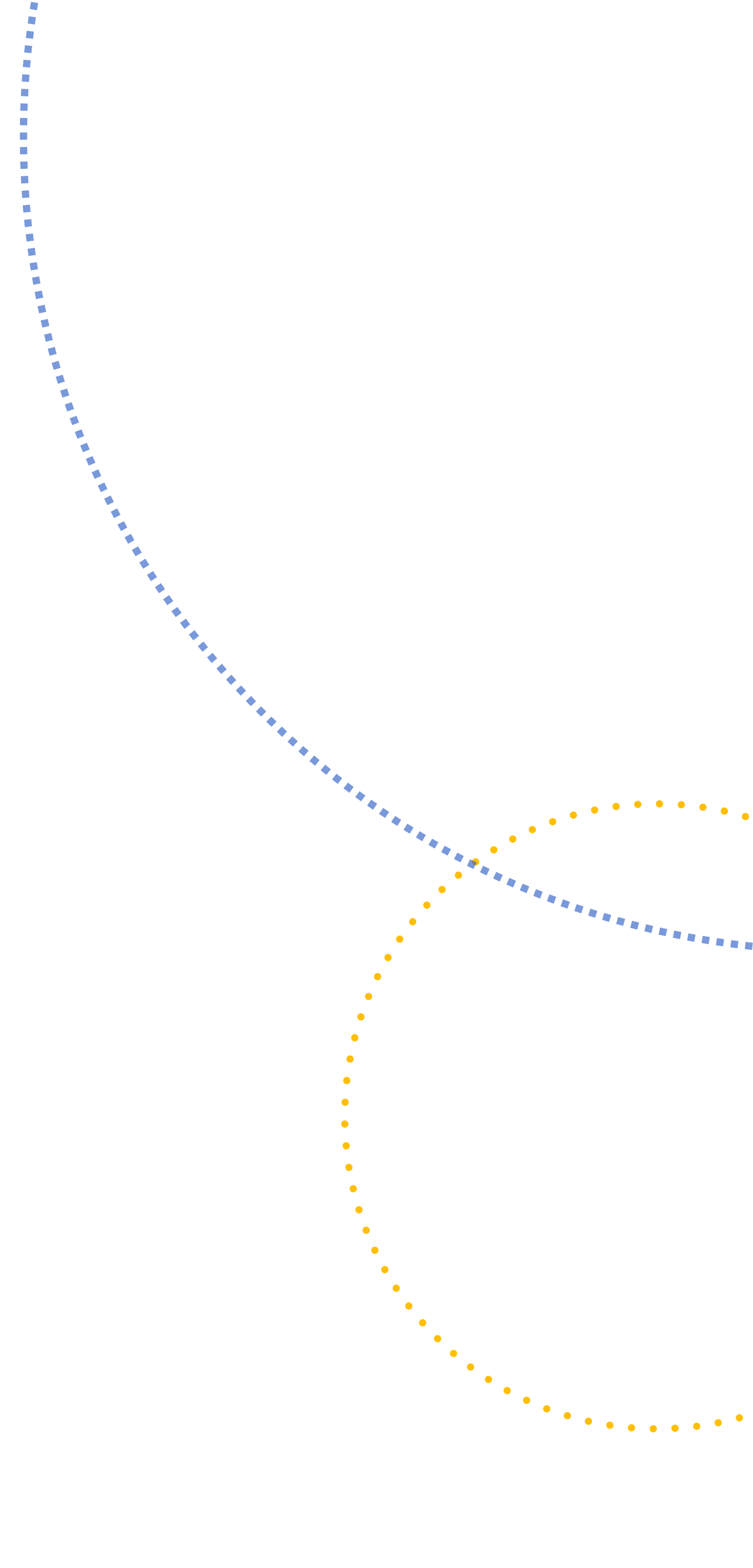
Birth Centers in the U.S.A.

- Birth centers care for low-risk healthy women expected to have an uncomplicated birth.
 - If complications develop during pregnancy or during labor, birth, or in the immediate postpartum period, mothers and/or babies may need to be transferred to a physician's care or a hospital.
- 



Birth Center Care Providers in the U.S.A.

Birth centers may have primary care providers who are:

- Midwives (most common);
 - Physicians;
 - Other clinical staff who are nurses and/or trained birth assistants.
- 

Why Some Mothers Choose a Birth Center

- Family-centered care;
- Freedom to make their own informed decisions;
- Low intervention rates;
- Freedom of movement;
- Low cesarean rates;
- Midwifery care;
- Continuous support for labor and birth;
- Many options for comfort measures including water birth;
- Baby with the mother at all times;
- Skin-to-skin after birth and immediate breastfeeding;
- Lower cost.





Where Can I Find a Birth Center?

Birth centers are located:

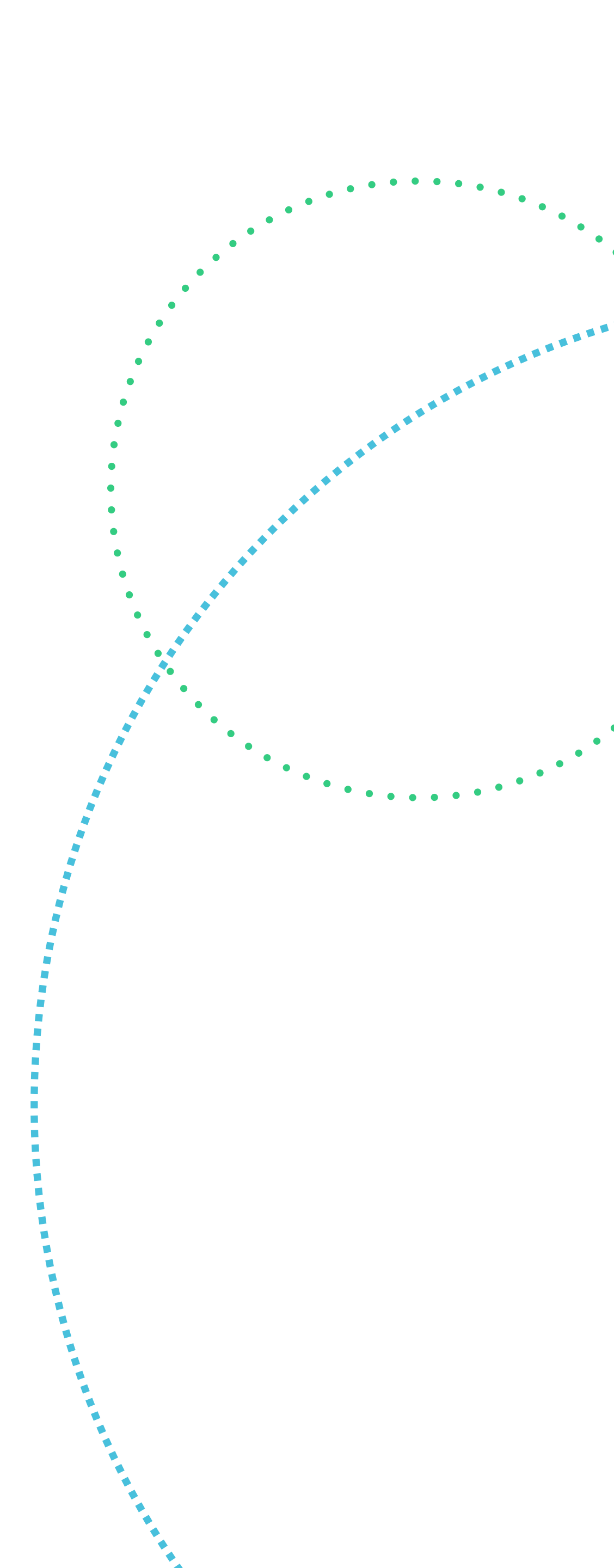
- In rural, suburban, and urban communities;
- Freestanding in the community (most common);
- On hospital grounds;
- Or in the hospital itself (but separate from the labor and delivery unit).



An Example of a room in a
Birth Center



Birth Centers Are Increasing in the U.S.A.

- The number of birth centers has increased 66% since 2010.
 - There are approximately 300 birth centers in the U.S. today.
 - Fees charged by birth centers and midwives' services are on average 30%-50% lower than payments made to hospitals and hospital-based physicians.
- 



Birth Centers in the U.S.A.

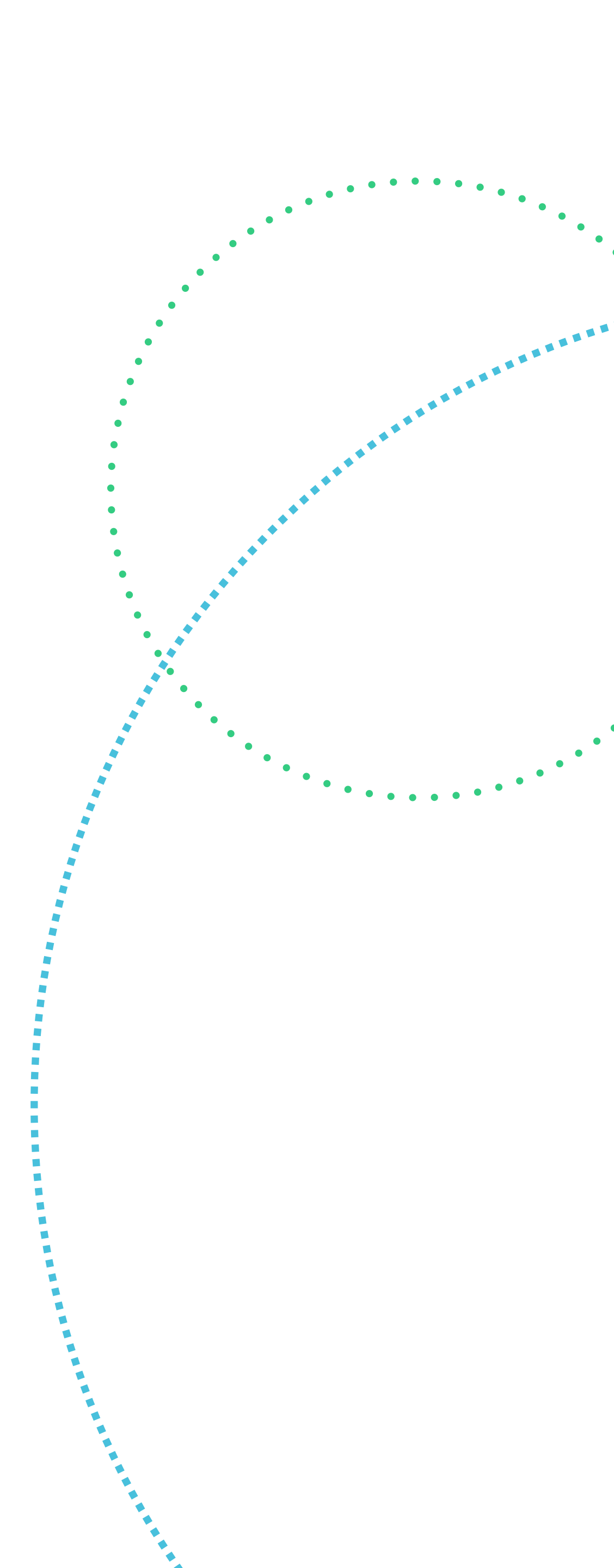
- Birth centers are accredited by choice.
- They are required to get a license in 82% of states in the U.S.A.¹.

There are three birth center accreditation bodies:

- The Commission for the Accreditation of Birth Centers;
- The Joint Commission (for hospital); and
- The Accreditation Association for Ambulatory Health.²

1. American Association of Birth Centers. Retrieved from <http://www.birthcenters.org/open-a-birth-center/birth-center-regulations>

2. American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. (February 2015). Levels of maternal care. Retrieved from <http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Levels-of-Maternal-Care>





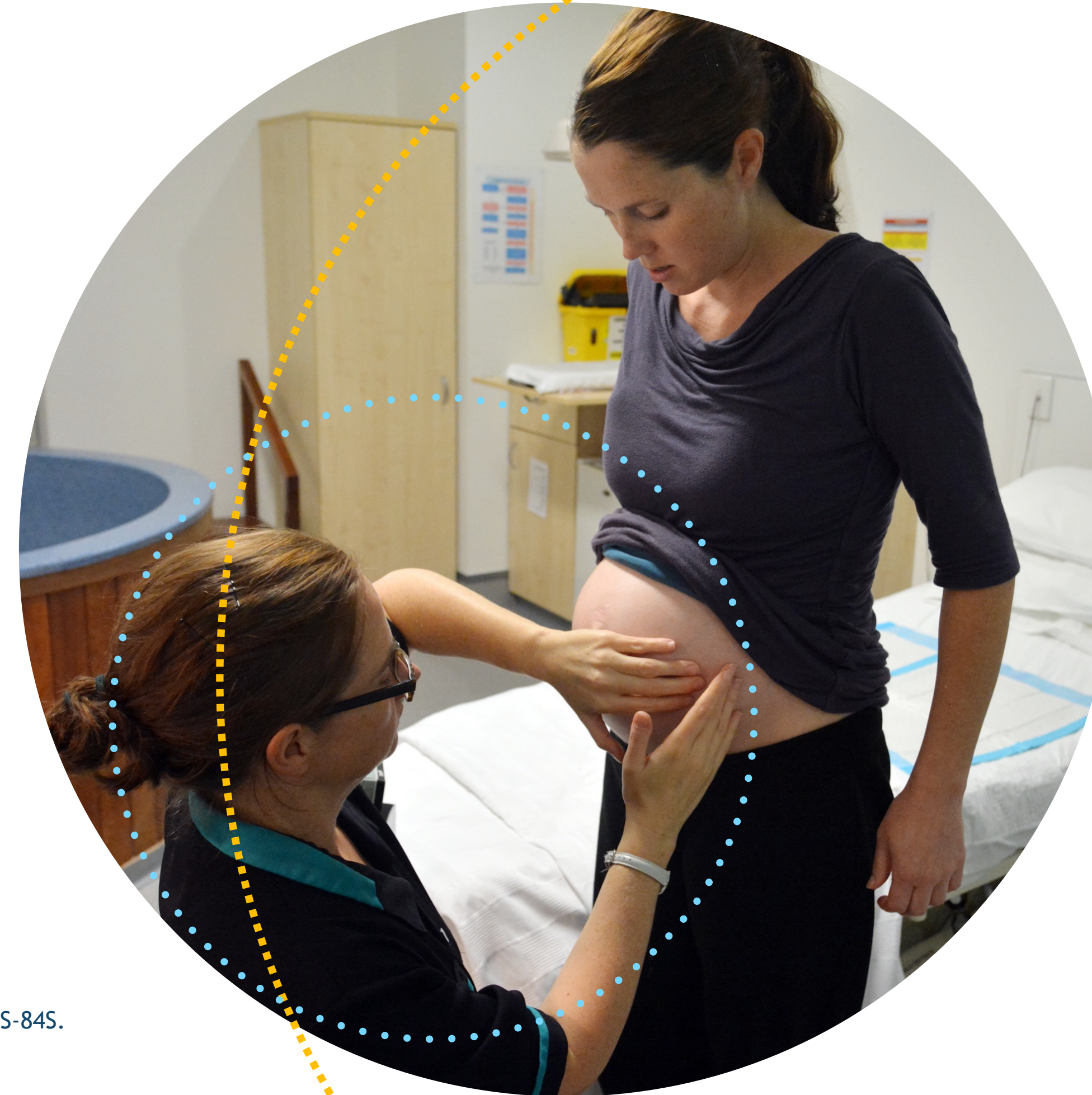
What do we know about giving birth in a birth center?

Birth Center Care Provided by Midwives

Results in Excellent Outcomes

Low-risk women who give birth in a free-standing birth center have healthy births with fewer interventions:

- Fewer cesareans;
- Fewer episiotomies;
- Less need to start or augment labor with Pitocin;
- Less use of continuous electronic fetal monitoring.



Sagady Leslie, M. & Romano, A. (2007). Birth can safely take place at home and in birthing centers. The Coalition for Improving Maternity Services: Evidence basis for the ten steps of mother-friendly care, *Journal of Perinatal Education*, Supplement 16(1), 81S-84S.

Photo- Shutterstock

Birth Center Care Provided by Midwives

Results in Excellent Outcomes

Low-risk women who give birth in a free-standing birth center usually have more options and good outcomes:

- More choices for comfort measures and non-drug methods of pain relief;
- More freedom of movement for labor and birth;
- More spontaneous vaginal births;
- More success with exclusive breastfeeding.



Sagady Leslie, M. & Romano, A. (2007). Birth can safely take place at home and in birthing centers. The Coalition for Improving Maternity Services: Evidence basis for the ten steps of mother-friendly care, *Journal of Perinatal Education*, Supplement 16(1), 81S-84S.

Photo- Shutterstock



Birth Center Care Provided by Midwives

Results in Excellent Outcomes

The midwifery-led birth center model of collaborative care achieves minimal cesarean rates with low interventions and good health outcomes for mothers.

Care in a
birth center
does not
include routine
interventions



What Do We Know About VBAC Outcomes in Birth Centers Today?

- There are no published studies that reflect *current* VBAC practices in birth centers today.
- There is one study (2004) that looked at the safety of planned VBAC in U.S. birth centers.¹

1. Lieberman E1, Ernst EK, Rooks JP, Stapleton S, & Flamm B. (2004). Results of the national study of vaginal birth after cesarean in birth centers, *Obstetrics and Gynecology* 104(5 Pt 1), 933-42.



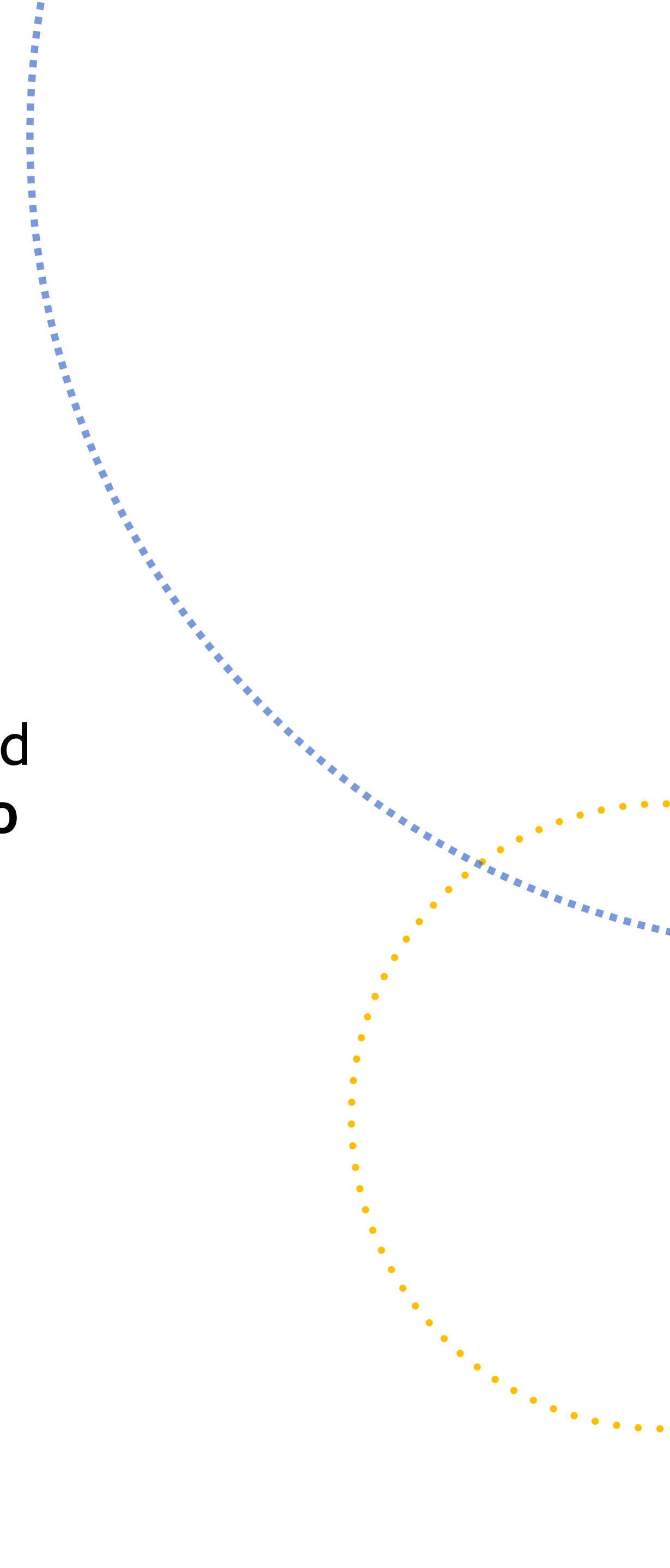
What Was In The 2004 Study of VBAC in U.S. Birth Centers?

A national study of 1,453 women who planned a VBAC in 41 birth centers found:

- The VBAC rate was high, 87%;
- The risk for a cesarean scar separation was low, 4 per 1,000 births;
- The risk for a baby not surviving was higher compared to VBAC labor in a hospital, 7 fetal/neonatal deaths;
- 2 fetal/neonatal deaths were due to uterine rupture;
- 5 of the 7 deaths occurred for women with more than one prior cesarean and for women who were at 42 weeks gestation.
- The researchers recommended that VBAC take place in a hospital.



What Happened After **This 2004 Study?**

- Best practices for VBAC in birth centers changed as a result of this and other studies.
 - The Commission for the Accreditation of Birth Centers (CABC) did not permit VBACs in CABC-accredited birth centers from **2004 to 2011**.
 - After a careful review of the evidence, the CABC set new guidelines for women who want to labor for a VBAC.
- 

How Does This 2004 Study In Birth Centers Compare To VBAC Best Practices Today?

Perinatal Mortality Rate:

Percent of all women who labored for a VBAC, whose baby died during labor or up to 28 days after birth

1990-2000

Planned VBAC in Birth Center¹

0.50%

2011

Literature Review by NIH²

0.13%

1. 7 deaths of 1,453. Lieberman ,E., Ernst, E.K., Rooks, J.P., Stapleton, S, & Flamm, B. (2004). Results of the national study of vaginal birth after cesarean in birth centers, *Obstetrics and Gynecology* 104(5 Pt 1), 933-42. Among the 1,453 women who went to the birth centers for care during labor, there were 7 perinatal deaths (5 intrapartum intrauterine fetal deaths and 2 neonatal deaths; Table 4) for a rate of 0.5%.

2. 130 deaths of 100,000. National Institutes of Health (NIH). (March 2010). Consensus Development Conference Statement on Vaginal Birth After Cesarean: New Insights. p. 23.

Retrieved from http://consensus.nih.gov/2010/images/vbac/vbac_statement.pdf

Commission for the Accreditation of Birth Centers, March 9, 2015.

VBAC in an CABC-Accredited U.S. Birth Center

- Based on the review of current studies, at this time, the Commission for the Accreditation of Birth Centers (CABC) recommends that CABC-accredited birth centers provide VBAC care for women with **only one prior cesarean and a documented low-transverse (side-to-side) uterine scar.**
- Parents can verify a birth center's accreditation status at [VerifyMyBirthCenter.org](https://www.verifymybirthcenter.org)





How Should Mothers Be COUNSELED About Perinatal Risks?

- For the purpose of counseling women with a prior cesarean about their options, the National Institutes of Health recommends using data of women who gave birth at term.
- Low-risk describes healthy women who are pregnant with one baby in a head-down position at term and who go into labor on their own.
- The state of New Jersey has been tracking the number of low-risk women who planned a VBAC or a routine repeat cesarean at term in New Jersey hospitals.
- New Jersey is a good example of the use of birth data.¹

What Do We Know for Low-Risk Women Who Planned a VBAC and Went into Labor on Their Own?

We can look at the outcomes for women who planned a VBAC in a birth center (1990-2000) and look at the outcomes for women who planned a hospital VBAC (1997-2005).

Perinatal Mortality Rate:
Number of babies who died during labor or up to 28 days after birth

Per 10,000 Women Who Labored for a VBAC

Planned Birth Center VBAC¹

48

Planned Hospital VBAC²

8

1. Lieberman E1, Ernst EK, Rooks JP, Stapleton S, & Flamm B. (2004). Results of the national study of vaginal birth after cesarean in birth centers, *Obstetrics and Gynecology* 104(5 Pt 1), 933-42.
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 http://www.nj.gov/health/fhs/professional/vbac_vision_statement.shtml



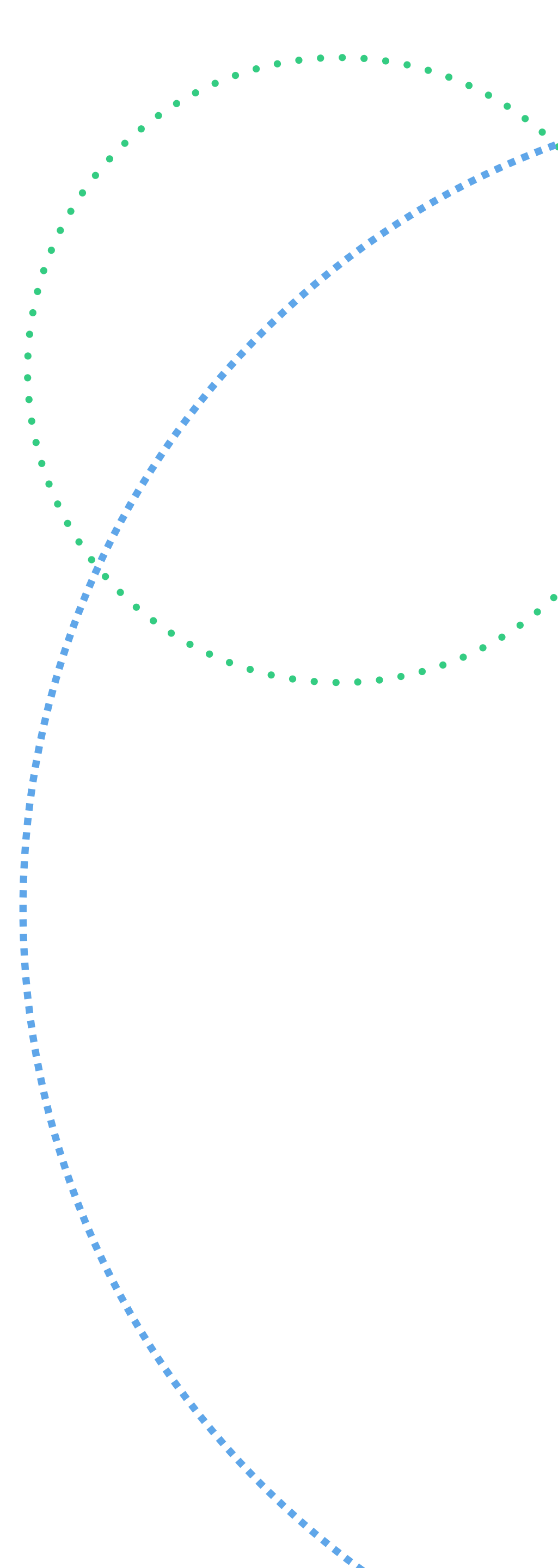
AABC Standards For Birth Centers in the U.S.A.

- AABC standards are written specifically for birth centers.
- CABC accreditation verifies that the birth center is dedicated to practice safe, evidence-based maternity care and avoid inappropriate use of interventions.



Planned VBAC in an CABC-Accredited U.S. Birth Center

If you are thinking about giving birth in a CABC-accredited birth center, here are the criteria:

- You had only one prior cesarean section;
 - Your cesarean operative records document a low transverse incision (side-to-side);
 - An ultrasound shows that the placenta is not anterior and low lying (did not attach to the uterine wall where your cesarean scar is located);
 - You prefer to have a wide variety of non-drug pain relief options and prefer to avoid an epidural.
- 



Planned VBAC in an CABC-Accredited U.S. Birth Center

Your caregivers will:

- Make sure that you are fully informed before you make your decision;
- Discuss with you the risks of a repeat cesarean and the specific risks associated with planning a VBAC in an out-of-hospital setting;
- Tell you about the available resources the birth center has for managing emergencies that may occur with a VBAC.

Planned VBAC in an CABC-Accredited U.S. Birth Center

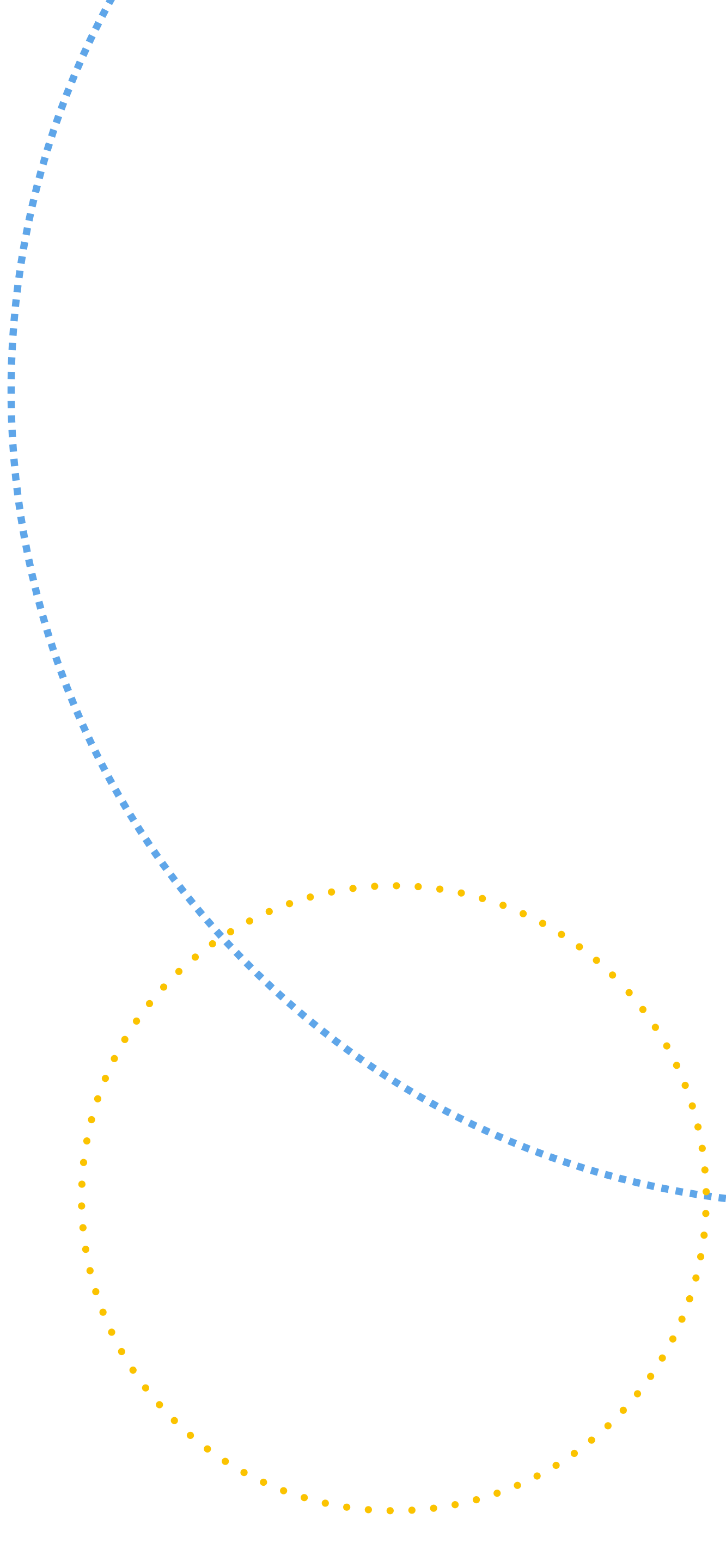
Your caregivers will:

- ⦿ Explain the resources available at nearby hospitals in case you need to be transferred during labor;
- ⦿ Share estimates of how long a transfer would take to get the specialized care you need in case of an emergency.



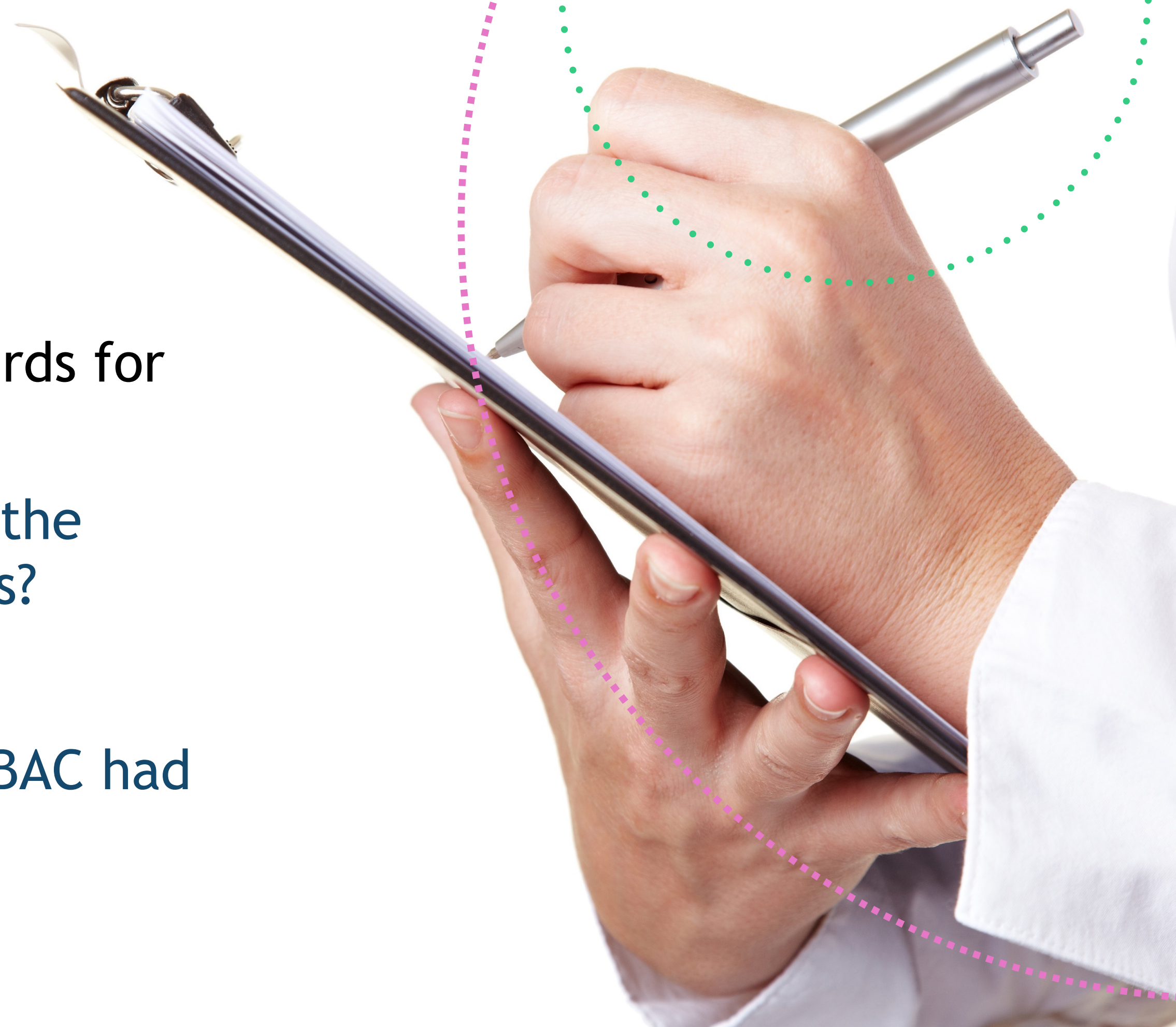


Key Points to Review

- Planning a VBAC in a free-standing birth center allows a mother full participation in her birth, more freedom of movement and fewer interventions.
 - In a birth center an epidural for pain relief is not available. Mothers would be transferred to a hospital to have one.
 - In case of complications (in a free-standing birth center) the mother would be transferred to a physician's care before labor or to a hospital if the need arises during labor or birth.
 - In a hospital-based birth center, mothers would be transferred to the labor and delivery unit.
 - Mothers with two or more prior cesareans may find it difficult to give birth in a CABC-accredited birth center.
- 

Checklist for Parents

- Is there a birth center in your community?
- Is it licensed?
(Some states do not require licensing.)
- Is it accredited? By whom?
- Does their accreditation use the AABC Standards for Birth Centers?
- Will your health insurance cover the costs of the caregivers (midwives) and the facility charges?
- Medicaid pays for birth in a birth center.
- What percentage of women who planned a VBAC had a VBAC at this birth center?



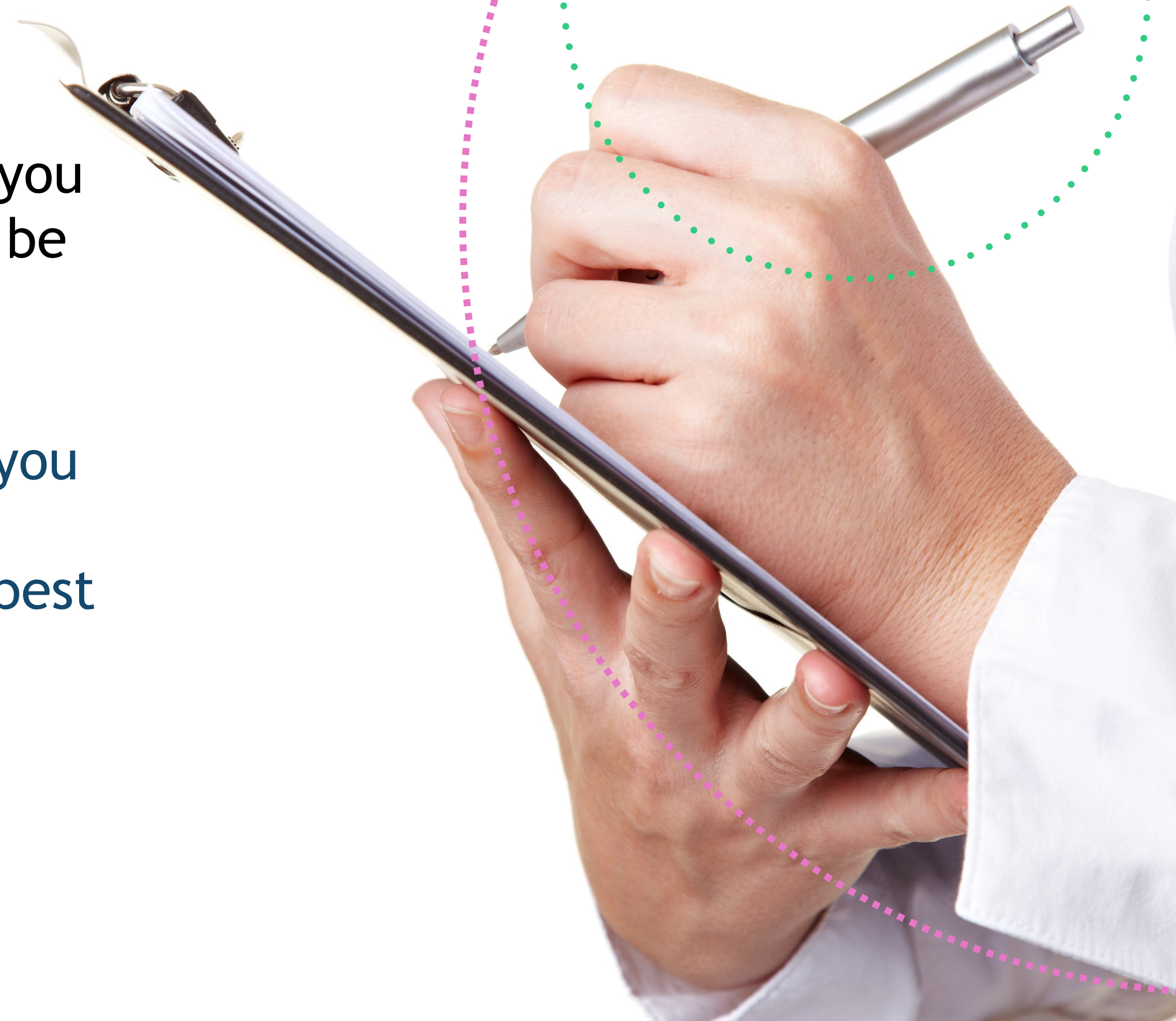
Checklist for Parents

- What emergency equipment is available to care providers at the birth center?
- Is there a formal transfer agreement between the birth center and nearby hospital to which you may be transferred?
- What circumstances or conditions would require a transfer to a hospital? How far is the hospital?
- Would the birth center provider come with you and continue to care for you? Would your care be transferred to another provider?



Checklist for Parents

- There are advantages and disadvantages to planning a VBAC in a birth center.
- Would you feel comfortable knowing that, if you need an emergency intervention that cannot be handled at the birth center, you will need to travel to get it?
- Make a list of advantages and disadvantages you see in planning a VBAC in a birth center. Talk about them with your partner and make the best decision for yourself and your family.





Resources for Parents

- ◎ **The Commission for the Accreditation of Birth Centers**
<https://www.birthcenteraccreditation.org/>
 - ◎ **The American Association of Birth Centers**
<http://www.birthcenters.org/for-parents>
 - ◎ **The Joint Commission**
<http://www.jointcommission.org/achievethegoldseal.aspx>
 - ◎ **evidencebasedbirth.com Dekker, R. The Evidence for Birth Centers**
<http://evidencebasedbirth.com/the-evidence-for-birth-centers/>
- 