

Vaginal Birth After Cesarean Informed Choice Template

You have given birth by cesarean section in the past and are preparing for another birth. When you give birth with a uterine scar you have an imperfect set of options, each with risks and benefits to you and your baby. It can feel overwhelming to sort through information, values, and opinions to come to your own decision about this birth. This informed choice form is a summary of some of the information available for making a decision about Vaginal Birth After Cesarean (VBAC) and home birth or birth center birth after cesarean but it is not comprehensive so we encourage you to seek out more information and talk to others who have given birth after a previous cesarean.

Birth Options after Cesarean

People who have given birth by cesarean section have a choice of how to give birth in each future pregnancy. They can prepare for a VBAC in the hospital, schedule a repeat cesarean section, or prepare for a VBAC at home or in a birth center. In many places in Oregon VBAC is available with nurse-midwives or physicians in the hospital and with midwives at home and in birth centers. In some areas of Oregon, hospitals do not permit VBAC. Though rates of success for VBAC are high, a person preparing for a VBAC, in or out of the hospital, has a greater chance of having a cesarean than someone without a uterine scar so it is important to prepare for the possibility of a repeat cesarean section no matter what your birth plan.

There are risks of giving birth after a previous cesarean section whether a person gives birth vaginally in the hospital, at home or in a birth center, or by repeat cesarean section.

What are the benefits of VBAC?

Less risk of hemorrhage (bleeding too much)	Less risk to future pregnancies
Less risk of blood transfusion	Shorter recovery time
Less risk of maternal death	Less breathing problems for newborns

What are the risks of VBAC?

Uterine rupture which could lead to death of baby and/or birthing parent	Hysterectomy (removal of uterus)
Blood transfusion	Increased risk of surgical complications or injury if emergency cesarean is needed

The most significant risk of VBAC in any location is uterine rupture. In uterine rupture the cesarean scar comes apart and the muscles of the uterus open. This can cause bleeding that, if severe, can harm or kill the birthing parent and/or baby. The risk of uterine rupture is higher for people who have T or J type uterine scars and for people who have had multiple previous cesareans. The other main risk for women giving birth after a prior cesarean section is an abnormally implanted placenta, which can cause greater blood loss and increases the risk of transfusion, hysterectomy, and maternal death.

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What are the benefits of repeat cesarean?

Birth timing can be planned	Less risk of injury to vulva and anus
Less risk of future urinary incontinence	Less risk of uterine rupture

What are the risks of repeat cesarean?

Hemorrhage (too much bleeding)	Risks to future pregnancies
Need for blood transfusion	Maternal death
Pain during recovery process	Injury to bladder or bowel during surgery
Newborn breathing issues	Interruption/delay of breast/chestfeeding

The chart below outlines the best research on risks to mother and baby in hospital VBAC and repeat cesarean section. Hospital VBAC is a safe option for most people who have had a previous cesarean section. Rates of success for VBAC in the hospital vary from 60-80%. Please keep in mind that this data is about in-hospital VBAC and does not necessarily reflect VBAC outcomes in home birth and birth centers.

Comparing risks of a hospital VBAC attempt vs. repeat cesarean

Complication	VBAC attempt	Planned Repeat Cesarean
Maternal death	4/100,000	13/100,000
Uterine Rupture	3.25/1000	0.26/1000
Hysterectomy	1.57/1000	2.8/1000
Blood Transfusion	9/1000	12/1000
Maternal Infection	No significant difference. Overall rate is 3/100.	
Infant breathing problems	4/1000	7/1000
Infant death	1.3/1000	0.5/1000

Compiled from the NIH consensus statement on VBAC³

What factors increase the chance of having a successful VBAC?

Previous vaginal birth	Labor before 40 weeks
Spontaneous onset of labor	Prior cesarean was for a reason that is unlikely to repeat (like a breech baby)

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What factors make attempting a VBAC less safe?

No previous vaginal birth	Infection at the time of previous cesarean
T or J incision/cesarean scar	Less than 6 months between pregnancies
Pitocin used to start labor or strengthen contractions	

The risk of uterine rupture, which could cause serious harm or death to the baby or birthing parent, is higher with these conditions. This risk can be hard to understand just through numbers. It is important to know that it is a real risk and there have been uterine ruptures during home and birth center VBAC births in Oregon, some associated with the death of the baby.

Contraindications to a VBAC

There are a few situations when a VBAC is not a safe choice in any setting. These include:

- Placenta previa (when the placenta covers the cervix)
- Previous uterine rupture
- Abnormally implanted placenta such as placenta accreta (found on ultrasound)

VBAC at home or in a birth center

Most studies of VBAC are in hospitals so there is less information about the risks of VBAC in the home or birth center. While the overall risk is low, there is a higher risk of serious mortality or morbidity at home or in a birth center than in the hospital because there could be a delay in identifying a uterine rupture without continuous fetal monitoring. The risk is also increased because there could be a delay in getting an emergency cesarean section if there is a uterine rupture because of the time it takes to get from the home or birth center to a hospital and into surgery.

What are the benefits of a home or birth center VBAC?

- High VBAC success rate
 - 77.9% for people who have not had a previous vaginal birth¹
 - 92.8% for people who have had a previous vaginal birth¹
- Less risk of interventions such as induction
- Freedom to eat, drink, and move during labor
- Less separation of birthing person and baby after birth

What are the risks of a home or birth center VBAC?

- Death of baby during labor or after birth
 - 10.2/1,000 for people who have not had a previous vaginal birth¹
 - 1.27/1,000 for people who have had a previous vaginal birth¹
- Hemorrhage
 - 4.9% for people who have not had a previous vaginal birth¹

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- 3.8% for people who have had a previous vaginal birth¹
- Delayed access to emergency cesarean if needed
 - Increases the risk of death for baby or birthing person
 - Increased risk of complications or injury during emergency cesarean
- Delayed access to blood transfusions and the Neonatal Intensive Care Unit (NICU) if needed
- Transfer to the hospital
 - The transfer rate for a home VBAC is 15-27%¹

What is different about home or birth center VBAC care?

Care for people planning a VBAC at home or in a birth center is somewhat different because of the unique risks involved. Most midwives only provide VBAC care for people with low transverse cesarean scars and 1 or 2 previous cesarean sections. Midwives need to have the surgical records from the prior cesarean section(s) to accept someone into care. Midwives require VBAC clients to have 1-2 ultrasounds during the pregnancy to evaluate the uterine scar and the location of the placenta. They will discuss transfer to the hospital and the potential for repeat cesarean section in depth during prenatal care and create a plan for these possibilities. Midwives will also listen to your baby's heart rate more often during labor and pushing and will make the choice to transfer earlier than with other clients if there are signs that labor is not progressing normally.

Online resources for Informed Decision-Making about VBAC

acog.org/publications/faq/faq070.pdf

consensus.nih.gov/2010/vbacstatement.htm

ican-online.org

vbacfacts.com

powertopush.ca/wp-content/uploads/2013/10/Birth-after-CS-Info-on-Options.pdf

References

1. Bovbjerg, M. L., Cheyney, M., Brown, J., Cox, K. J., & Leeman, L. (2017). Perspectives on risk: assessment of risk profiles and outcomes among women planning community birth in the United States. *Birth*, 44(3), 209-221.
2. Cox, K. J., Bovbjerg, M. L., Cheyney, M., & Leeman, L. M. (2015). Planned home VBAC in the United States, 2004–2009: outcomes, maternity care practices, and implications for shared decision making. *Birth*, 42(4), 299-308.
3. Cunningham, F. G., Bangdiwala, S., Brown, S., Dean, T. M., Frederiksen, M., Rowland Hogue, C. J., ... & Nicholson, W. (2010, March). Vaginal birth after cesarean: New insights. In *National Institutes of Health Consensus Development Conference* (Vol. 115, No. 6).

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Your choices for birth after previous cesarean

If you understand the choices and risks as covered in this document, please complete the following and initial each section:

In signing this form, I/We acknowledge that I/We have read this entire form, have had all questions answered by my/our midwife/midwives, and that I/We understand the choices.

I/We choose the following option for birth after a cesarean section. If my/our decision changes at any point in this pregnancy or labor, I/we agree to let our midwives know immediately.

Hospital Birth

_____ I/We choose a planned hospital birth (whether VBAC or planned repeat cesarean). I/We understand that the hospital may not have options for vaginal birth, dependent on facility and practitioner policies. I/We also understand the risks of a planned cesarean section.

Home or Birth Center Birth

_____ I/We choose a planned home or birth center Vaginal Birth After Cesarean for this birth, understanding that we agree to hospital transfer if my/our midwife advises. I/We have read, understood, and discussed the risks and benefits of home or birth center VBAC vs hospital VBAC and planned cesarean section.

_____ I/We agree to one or more ultrasounds, as determined by my midwives, to rule out the possibility of abnormal placental implantation and to check scar integrity.

_____ I/We understand that a home or birth center VBAC may increase the risk of death to my/our baby because of the delay in access to an emergency cesarean section if needed.

_____ I/we understand that there is an increased risk of uterine rupture with VBAC. I/we understand that a uterine rupture is an emergency that could have serious consequences including distress for the baby, major blood loss for myself, and my own and/or my baby's death. I have considered these risks and I choose to attempt a VBAC at home or in a birth center with a midwife. I assume responsibility for the risks involved in this decision.

_____ I/We agree to write out our understanding of the risks involved with home or birth center VBAC and share this with our midwives.

In signing this form I/We acknowledge that I/We have been educated on all of my/our options pertaining to VBAC at home or in a birth center. I/We have read this form completely and all of my/our questions have been answered by the midwife. I/We have received a copy of this form.

Parent printed name _____

Parent signature: _____ Date: _____

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Partner printed name _____

Partner signature: _____ Date: _____

Midwife signature: _____ Date: _____

Midwife signature: _____ Date: _____