VBAC: A Safe Alternative To A Repeat Cesarean

Nicette Jukelevics, MA, ICCE



This slide set is a part of the VBAC Education Project (VEP).

To Mothers and Birthing Families with a Prior Cesarean Birth:

A Note from the Author, Nicette Jukelevics





If you had a prior cesarean birth and are planning to get pregnant again, you should know that you have the right to choose how, where, and with whom you want to give birth.

You have the right to choose to have a repeat cesarean or labor for a vaginal birth after a cesarean (VBAC).

The leading professional associations of obstetricians and gynecologists believe that women and birthing families **should be fully informed** about the benefits and harms of both a VBAC and repeat cesarean, and that their **birth choices should be respected**.

- International Federation of Gynecology and Obstetrics (FIGO)
- American College of Obstetrics and Gynecology (ACOG)
- Cosciety of Obstetricians and Gynaecologists of Canada (SOGC)
- Royal College of Obstetricians and Gynaecologists (RCOG)

To make informed decisions about how to have a safe and healthy birth, you need accurate information on the choices available to you and the benefits and risks of those choices.



California Maternal Quality Care Collaborative. (n.d.). My birth matters. https://www.cmqcc.org/my-birth-matters

However...

"...the information and options that a physician shares with patients during the informed consent process are often a reflection of the physician's own values, priorities, and culture, and... these do not always align with the values, priorities, and culture of their patient population."

American College of Obstetricians and Gynecologists. (2021, February). Informed consent and shared decision making in obstetrics and gynecology. Committee Opinion Number 819. https://www.acog.org/clinical-guidance/committee-opinion/articles/2021/02/informed-consent-and-shared-decision-making-in-obstetrics-and-gynecology

When it comes to birth after a cesarean, two out of three physicians recommend a routine repeat operation — when in fact 70 to 75 percent of women who labor for a VBAC have a healthy birth and avoid complications associated with repeat operations.

Sakala, C., Declercq, E. R., Turon, J. M., & Corry, M. P. (2018). Listening to Mothers in California. https://www.chcf.org/wp-content/uploads/2018/09/ListeningMothersCAFullSurveyReport2018.pdf

American College of Obstetricians and Gynecologists. (2017). Practice bulletin No. 184: Vaginal birth after cesarean delivery. Obstetrics and Gynecology, 130(5), e217-e233. https://journals.lww.com/greenjournal/Fulltext/2017/11000/Practice_Bulletin_No__184__Vaginal_Birth_After.48.aspx

The VBAC Education Project (VEP) was designed to provide transparency, clarity, support, and guidance regarding birth options available to pregnant families who experienced a prior cesarean birth to empower decisionmaking that is right for them.





The evidence presented in the VBAC Education Project is based on current research and obstetric, nursing, and midwifery guidelines that respect patient autonomy. Think of VBAC: A Safe Alternative To A Repeat Cesarean as an evidence-based masterclass focused specifically on helping you have a safe and joyous birth after a prior cesarean.

Whether you ultimately choose a hospital, birth center, home-based VBAC, or a repeat cesarean, this toolkit will provide you with evidence-based information, helpful strategies, and trustworthy resources that will enable you to make your own decisions about how to give birth.

In the hope of reaching as many expectant parents as possible, the VBAC Education Project is being made available globally for FREE.

Download the full educational offering from vbac.com



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How VBAC: A Safe Alternative To A Repeat Cesarean Can Help You to Prepare for Your Next Birth

- This slide set consists of an introduction and 13 additional Modules.
- Each Module covers a specific topic and provides information and guidance about how you can have a joyous and empowering birth.
- You can read all the modules or just the ones you think you need.

Each module includes the **current evidence** on each topic, **strategies** for a safe and empowering birth, **questions** to ask caregivers, a **checklist** for review, and **interactive resources** you can trust.

If you choose to labor...

after a prior cesarean, you will have access to the benefits and risks of planning a VBAC as compared to having a repeat cesarean, including how to **improve** your odds of having a vaginal birth and reduce your risk for a uterine rupture.

You will learn more about doulas and midwives and the expertise they can provide to support normal physiologic birth and reduce birth complications.



If you have another cesarean...

you will learn how to plan a "gentle" or "family-centered" cesarean that supports mother-infant bonding and breastfeeding.

By creating an atmosphere and experience that is supportive and personally meaningful, you can have a positive and satisfying cesarean birth.



To help you cope with the pain of labor, you will find comprehensive information on the benefits and downsides of non-drug and pharmacologic methods of pain relief, including epidurals, and how to minimize their impact on the progress of labor and birth.



To make you more comfortable and help your labor progress, you will learn how to create a birth-friendly environment and how to use a variety of positions that are available to you.

Your partner will learn how best to support you and meet your needs during labor and birth.

If you had a prior cesarean for "failure to progress," a "big" baby, a breech, or fetal heart problems, you will find information about how you may be able to avoid a cesarean when facing these conditions this time.

If you had a prior traumatic birth, this guide can help you and your partner begin to process the experience and prepare for *this* pregnancy and the birth of *this* baby.

This guide also includes...

information about your rights when pregnant and during childbirth, which allows you the opportunity to make informed decisions at each step of health care.

Ultimately, the VBAC Education Project gives you a voice, helps you advocate for yourself, and empowers you to determine what's best for you and your family.

Being well-informed about your available options will give you the power and confidence to plan the birth you want.



What You Will Learn from this Slide Set:

- Maternity Care Is Changing
- Module 2. VBAC: The Benefits and Risks for Mothers and Babies
- Module 3. What Are the Odds of a Uterine Rupture While Laboring for a VBAC?
- Module 4. A Closer Look at Repeat Cesareans: Benefits and Risks
- Module 5. What Are My Chances of Having a VBAC?
- Module 6. The Four Main Reasons for a First Cesarean
- Module 7. Helpful Positions for Labor and Birth
- Module 8. Coping with the Pain of Labor
- Module 9. A Cesarean Can Be Traumatic For Both Parents
- Module 10. Planning a Hospital VBAC
- Module 11. Planning a VBAC in a Free-Standing Birth Center
- Module 12. Planning a Home Birth After a Cesarean (HBAC)
- Module 13. Your Rights in Pregnancy and Childbirth

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Can Also Be Helpful to Birth Advocates and Maternity Care Professionals

The VEP was written for expectant parents, but the content can be used in many other ways. It can be used to teach a class, lead discussions in a community support group, or for clinicians, doulas, or childbirth educators to share with clients.



The extensive research evidence can be used to create a webinar, continuing education unit, doula training, conference presentation, patient education brochures, fact sheets, or update maternity care professionals about best practices to support families who experienced a prior cesarean birth.

A Personal Note

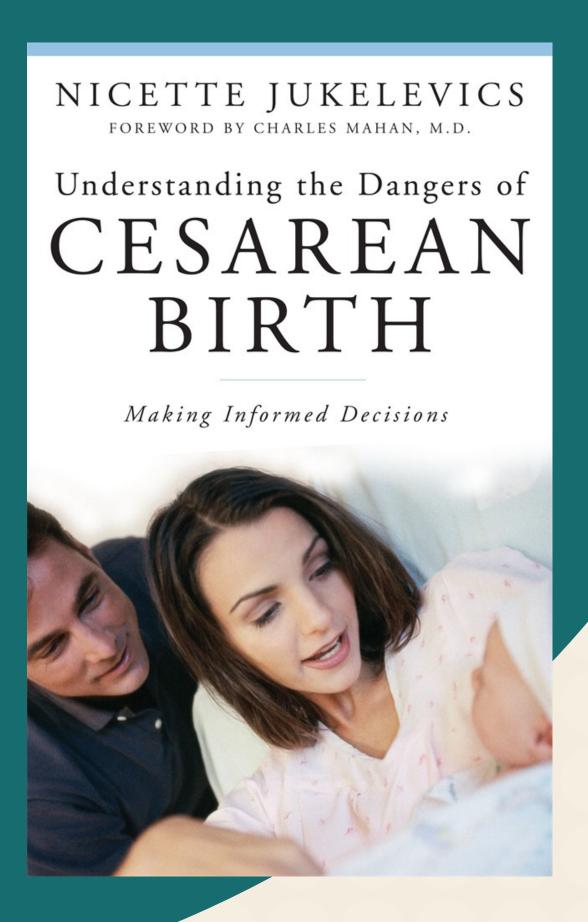
For over 40 years I have had the honor and privilege of teaching and advocating for expectant families as a hospital-and community-based childbirth and perinatal educator. My passion and goal has always been to provide families with evidence-based information and support and instill in each the confidence to have the empowering birth that they hope for. It has been an awe-inspiring and humbling journey.



Over the years, I have at times provided continuous labor support for a few mothers laboring for a VBAC and reassuring others in the operating room when they needed a cesarean.

As evidence of the safety of VBAC increased over the years, I researched and developed VBAC education programs for parents and professionals. I presented at conferences about the option of VBAC and the potential harms of routine repeat cesareans in order to help expectant parents make an informed choice about how they want to give birth.

In 1998, I founded vbac.com, the first evidence-based website on VBAC. In 2008, I published **Understanding the Dangers of Cesarean Birth: Making Informed Decisions** (Praeger) to make the evidence I discovered available to as many families as possible.



When I was pregnant with each of my two children, I knew I wanted to labor without drugs and with my husband at my side. I had the blessing and fortune to have had two safe, empowering, and healthy births. It was my choice. My wish for all mothers and birthing families is to have the understanding, respect, and support of their own caregivers so they can experience their own safe and empowering best birth.

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Acknowledgements

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I am especially grateful to Holly Smith, CNM, MPH, FACNM, the Content Advisor to the VBAC Education Project for her guidance and support of the 2022 edition of this project.

Holly is the lead editor and author of the Toolkit to Support Vaginal Birth and Reduce Primary Cesareans (CMQCC).

I extend a special thank-you to **Megan Newhouse-Bailey**, MEd, CHES, ICCE, for her editorial assistance and support of this edition of the VBAC Education Project while she served as Director of Education for the International Childbirth Education Association (ICEA).

My copy editor, **Peter Letzelter-Smith** (a father of four, with three born at home) has been an invaluable guide in my efforts to transform the language of science and medicine into the language of childbirth that expectant families can more easily understand.

Alberto Rigau, Creative Director of Estudio Interlinea, for his creative vision, dedication to the VBAC Education Project, and breathing life into this work.

Responsibility for the final content rests entirely with me, the author.

All Mothers and Birthing Families Should be Honored and Supported

Our understanding of gender identity in relation to pregnancy and birth—and of the diversity of what constitutes a family unit in the communities we serve—is continually evolving. In that respect, the VBAC Education Project reflects gender and culturally inclusive language.

Although the terms "woman" and "mother" are included throughout the document, and specifically in reference to results of scientific studies, the VBAC Education Project acknowledges that not all pregnant people identify as women or mothers. It is our hope, however, that all expectant parents find the VBAC Education Project a safe, affirming, and welcoming source of information and support for birth after a cesarean.



All expectant mothers and birthing families should be honored, respected, and provided with patient-centered, evidence-based care for a safe and healthy birth.



About the VBAC Education Project

By: Holly Smith, CNM, MPH, FACNM

Lead editor and author of the *Toolkit to Support Vaginal Birth and Reduce Primary Cesareans (CMQCC)*

The VBAC Education Project is a well-researched, timely, in-depth resource for women, birthing people, and families.

The VBAC Education Project was intentionally created with a focus on patient-centeredness and a human rights approach to decision-making about birth.

Cesarean birth continues to be one of the most common surgeries in the United States, and with that comes the predictable consequences such as hemorrhage, blood clots, infection, and — with every subsequent cesarean — a higher risk of placenta accreta spectrum disorder and the associated risks of morbidity and mortality.

Although the United States HealthyPeople 2030 goals to improve maternal health include reducing the number of first cesareans among low-risk women and reducing maternal deaths, increasing access to VBAC is no longer a national priority.

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Combining this with recent reports showing the United States with the highest maternal mortality rate of any developed country in the world and the simultaneous far-reaching restrictions on reproductive rights, now more than ever there is a need for clear, concise, unbiased information that gives women and birthing people the tools they need to make informed choices for themselves.

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