

## MODULE 10

# Planning a Hospital VBAC





Pregnant people have the **right to choose** where—and with whom—they want to give birth. In the United States, families can plan a VBAC in hospitals, birth centers, or at home. None of these birth settings are risk-free.





To make an informed decision about a safe and VBAC-supportive place to give birth, expectant families need access to complete and **accurate information** about the benefits and risks of each of these settings. This information is difficult to come by.



In the United States, it is difficult for expectant parents to find accurate information about the safest place to plan a VBAC. There is no national database that definitively compares rates of complications and outcomes among VBACs that take place in hospitals, birth centers, or homes.

National Academies of Sciences, Engineering, and Medicine. (2020). Birth settings in America: Outcomes, quality, access, and choice. National Academies Press. doi: 10.17226/25636



However, several studies provide important information about VBACs and where births take place in the United States.





# Barriers to Accessing Care for a VBAC

- ☛ Many birthing families have difficulty accessing care and support for a VBAC.
- ☛ Although many care providers respect informed choice and confidently encourage and support VBAC, many mothers say they have to “fight for” their right to not have a routine repeat cesarean.

Basile, I. B., et al. (2021). “I had to fight for my VBAC”: A mixed methods exploration of women’s experiences of pregnancy and vaginal birth after cesarean in the United States. *Birth*, 48(2), 164-177. <https://onlinelibrary.wiley.com/doi/abs/10.1111/birt.12513>





Caregivers' attitude, commitment, and support for VBACs vary widely. Despite decades of evidence supporting the safety of VBACs, many providers still believe—and try to convince mothers—that it is a risky choice. Sometimes, mothers are warned about the dire consequences of their choice.



# What One Mother Was Told:

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*“One obstetrician I saw at 20 weeks said, ‘if you try for a VBAC, your husband will end up with a dead wife, a dead baby, and a toddler to raise on his own.’”*

Keedle, H., et al. (2022). From coercion to respectful care: Women’s interactions with health care providers when planning a VBAC. BMC Pregnancy Childbirth, 22(70). doi: 10.1186/s12884-022-04407-6





Oftentimes, physicians—based on personal opinion and misinformation—are biased towards repeat cesarean sections and try to discourage mothers from laboring for a VBAC.



# What One Mother Was Told:

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*“The doctor told me: “... it’s just the best to book a c-section and not go through all the hassle and stress of a VBAC.”*

Keedle, H., et al. (2022). From coercion to respectful care: Women’s interactions with health care providers when planning a VBAC. BMC Pregnancy Childbirth, 22(70). doi: 10.1186/s12884-022-04407-6



If planning a hospital VBAC, you are more likely to actually have a vaginal birth if the hospital has a high **VBAC rate**. The higher the VBAC rate (the number of mothers with a prior cesarean who labor and have a vaginal birth), the less likely you are to end up with another cesarean.





From the California Maternal Quality Care Collaborative:

“Do you know what one of the biggest risk factors is for having a C-section that you don’t need? It’s the hospital and healthcare providers you use.”

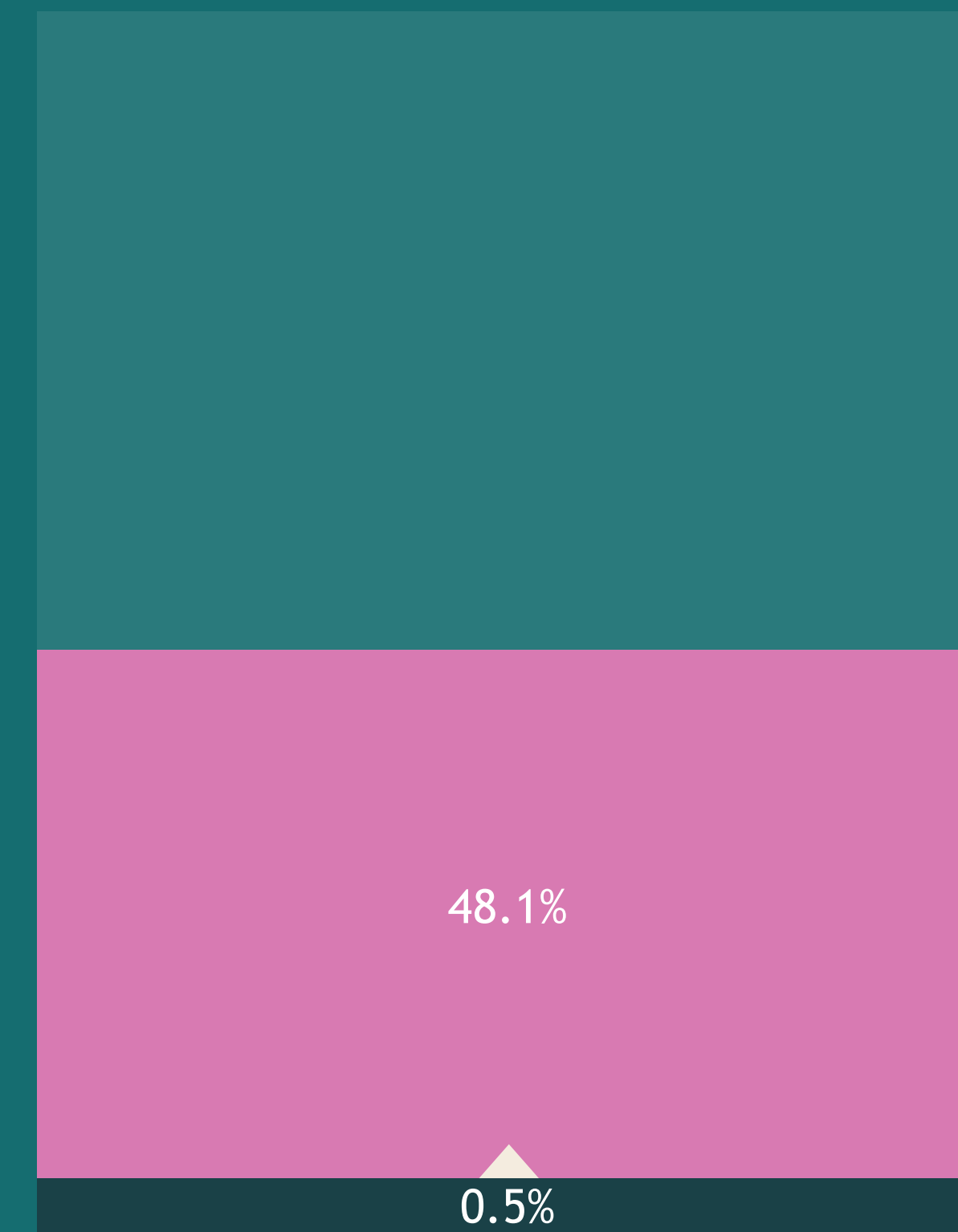




Hospitals and care providers **vary widely** in their commitment to making sure mothers laboring for a VBAC actually do have a vaginal birth. So, it's important to find the right hospital with a care team that encourages and supports vaginal birth.

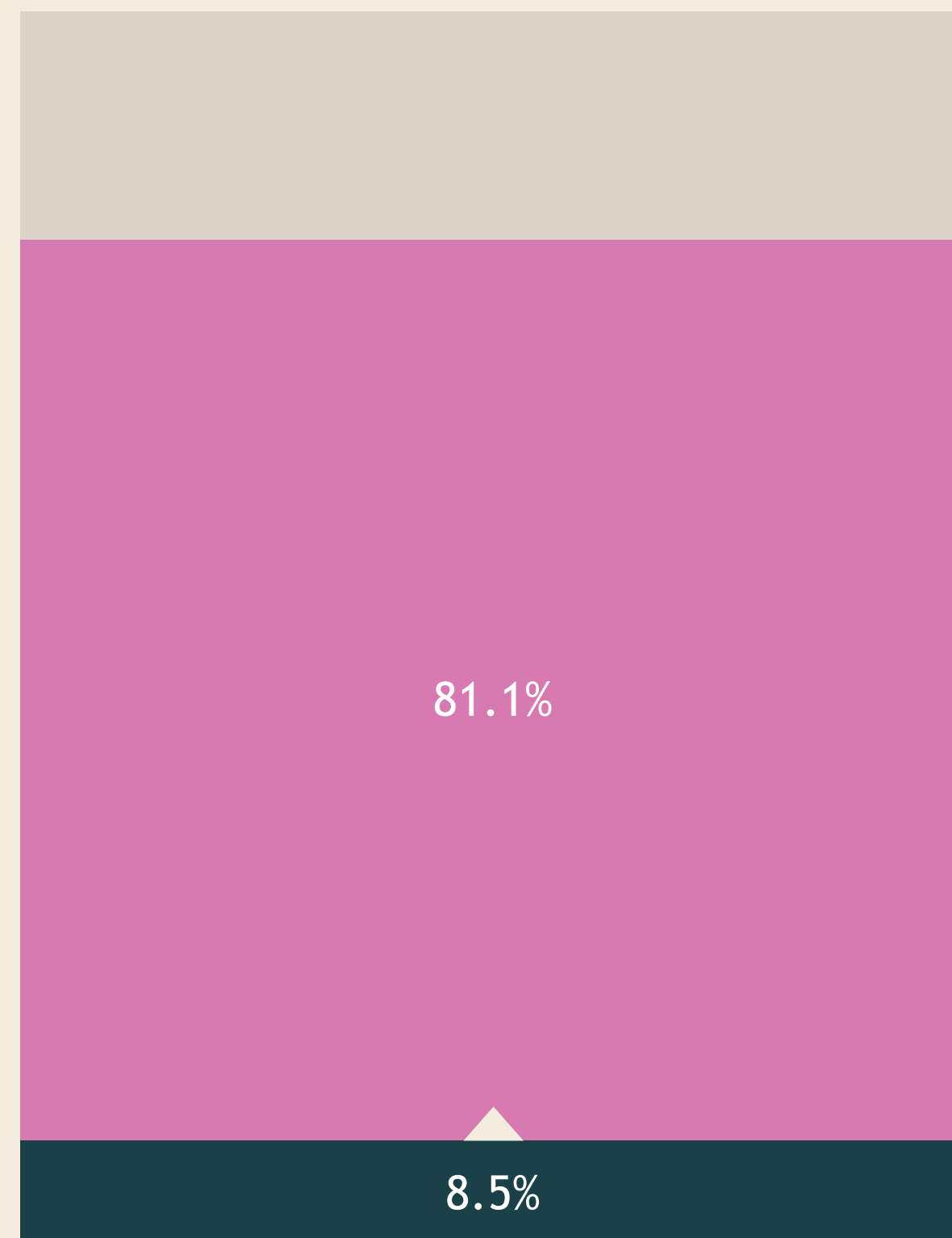


Among maternity care hospitals that support VBAC in Michigan, researchers found that their VBAC rate varied from 0.5 to 48.1 percent.



Triebwasser, J. E., et al. (2018). 587: Hospital contribution to variation in rates of vaginal birth after cesarean: A Michigan Value Collaborative study. American Journal of Obstetrics and Gynecology, 218(1). [https://www.ajog.org/article/S0002-9378\(17\)31879-3/fulltext](https://www.ajog.org/article/S0002-9378(17)31879-3/fulltext)





In California, among 249 hospitals that support VBAC, the success rate ranged from 8.5 to 81.1 percent.

Within a two-year period, five of these hospitals reported a 0 percent VBAC rate.

Xu, X., et al. (2019). Hospital variation in utilization and success of trial of labor after a prior cesarean. *American Journal of Obstetrics and Gynecology*, 220(1). [https://www.ajog.org/article/S0002-9378\(18\)30826-3/pdf](https://www.ajog.org/article/S0002-9378(18)30826-3/pdf)



# What Are the **Advantages** of Planning a Hospital VBAC?

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- ☞ Your birth is likely to be covered by your insurance plan.
- ☞ You can have an epidural or other pain-relieving drugs.
- ☞ You have access to continuous fetal monitoring.
- ☞ Your labor, if necessary, can be induced or augmented.



# What Are the **Advantages** of Planning a Hospital VBAC?

- ☛ You can labor for a VBAC if you have medical issues.
- ☛ An emergency cesarean can usually be performed more quickly.
- ☛ In the event of life-threatening complications of placenta accreta, you may have ready access to a team of specialists.
- ☛ A newborn special care unit (NICU) may be available in case of complications.





# What Are the Disadvantages of Planning a Hospital VBAC?

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You're less likely to have:

- ☾ Freedom of movement.
- ☾ A variety of non-drug methods of pain relief.
- ☾ One-to-one care.
- ☾ Postpartum care after hospital discharge.

You're more likely to have:

- ☾ A repeat cesarean during labor or birth (VBAC rates are lowest when laboring in a hospital).



# Overall, hospital births have higher rates of interventions. These include:

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- ☛ Augmenting or inducing labor.
- ☛ Higher use of vacuum or forceps assisted births.
- ☛ Episiotomies.
- ☛ Complications due to infection, postpartum hemorrhage, and vaginal tears.

National Academies of Sciences, Engineering, and Medicine. (2020). Birth settings in America: Outcomes, quality, access, and choice. National Academies Press. doi: 10.17226/25636



# Look for a **Supportive** Maternity Care Team:

- ☞ How do your caregivers view VBAC? With confidence or fear?
- ☞ Are they giving you enough information to help you make decisions about your birth?
- ☞ Are your care providers taking the time to answer your questions?
- ☞ To discuss the benefits and risks of treatments, procedures, and drugs?





# Look for a **Supportive** Maternity Care Team:

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- ☞ Are they treating you with respect?
- ☞ Are they supportive of your wishes?
- ☞ Do they make you feel safe?
- ☞ Do they view labor and birth as a normal process?
- ☞ Do they encourage doulas, family members, or partners to help you when you give birth?



# Look for a **Supportive** Maternity Care Team:

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- ☞ Do they offer community resources that can be helpful, such as a VBAC support group, prenatal yoga classes, childbirth classes, and websites?
- ☞ What are your caregivers' hesitations about VBAC? Can you discuss them so that you can labor with confidence?
- ☞ If they are not comfortable with VBAC, are they giving you referrals to other providers, birth centers, or hospitals that do support VBAC?
- ☞ If you don't feel that your caregiver can give you full support to labor for a VBAC, are you willing to consider making a change?



# Look for a Supportive Birth Environment That Provides:

- ☞ Access to a bath, birthing tub, or shower.
- ☞ Space to walk. Sit. Kneel.
- ☞ Access to appropriate food and drink.
- ☞ Lights that can be dimmed. The ability to reduce noise.
- ☞ Ability to listen to the music of your choice.
- ☞ Privacy.
- ☞ A squat bar, birth stool, rocking chair, or birth ball.
- ☞ Furniture, pillows, or a bed rail to lean on.





# Questions to Ask for VBAC in a Hospital:

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- What are your cesarean and VBAC rates?
- What are your intervention rates (induction, routine use of IV, continuous fetal monitoring)?
- Do you have midwives or family physicians on staff? (They have higher VBAC rates.)
- Are your nurses trained to support physiologic birth?
- Can I have a doula?



# Questions to Ask for VBAC in a Hospital:

- ☞ Do you support non-drug methods of pain relief?
- ☞ Do you have portable fetal monitoring that allows me to move and change positions?
- ☞ Can I have my family members with me?
- ☞ Can I have my baby with me, skin-to-skin, after birth?
- ☞ Do you have a time limit for labor or birth?
- ☞ Do you have a lactation specialist to help with breastfeeding?





# Questions to Ask for VBAC in a Hospital:

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- ☛ How do you respond to typical non-VBAC emergencies, such as a placental abruption (placenta separates from the uterine wall before the baby is born), fetal distress, shoulder dystocia, or an umbilical cord prolapse?
- ☛ If you can safely attend to those emergencies, why can't you accommodate VBAC?



# VBAC-Friendly Caregivers Provide:



- ☛ Safe care and respect for your informed choices.
- ☛ A birthing environment with a variety of options to ease pain and help labor progress.
- ☛ A place where you have an excellent chance of giving birth normally.
- ☛ Some states and hospitals make it possible to find this information out.
- ☛ In California, the website, [calhospitalcompare.org](http://calhospitalcompare.org), gives information on cesarean rates, VBAC availability, and midwife births at every facility in the state.



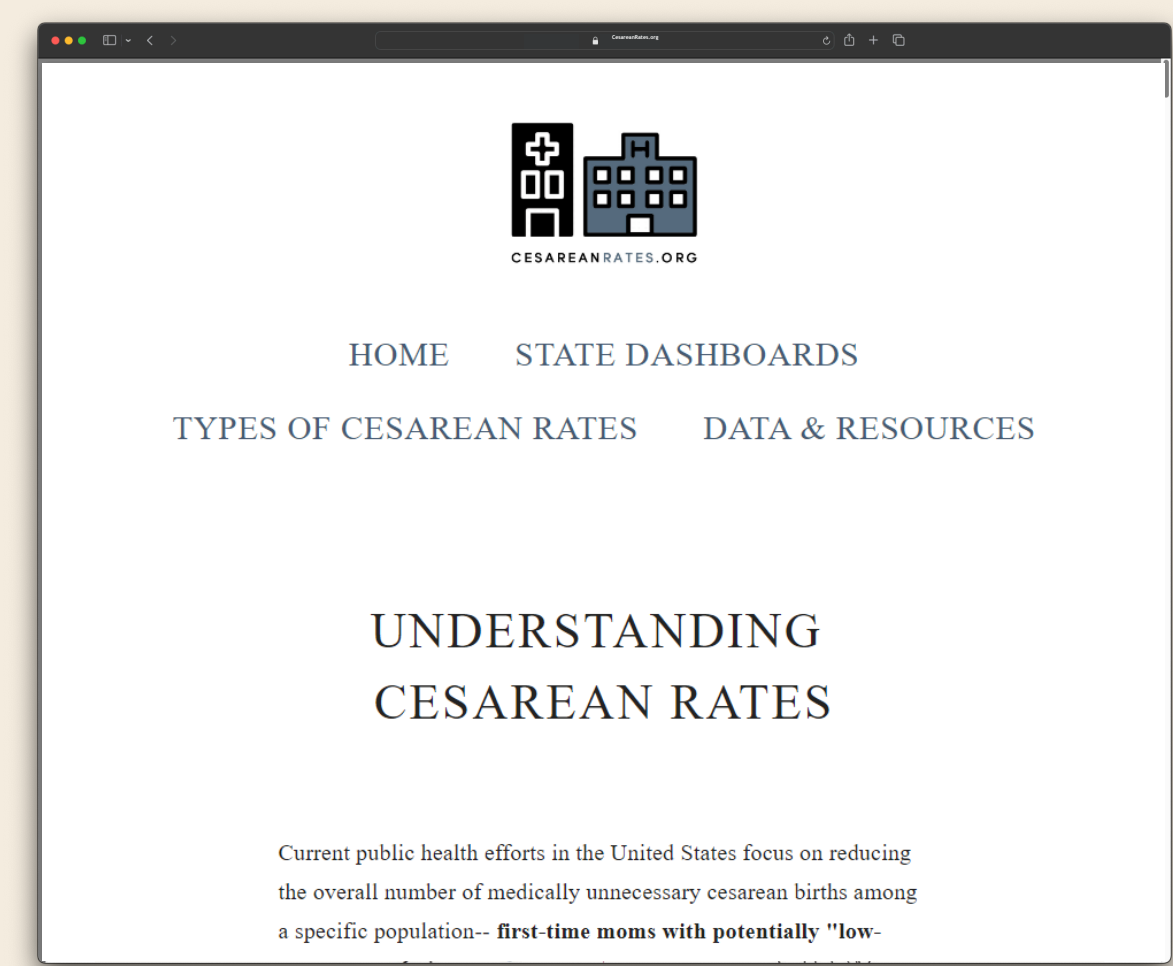
# Key Points to Review:

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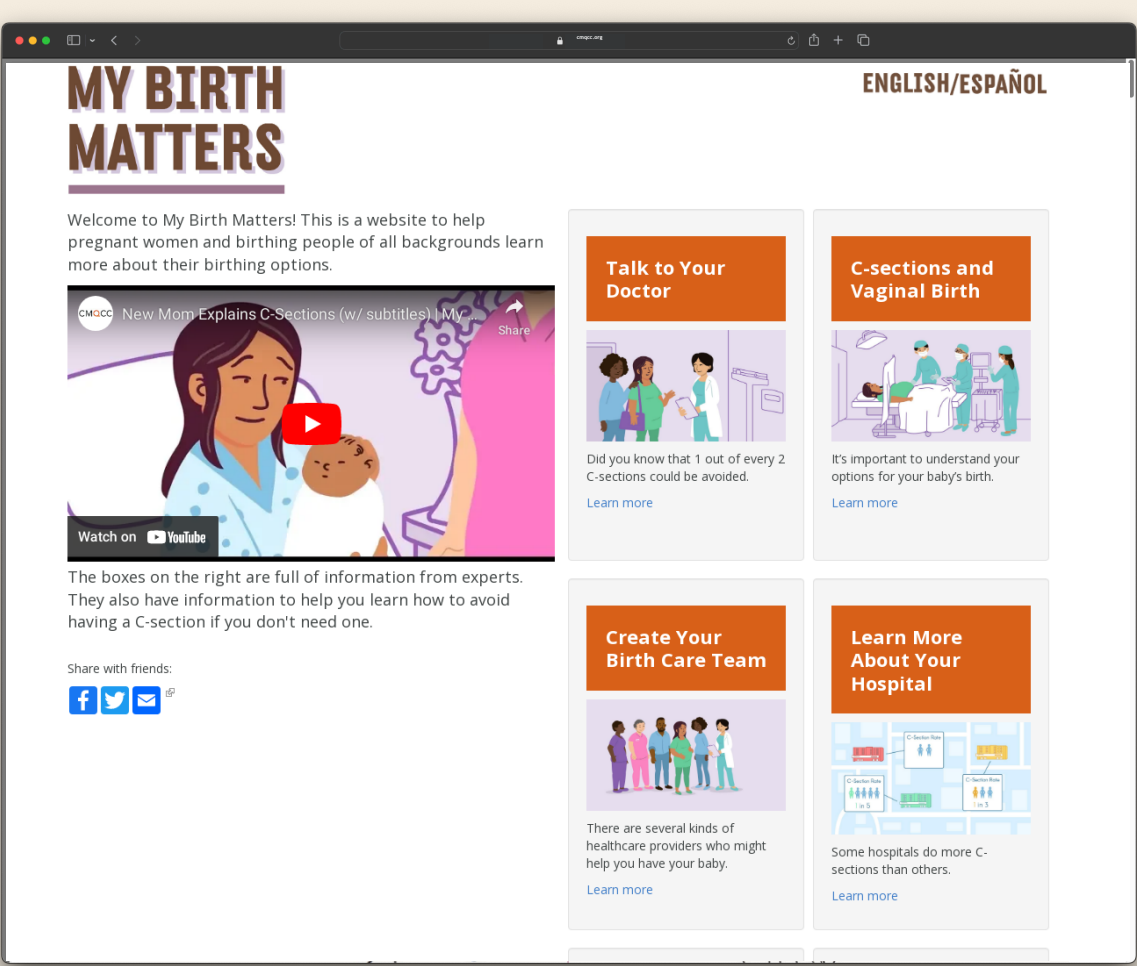
- ☛ For many mothers, planning a VBAC in a hospital is the only option available. There are benefits and disadvantages.
- ☛ A hospital with low intervention and cesarean rates and high VBAC rates is more likely to be fully supportive of a VBAC.
- ☛ Plan ahead.
- ☛ Ask your caregivers and hospital questions, making sure you have the support you need for a safe and empowering birth.



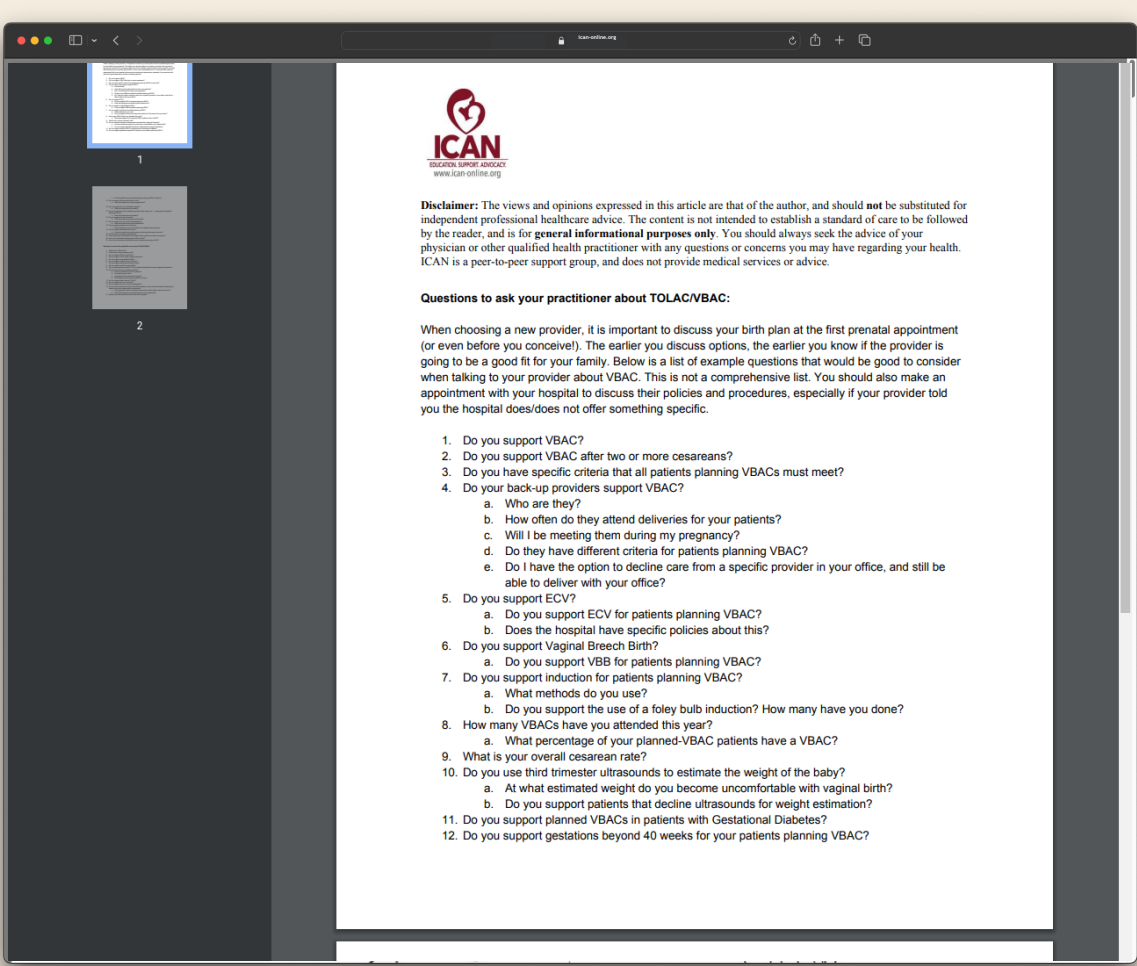
# Resources:



CesareanRates.org



My Birth Matters



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