

MODULE 11

Planning a VBAC in a Free-Standing Birth Center



All birthing families have the **right to choose** where—and with whom—they want to give birth, including which health benefits and risks are acceptable to them. A free-standing birth center is one of the options available to childbearing families.

What Is a Free-Standing Birth Center?

- ☛ A free-standing birth center is an out-of-hospital, home-like facility staffed and equipped to provide care for **low-risk pregnancies**.



What Is a Free-Standing Birth Center?

- These birth centers provide comprehensive, family-centered prenatal, birth, and postpartum care for healthy people that are expected to have an uncomplicated pregnancy. They also provide well-woman gynecological care.
- If complications develop during pregnancy, 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.

What Is a Free-Standing Birth Center?

- Many free-standing birth centers are nationally accredited by the Commission for the Accreditation of Birth Centers (CABC). They are more integrated within the health care system and their accreditation means that the care they give is in accordance with the highest safety and quality standards.



Who Are the Caregivers in a Birth Center?

- ☛ Primarily Certified Nurse Midwives (CNM), Certified Midwives (CM), or Certified Professional Midwives (CPM).
- ☛ The birth center may also include other maternity care professionals such as nurses, trained birth assistants, doulas, family practitioners, obstetricians, nutritionists, lactation consultants, and childbirth educators.
- ☛ Consultations and referrals may be made to specialist physicians when necessary.



The most recent data shows that birth-center providers are 2.7 percent physicians, 56.6 percent CNM/CM, and 36.7 percent other licensed midwives.

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

What Are the **Benefits** of Birth Center Care Compared to That Found in Hospital Births?



“In the United States, low-risk women choosing home or birth center birth compared with women choosing hospital birth have **lower rates of intervention**, including cesarean birth, operative vaginal delivery, induction of labor, augmentation of labor, and episiotomy, and lower rates of intervention-related maternal morbidity, such as infection, postpartum hemorrhage, and genital tract tearing.”

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

What Are the Benefits for Babies?

- ☛ Lower rates of preterm and low-birth-weight babies.
- ☛ Higher rates of breastfeeding initiation and exclusive breastfeeding at 6-8 weeks postpartum.
- ☛ Compared to low-risk mothers who gave birth in a hospital, U.S. studies show that birth center care has similar to slightly elevated rates of neonatal (the first four weeks of life) and perinatal (spanning one year before to 18-24 months after the birth of the child) mortality.

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

Alliman, J., Williams, T., & Bauer, K. (2022). Freestanding birth centers: An evidence-based option for birth. *Journal of Perinatal Education*, 31(1). <https://connect.springerpub.com/content/sgrjpe/31/1/8>

Why Do Some Families Choose a Birth Center?

- ☛ Individualized midwifery care.
- ☛ Continuous support for labor and birth.
- ☛ Family members are included in pregnancy, birth, and postpartum care.
- ☛ Freedom to make informed decisions.
- ☛ More choices for comfort measures and non-drug methods of pain relief.
- ☛ A more personalized and attentive experience overall.

Why Do Some Families Choose a Birth Center?

- ☞ Freedom of movement during labor and birth.
- ☞ Newborn with the birthing person at all times.
- ☞ Skin-to-skin after birth.
- ☞ Postpartum home visits.
- ☞ Care is covered by many health insurance plans, including Medicaid.
- ☞ Lower cost of maternity and newborn care.



Why Do Some Families Choose a Birth Center?

- Lower cesarean rates.
- Higher VBAC rates.

A recent study of outcomes for Medicaid-supported families choosing a birth center model of care found:

- ☛ Mothers had fewer cesareans: 12.9 percent compared to 31.9 percent nationally (for 2016).
- ☛ Mothers had more VBACs: 29.4 percent compared to 12.4 percent nationally.

Hill, I., et al. (2018). Strong start for mothers and newborns evaluation: Year 5 project synthesis; Volume 1 cross-cutting findings. Urban Institute. <https://downloads.cms.gov/files/cmml/strongstart-prenatal-finalevalrpt-v1.pdf>

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- ☞ Interest in birth centers has been growing.
 - ☞ Between 2019 and 2020, the number of families choosing a birth center increased by 13.2 percent.
 - ☞ In 2020, 21,884 families gave birth in a free-standing birth center.

MacDorman, M. F., Barnard-Mayers, R., & Declercq, E. (February 25, 2022). United States community births increased by 20% from 2019 to 2020. *Birth*. <https://onlinelibrary.wiley.com/doi/10.1111/birt.12627>



Lack of access to VBAC care in U.S. hospitals is motivating many birthing families with a prior cesarean to consider giving birth in a birth center.

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

“Almost half of women who are interested in having a vaginal birth after cesarean (VBAC) are **denied that option**, despite evidence and guidelines that support offering VBAC for nearly all women with one or two past cesareans.”

The U.S. VBAC rate was 28.3 percent in 1996 but in 2018 it was 13.3 percent. Despite evidence to support the safety of VBAC, many hospitals do not provide care for birthing families who want to labor for a VBAC. Effectively establishing **VBAC bans** have made a medically unnecessary, routine repeat cesarean the only birth option available in many hospitals.

American Association of Birth Centers. (2019). *Position statement: VBAC - Labor & birth after cesarean*. https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/about_aabc_-_documents/AABC_PS_-_VBAC_-_Labor_&_Bir.pdf

International Cesarean Awareness Network. (2009). *VBAC ban database initiative*. <https://www.ican-online.org/vbac-ban-info/>



Is it safe to labor for a VBAC in a free-standing birth center?

The American Association of Birth Centers supports a family's choice to labor for a VBAC in a birth center, but states:

“For those considering VBAC in a birth center, it is important to understand that while absolute risks are low, risks in a birth center setting are higher for people with **previous cesareans** than for people without previous cesareans, and also higher than for those with prior cesareans laboring in hospitals.”

In the last three decades, researchers have gathered evidence on U.S. mothers who chose to labor for a VBAC, including those who chose to give birth in a free-standing birth center.

American Association of Birth Centers, Clinical Bulletin. *VBAC - Labor & birth after cesarean in the birth center setting*. https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/about_aabc_-_documents/AABC_PS_-_VBAC_-_Labor_&_Bir.pdf

What Do We Know About Planning a VBAC at a Birth Center?

- A national study of VBAC outcomes in a birth center included 1,453 women who labored and gave birth at 41 birth centers across the United States between 1990 and 2000.
- Birth center clients included mothers with more than one prior cesarean and some who were post-term (after 42 weeks gestation).
- All mothers started labor on their own.
- Although the VBAC rate was high, the uterine rupture rate was low. There were no maternal deaths, though babies did not fare as well.



VBAC Rates in the Study:

- ☛ 94.4 percent with one prior cesarean and a prior vaginal birth.
- ☛ 83.7 percent with more than one prior cesarean.
- ☛ 80.9 percent without a prior vaginal birth.

Lieberman, E. et al. (2004). Results of the National Study of Vaginal Birth After Cesarean in Birth Centers. *Obstetrics & Gynecology*, 104(5, pt. 1), 933-942. https://journals.lww.com/greenjournal/Abstract/2004/11000/Results_of_the_National_Study_of_Vaginal_Birth.9.aspx#

Uterine Rupture Rates in the Study:

- ☛ 0.3 percent with one previous cesarean and a prior vaginal birth
- ☛ 0.5 percent with one previous cesarean and no prior vaginal birth
- ☛ 3.0 percent with more than one prior cesarean
- ☛ 6.5 percent after 42-weeks gestation

Lieberman, E. et al. (2004). Results of the National Study of Vaginal Birth After Cesarean in Birth Centers. *Obstetrics & Gynecology*, 104(5, pt. 1), 933-942. https://journals.lww.com/greenjournal/Abstract/2004/11000/Results_of_the_National_Study_of_Vaginal_Birth.9.aspx#

What Were the Outcomes for Babies in the Study?

- ☛ Of the 1,453 births in the study, there were five intrapartum (from the onset of labor through delivery of the placenta) deaths.
- ☛ And there were two neonatal deaths (the first four weeks of a child's life).
- ☛ Five of the seven total deaths occurred without the presence of a uterine rupture.

How Did Outcomes for Babies Compare with Planned Hospital VBAC?

- Although the intrapartum complications rate was similar to mothers who labored in a birth center, in the hospital group no babies died.
- The researchers agreed that a cesarean-scarred uterus was associated with increases in complications that can require hospital management.

What Are the Disadvantages of Planning a VBAC in a Birth Center?

- ☞ Mothers are up to eight times more likely to transfer to the hospital while in labor than mothers without a prior cesarean.
- ☞ Newborn transfers are higher: 3.1 percent vs 1.4 percent.

American Association of Birth Centers Clinical Bulletin. (2019). *VBAC - Labor & birth after cesarean in the birth center setting*. https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/about_aabc_-_documents/AABC_Clinical_Bulletin_-_VBA.pdf



What Are the **Disadvantages** of Planning a VBAC in a Birth Center?

- ☛ Newborns have lower Apgar scores (health screening test):
2 percent versus 0.8 percent (<7 at 5 minutes).
- ☛ The risk of neonatal seizures or severe neurologic dysfunction is higher: 12.27/10,000 versus 1.10/10,000.
- ☛ The rate of intrapartum deaths is higher: 4.75/1,000 versus 1.24/1,000.

American Association of Birth Centers Clinical Bulletin. (2019). *VBAC - Labor & birth after cesarean in the birth center setting*. https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/about_aabc_-_documents/AABC_Clinical_Bulletin_-_VBA.pdf

What Are the Disadvantages of Planning a VBAC in a Birth Center?

- Recent evidence still suggests that pregnant people with a prior cesarean who labor in a birth center or at home are more likely to experience complications than mothers who have never had a cesarean section.
- Mothers with a prior cesarean who have never had a vaginal birth had higher odds of neonatal morbidity and mortality compared to those with a history of a vaginal birth.

Tilden, E. L., et al. (2017). Vaginal birth after cesarean: neonatal outcomes and United States birth setting. *American Journal of Obstetrics and Gynecology*, 216(4), 403.e1-403.e8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5376362/>

Which Mothers are the **Least Likely** to Experience Complications when Laboring for a VBAC in a Birth Center?

- ☛ Based on current evidence, birthing people at lowest risk for complications of a VBAC in a birth center are those with only one prior cesarean and a prior vaginal birth, as well as a documented low-transverse (side-to-side) uterine scar.
- ☛ Mothers should have an ultrasound to rule out placenta previa or placenta accreta.

What Is the **Main Concern** When Planning a VBAC in a Birth Center?

- ☛ In an emergency and non-emergency situation, the mother or newborn may need to be transferred to a hospital, and this can sometimes take longer than expected.
- ☛ Providing optimal maternity and newborn care for birthing families depends on the timely and “seamless” transfer of mother or baby from birth center maternity care professionals to hospital-based staff.



What Is the **Main Concern** When Planning a VBAC in a Birth Center?

- ☛ A national study of VBAC in U.S. birth centers found that the time frame for transfers ranged from 3-60 minutes and 95 percent of the mothers arrived within 25 minutes.
- ☛ 11 percent of transfers were coded as emergencies and approximately 50 percent of mothers with emergency transfers were treated within 30 minutes of transfer.



What If There Is a Need to **Transfer** the Mother or Newborn to a Hospital for a Higher Level of Care?

What If There Is a Need to Transfer the Mother or Newborn to a Hospital for a Higher Level of Care?:

- ☛ With an integrated system, birth center and hospital professionals agree on multidisciplinary guidelines for safe transport from the birth center to the hospital.
- ☛ Out-of-hospital midwives coordinate with obstetrics and gynecology departments at the hospital. The professional relationship is already established, the transfer is smooth, and medical care can begin at the labor and delivery unit as soon as possible.

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

Why Is It a Good Idea to Look for an Accredited Birth Center?

- ☞ It must meet national standards to provide safe, evidence-based, high-quality maternity and newborn care.
- ☞ It must meet a higher standard of care for families who want to labor for a VBAC.
- ☞ It has a respected standard of care that is valued by health care insurers, maternity care providers, and hospitals.



Why Is It a Good Idea to Look for an Accredited Birth Center?

- ☛ The health records of mothers that need to be transferred to a hospital are readily available. Transfer is made safe according to mutually agreed upon protocols. Mothers in labor or postpartum are easily accepted and cared for by the hospital staff.
- ☛ Birth center personnel have training that meets state and federal safety laws and regulations.
- ☛ Caregivers are highly trained in providing emergency care and safe transfer to a hospital when needed.

American Association of Birth Centers. (n.d.). *Birth center accreditation*.
https://www.birthcenters.org/page/bc_accreditation

Commission for the Accreditation of Birth Centers. (n.d.). *In the pursuit of excellence*. <https://birthcenteraccreditation.org/>

What are the Challenges for Parents Exploring the Option of a Birth Center?

- ☛ Lack of access to information and widely differing guidelines across the United States make it difficult to assess the safety and quality of birth centers.
- ☛ Ideally, expectant families should look for a licensed and accredited birth center, but states have different licensure requirements, and some do not have any accredited birth centers.

What are the **Challenges** for Parents Exploring the Option of a Birth Center?

- ☛ Free-standing birth centers are licensed or recognized by statute, regulation, or Medicaid in 42 states. Five states do not regulate or license birth centers, which are allowed to provide perinatal care for birthing families.
- ☛ In seven states, birth centers are allowed to provide perinatal care without a license.
- ☛ In at least 15 states, there are laws against planning an out-of-hospital VBAC.



What are the **Challenges** for Parents Exploring the Option of a Birth Center?

- ☛ Certain types of midwives cannot be licensed in some states or obtain admitting privileges to some medical facilities.
- ☛ There are many birth centers that adhere to the American Association of Birth Centers best practice standards that are not accredited.
- ☛ At this time, there is no clear evidence regarding different VBAC outcomes between an accredited or unaccredited out-of-hospital birth centers.
- ☛ Each individual birth center decides whether or not to provide care for families planning a VBAC.

American Association of Birth Centers. (2019). *Position statement: VBAC - Labor & birth after cesarean*. https://cdn.ymaws.com/wAmericancenters.org/resource/resmgr/about_aabc_documents/AABC_PS_-_VBAC_-_Labor_&_Bir.pdf

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



What are the **Challenges** for Parents Exploring the Option of a Birth Center?

- ☛ Many pregnant people are discouraged from planning a VBAC by their own physicians. Others are coerced into an unnecessary repeat surgical birth.
- ☛ Weighing the balance between the benefits and risks of a birth setting is a very personal decision. For many mothers, the experience of a supportive, respectful, midwifery model of care and their own perinatal mental health is just as important as access to emergency care when planning a VBAC.

Keedle, H., Schmied, V., Burns, E., & Dahlen, H. G. (2022). From coercion to respectful care: women's interactions with health care providers when planning a VBAC. *BMC Pregnancy and Childbirth*, 22. <https://link.springer.com/article/10.1186/s12884-022-04407-6>

Keedle, H., et al. (2020). Women's experiences of planning a vaginal birth after caesarean in different models of maternity care in Australia. *BMC Pregnancy and Childbirth*, 20. <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-03075-8?MvBriefArticleId=13970>

Key Points to Review:

- ☛ 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.

Checklist for Parents:

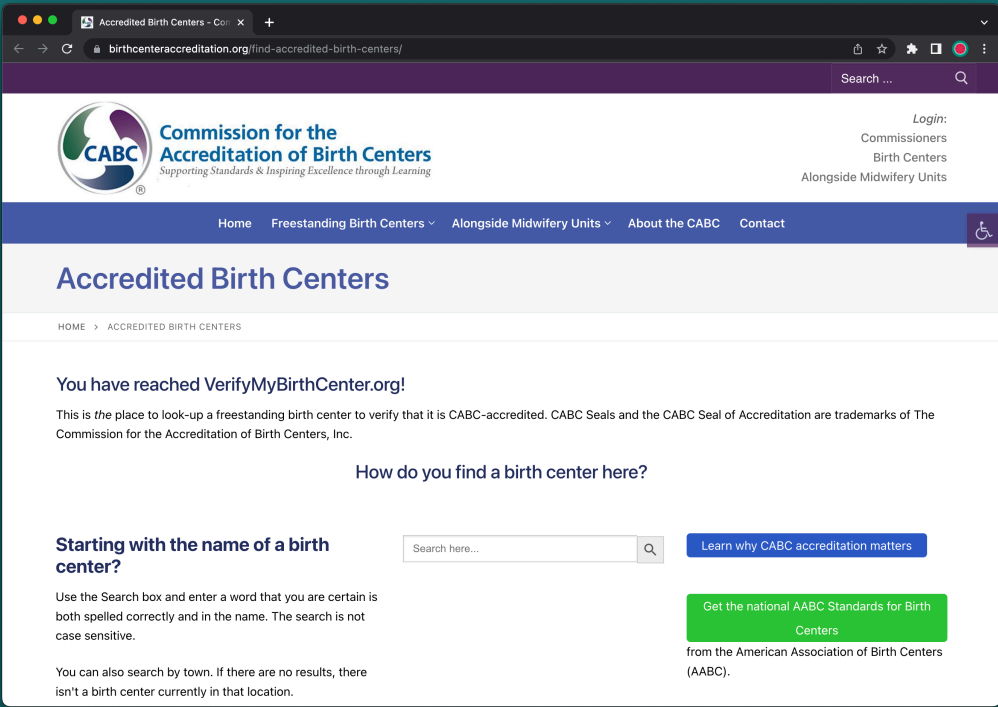
If you are thinking about giving birth in a birth center, here are some questions you may want to ask:

- ☛ Given my personal pregnancy history (one or more prior cesareans, any prior vaginal births) what are the odds of my having a safe and healthy VBAC?
- ☛ When would you consider transferring my care to a hospital?
- ☛ What is the transfer rate while laboring for a VBAC?
- ☛ What percentage of women who planned a VBAC had a VBAC at this birth center?

Checklist for Parents:

- What are the available resources you have for managing emergencies that may occur with a VBAC?
- How far is the nearest hospital? How long would it take to get there?
- Do you have a transfer agreement between the birth center and the nearby hospital?
- Would my midwife come with me? Would she be allowed to care for me or be with me while being cared for by the hospital staff?

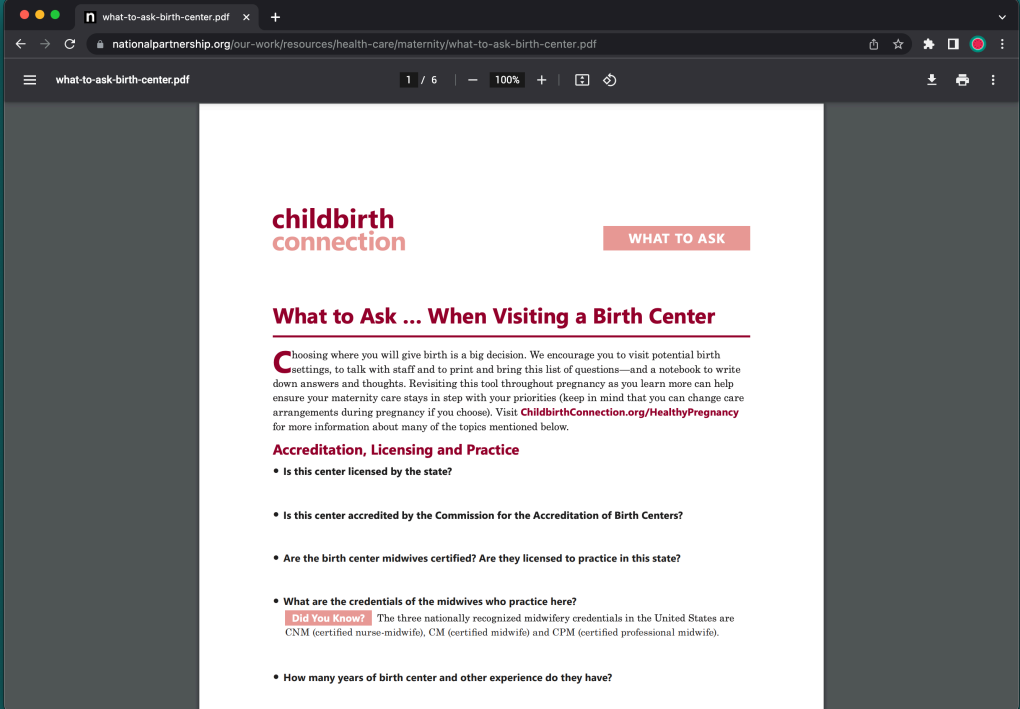
Resources



Accredited Birth Centers



Sample Informed Consent and Discussion Guide



What to Ask ... When Visiting a Birth Center