

MODULE 5

What Are My Chances of Having a VBAC?



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- ☞ Whether your journey through pregnancy, labor, and birth ends with the VBAC you wish for depends on you, your health, and the health of your baby.
 - ☞ The information you gather, how you prepare for birth, the respect and commitment of your caregivers in supporting your wishes, and the location you choose for your birth will all make a difference.

Caregivers' Attitudes Influence Cesarean Rates:

- ☛ There may be wide variation among caregivers' attitudes, beliefs, and values about birth and cesarean section in a group practice or hospital. These will play an important role in the information they provide—or fail to provide—and the decisions they make during your labor and birth.
- ☛ These attitudes, values, and beliefs affect birth outcomes.

VBAC Rates *Vary Widely* Among Hospitals:

- ☛ Where you labor will significantly affect your chances of having a vaginal birth after a cesarean (VBAC).
- ☛ Between 2009 and 2015 in one state's 88 hospitals that could safely support VBACs, 43.2 percent actually had none take place. In hospitals that did have at least one VBAC, the rate ranged from 0.5 to 48.1 percent.

Triebwasser, J. E. (2018). Hospital contribution to variation in rates of vaginal birth after cesarean: A Michigan Value Collaborative Study. *American Journal of Obstetrics and Gynecology*, 218(1, suppl.), S351-352.



Best Practices Are Not Always Understood:

- ☞ It is known that, for healthy pregnant people, supporting the normal physiologic process of birth while minimizing interventions leads to safer, healthier births.
- ☞ But many hospitals do not follow these guidelines; consequently, they have higher cesarean rates.

The Benefit of VBACs Is Becoming Better Understood:

The VBAC rate of a hospital is one of 32 recognized clinical quality measures in the United States.

Completing a VBAC Depends
On How a Mother Is Cared
for During Pregnancy,
Labor, and Birth.



A Care Provider Who Supports VBAC:

“... believes women should labor unless there is a new reason for C-section or a compelling reason not to labor. Even in these cases, the caregiver respects a woman's right to make the final decision.”

“... doesn't create unnecessary barriers by refusing VBAC for women expecting big babies, women with gestational diabetes, or when the pregnancy goes past 40 weeks.”

Childbirth Connection. (2020). *VBAC basics: Planning ahead*. National Partnership for Women & Families. <http://www.childbirthconnection.org/giving-birth/vbac/planning-ahead/>

A Care Provider Who Supports VBAC:

“... provides care that results in vaginal birth for at least 70 percent of the women who plan VBAC (not of all women with a past cesarean). Dozens of studies involving tens of thousands of women have shown that a rate of 70 percent or higher is an achievable goal.”

Childbirth Connection. (2020). *VBAC basics: Planning ahead*. National Partnership for Women & Families. <http://www.childbirthconnection.org/giving-birth/vbac/planning-ahead/>

Your Odds of Completing a VBAC Are Better If:

- ☛ Your primary care provider is a midwife or family physician.
- ☛ Your hospital includes midwives on staff.

Wingert, A., et al. (2019). Clinical interventions that influence vaginal birth after cesarean delivery rates: Systematic review & meta-analysis. *BMC Pregnancy and Childbirth*, 19(1). doi: 10.1186/s12884-019-2689-5



Your Odds of Completing a VBAC Are Better If:

- ☛ The maternity care team is focused on making sure you have all the support you need to have a normal physiologic birth.
- ☛ Your caregivers include you in the decision-making process.
- ☛ Your caregivers are knowledgeable and skilled in non-pharmaceutical methods of pain relief, including effective positions to help your labor progress.
- ☛ You are having problems with epidural anesthesia, your caregivers are skilled in techniques that help the baby's head rotate and flex.

Your Odds of Completing a VBAC Are Better if You Have Continuous Support From a Doula:

- ☛ Continuous support during labor increases the odds for a vaginal birth and may shorten labor.
- ☛ With continuous support during labor, mothers are less likely to use pain medication, have an epidural, need an instrumental assisted birth, or have a cesarean.
- ☛ Babies may be healthier at birth.
- ☛ Families are often more satisfied with their birth.

Bohren, M. A., Hofmeyr, G. J., Sakala, C., Fukuzawa, R., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 7(7). doi: 10.1002/14651858.CD003766.pub6



Plan Ahead:

- ☞ Learn how to stay safe and comfortable at home in early labor.
- ☞ Learn how to communicate clearly with your caregiver about your condition.
- ☞ Learn how to cope with pain.
- ☞ Think about who you would like supporting you during early labor. Being admitted too early to the hospital increases your odds for a cesarean section.

You Can Improve the Odds of a VBAC If:

- ☛ You choose a hospital and physician with lower cesarean and higher VBAC rates.
- ☛ Take a childbirth class to learn ways to be mobile, change positions during labor and birth, and options for non-pharmaceutical methods for pain relief.
- ☛ Learn why and how to use a birth ball and peanut ball to help your labor progress during labor.
- ☛ See the Module *Helpful Positions for Labor and Birth* for information about using these birth balls.

A Mother's **State of Mind** Affects How She Labors and Gives Birth:

“... a woman laboring in a low-stress environment surrounded by care providers who are relaxed and confident of her ability to give birth, who make decisions collaboratively with her, and who help her deal with any fears and anxieties is more likely to do well in labor and progress to vaginal birth than a woman who feels she needs to be in defensive mode or who feels unsafe, doubtful, or frightened.”

Goer, H. & Romano, A. (2012). Optimal care in childbirth: The case for a physiologic approach (pp. 95-128). Seattle, WA: Classic Day.

If You Had a Prior Traumatic Birth:

- ☛ Take the time necessary to process your feelings so you can focus positively on the birth of this baby.
- ☛ Use the many resources available to help you work through any psychological issues you may still have from your prior birth.
- ☛ See the Module *A Cesarean Can Be Traumatic for Both Parents* for more information about how to process a negative prior cesarean birth.



Pregnant People Who
Labor after a Cesarean
Have an Excellent Chance
for a Vaginal Birth.



You Are More Likely to Have a Vaginal Birth If:

- ☛ You had a prior vaginal birth.
- ☛ Your prior cesarean was for malpresentation (baby in a non-vertex position), fetal distress, preeclampsia, or gestational diabetes.
- ☛ Your cervix has started to dilate and/or your bag of waters has ruptured on its own when you are admitted to the labor and delivery unit at the hospital.

If You Want to Have an Epidural:

Your odds of having a vaginal birth are better if the anesthesiologist uses a combination of low-concentration local anesthetic and an opioid to maximize pain control and minimize motor block.

The Odds for a VBAC Increase with Each Labor:

Number of previous VBACs	Odds of Vaginal Birth
No previous VBAC	63.3%
1 prior VBAC	87.6%
2 prior VBACs	90.7%
3 prior VBACs	90.6%
4 prior VBACs	91.6%

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. *SOGC Clinical Practice Guideline*, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)

How Can I Expect My Labor to Progress?

- ☛ If you have had a cesarean—but did not labor—or had the cesarean while still in early labor, then expect that labor will progress as if having a baby for the first time.
- ☛ If you go into labor on your own, the guidelines for someone laboring for the first time should apply.

American College of Obstetricians and Gynecologists (2019). Practice bulletin No. 205: Vaginal birth after cesarean delivery. *Obstetrics and Gynecology*, 133(2), e110-e127. doi: 10.1097/AOG.0000000000003078



What About the Thickness of My Uterine Scar?

What if, according to the VBAC calculator, you should not labor for a VBAC?

According to the Society of Obstetricians and Gynaecologist of Canada:

“... most of these prediction models are poor at predicting unsuccessful TOLAC, with low predictive values ranging from 33% to 58%.”

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. *SOGC Clinical Practice Guideline*, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)

The American College of Obstetricians and Gynaecologists Says:

“No prediction model has been shown to result in improved patient outcomes.”

“Prediction models may be useful for discussion purposes during prenatal visits.”

American College of Obstetricians and Gynecologists. (2017). Practice bulletin No. 184: Vaginal birth after cesarean delivery. *Obstetrics and Gynecology*, 130(5), e217-e233. doi: 10.1097/AOG.0000000000002398

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. *SOGC Clinical Practice Guideline*, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)

What if I Need to Be Induced?

You can still labor for a VBAC.



What if I Need to Be Induced?

Odds of VBAC with Induction:

Method of Induction	Odds for VBAC
Oxytocin augmentation	68%
PGE2 (should not be used for a VBAC)	63%
Oxytocin induction	62%
Misoprostol	61%
Cervical ripening followed by induction	57%
Balloon catheter or cervical ripening	56-58%
Foley catheter	54%

Dy, J., et al. (2019). No. 382:
Trial of labour after caesarean.
*SOGC Clinical Practice
Guideline*, 41(7), P992-1011.
[https://www.jogc.com/article/
S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)

I've Been Told I'm Overweight.

You can still labor for a VBAC.

Mother's Weight	Odds of Vaginal Birth
Normal weight	79.6%
BMI > 30	68.4%
BMI > 30 and no prior vaginal birth	44.2%

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. *SOGC Clinical Practice Guideline*, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)

I Have Had Two Cesareans.

You can still labor for a VBAC and your chances are equally good to have one if you have had two prior cesareans.

Several studies show these estimates for a VBAC:

One prior cesarean	76.5%
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Two prior cesareans	71.77%
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What About a VBAC after Three or More Cesareans?

Although pregnant people have planned a VBAC after three or more cesareans, at this time there is not enough information available to provide guidance about the likelihood of a safe vaginal birth.

They Say **My Baby Is Too Big.**

You can still labor for a VBAC.

The odds of having a VBAC while carrying a baby estimated to weigh 4000 gr (or 8 pounds, 7 ounces) is at least 60 percent.

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. *SOGC Clinical Practice Guideline*, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)



I am Carrying Twins

The odds of VBAC with twins is similar to the odds of VBAC with one baby.

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. *SOGC Clinical Practice Guideline*, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)

American College of Obstetricians and Gynecologists. (2017). Practice bulletin No. 184: Vaginal birth after cesarean delivery. *Obstetrics and Gynecology*, 130(5), e217-e233. doi: 10.1097/AOG.0000000000002398

My Baby is Breech:

- ☞ There is less risk for the baby when it is in a head-down position for birth.
- ☞ If your baby is still breech during your 36th to 37th week, there are ways doctors can turn the baby into a head-down position. It's called an external cephalic version (ECV).
- ☞ ECV can be done with a complete, frank, or footling breech.

Turning a Breech:

- ☛ Turning a breech baby is a safe option for women with a prior cesarean birth.
- ☛ Women with a prior cesarean have about a 67 percent chance of having a successful ECV.
- ☛ With a successful ECV, a mother can avoid another cesarean.

What if My Labor Doesn't Begin by **My 40th Week?**

Although the odds of completing a VBAC are lower for pregnant people who labor past their 40th week of pregnancy, it should not be a factor preventing them from doing so.

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. *SOGC Clinical Practice Guideline*, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)



What if My Labor Doesn't Begin by My 40th Week?

Weeks of Gestation	Cesarean Probability	VBAC Probability
With spontaneous labor at or before 40 weeks	25%	75%
With spontaneous labor after 40 weeks	33.5%	66.5%
With induced labor at or before 40 weeks	33.8%	66.2%
With induced labor after 40 weeks	43%	57%

Dy, J., et al. (2019). No. 382: Trial of labour after caesarean. SOGC Clinical Practice Guideline, 41(7), P992-1011. [https://www.jogc.com/article/S1701-2163\(18\)30903-4/pdf](https://www.jogc.com/article/S1701-2163(18)30903-4/pdf)

Reducing Medical Interventions Helps Labor Progress

But monitoring your baby's heartbeat is important:

- Avoiding routine interventions helps labor progress, but with a VBAC, monitoring the baby's heart rate is important.
- The baby's heart rate pattern frequently changes when the uterine scar separates.
- Up to 70 percent of the time, electronic fetal monitoring (EFM) has detected an abnormal heart rate pattern, suggesting a separation of the uterine scar.
- Some care providers recommend continuous EFM when in active labor (6 cm dilation or more).



ACOG

The American College of
Obstetricians and Gynecologists

American College of Obstetricians and Gynecologists. (2017). Practice bulletin No. 184: Vaginal birth after cesarean delivery. *Obstetrics and Gynecology*, 130(5), e217-e233. doi: 10.1097/AOG.0000000000002398

Monitoring Your Baby's Heart Beat Is Important:

- ☛ A telemetry unit (portable fetal monitor) or a waterproof hand-held Doppler allows you to walk, change positions, and use the shower or birth tub while monitoring the baby.
- ☛ Even with continuous monitoring, it's possible to change positions, rock in a chair, stand and move side-to-side, lean over the back of the bed, use a birth ball, and maintain an upright position for birth.
- ☛ Ask your caregiver how she/he plans to monitor your baby's heart rate during labor.

Simkin, P., Hansen, L., & Ancheta, R. (2017). The labor progress handbook: Early intervention to prevent and treat dystocia. 4th ed. Oxford: Wiley Blackwell.



Key Points to Review

- ☞ Each labor experience and birth are unique. The way a person is cared for can make birth easier, safer, and more satisfying.
- ☞ For low-risk women, labor and birth is safer when the normal process of labor is respected and mothers are full participants in their care.
- ☞ A mother's state of mind is just as important as the physical characteristics of her labor.

Key Points to Review

- ☛ Three out of four mothers who plan a VBAC have a safe vaginal birth.
- ☛ Although minimizing medical intervention increases the odds for a VBAC, monitoring the baby's heart rate closely during labor can help to detect a uterine rupture (should one occur).
- ☛ Pregnant people and caregivers can do many things to increase the odds for a VBAC.

Checklist for Parents:

- ☛ How do you feel about laboring for a VBAC?
- ☛ Do you have the support and encouragement of your caregiver?
- ☛ How do you feel about having a minimum of medical interventions?
- ☛ What values and preferences are important to you?

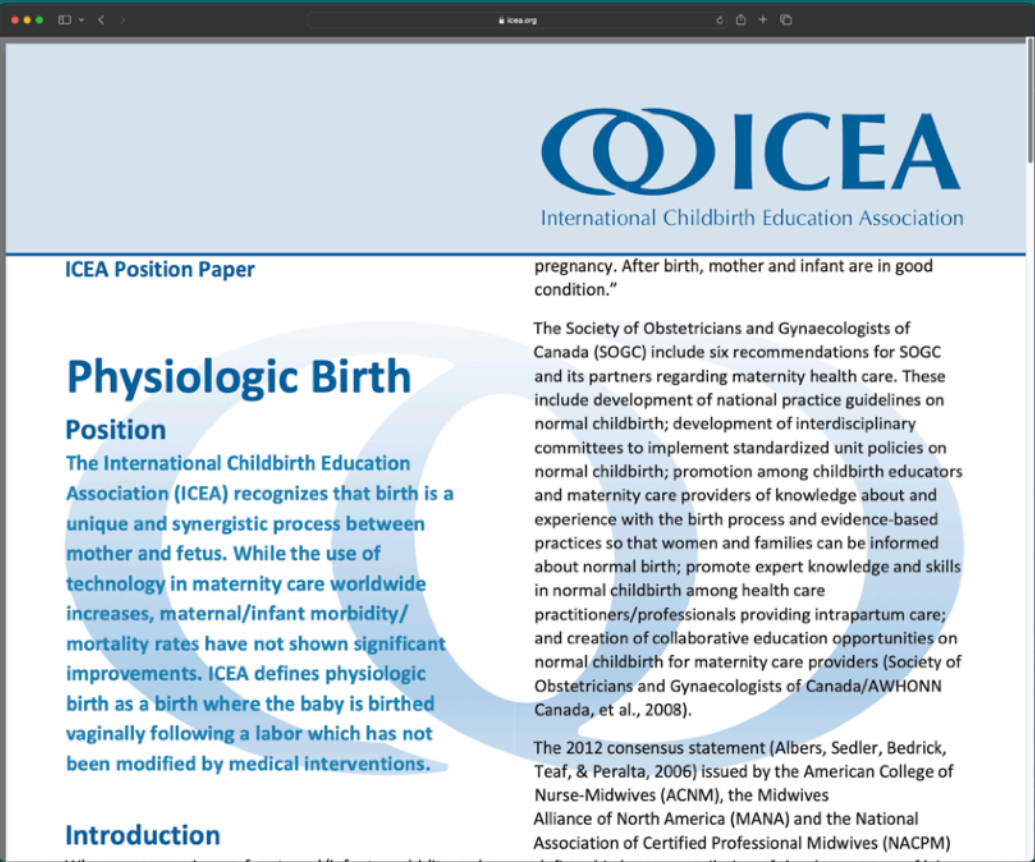
Checklist for Parents:

- ☛ Do you think you would want an epidural for pain? Low-dose epidurals provide effective pain relief while allowing some freedom of movement.
- ☛ Would you consider non-drug methods of pain relief?
- ☛ Have you considered hiring a doula?
- ☛ How does your caregiver plan to monitor your labor and baby?

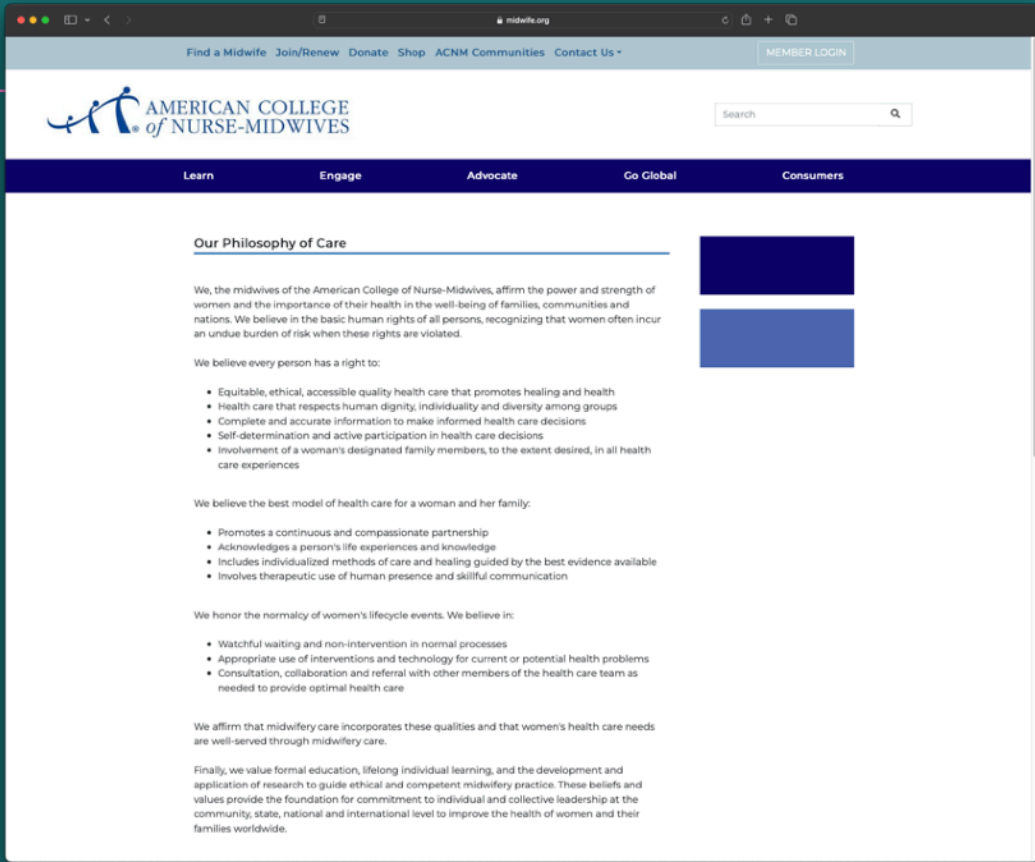
Checklist for Parents:

- ☞ What fear or anxieties do you have about laboring for a VBAC? What would help you to deal with those issues?
- ☞ Would you consider staying home until you are in active labor if your bag of waters has not broken?
- ☞ Birth is physically and emotionally challenging. What would make laboring for a VBAC easier, safer, and more satisfying for you?
- ☞ Talk to your caregivers about these issues. Are they willing to work with you while still maintaining a safe environment for you and your baby?

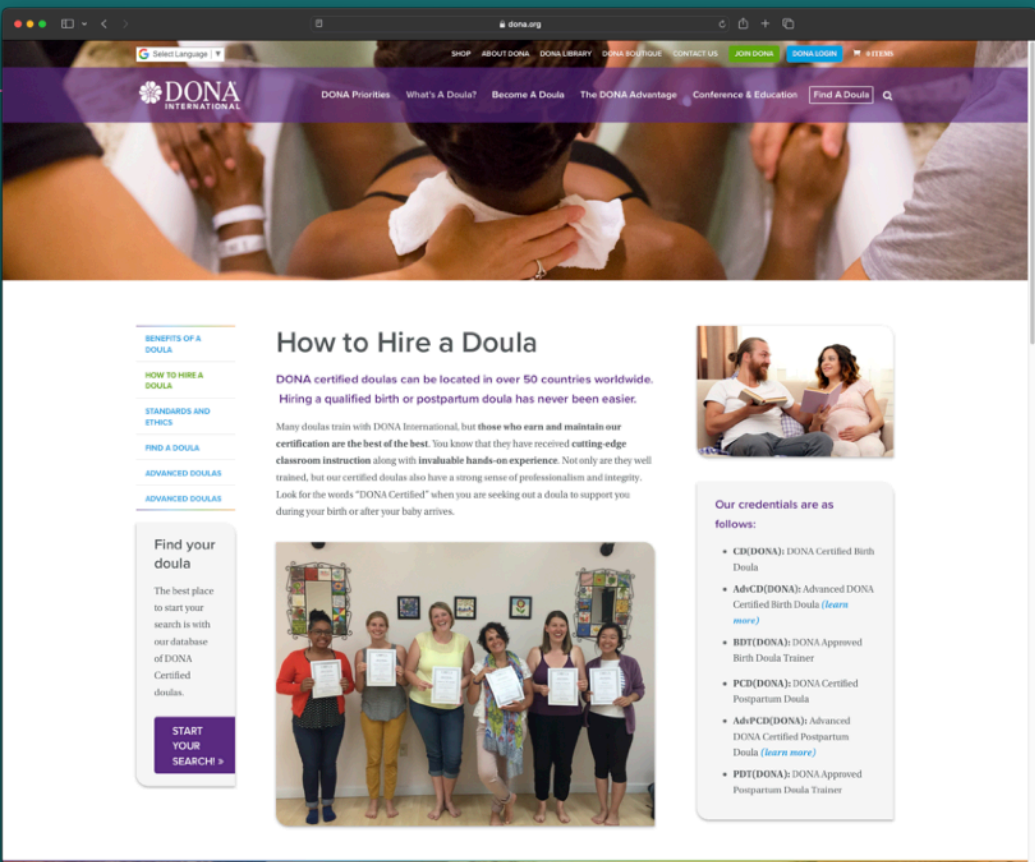
Resources



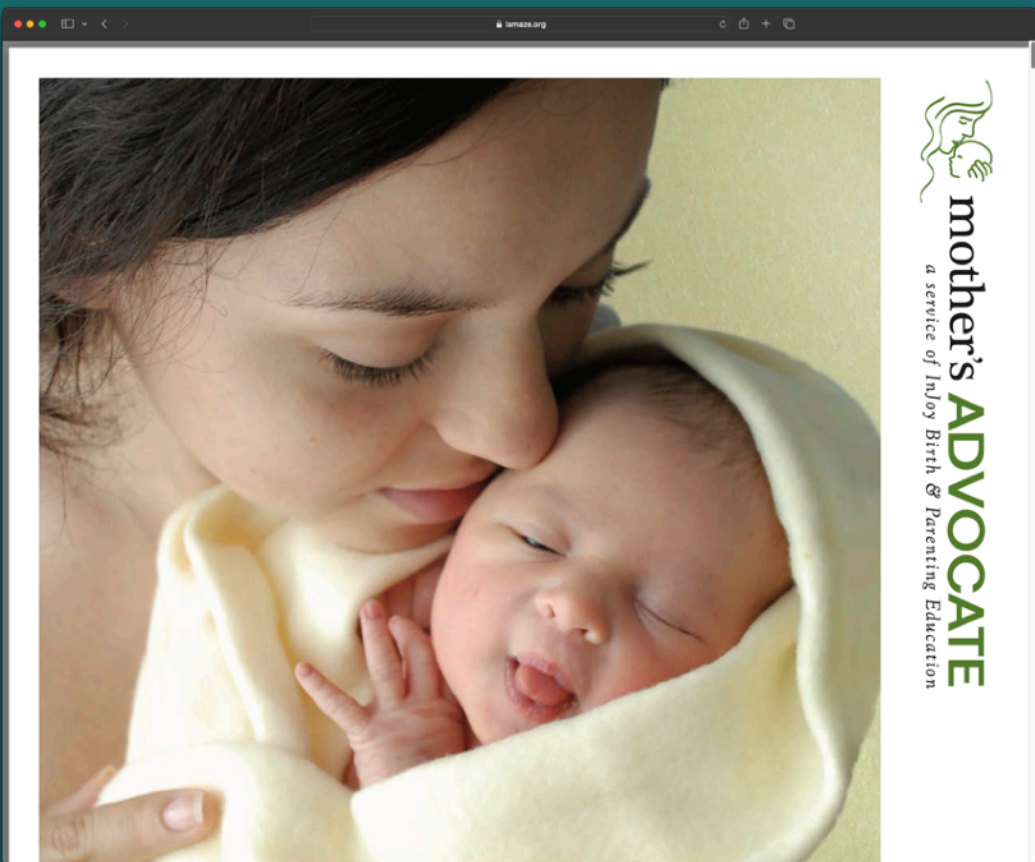
Physiologic Birth



Our Philosophy of Care



How To Hire a Doula



Healthy Birth Your Way, Six Steps to a Safer Birth