

MODULE 12

Planning a Home Birth After a Cesarean (HBAC)



All birthing families have the right to choose where—and with whom—they want to give birth, including the benefits and risks acceptable to them. Home birth is one of the options available to childbearing families.

Home birth is controversial in some countries—including in the United States—and guidelines differ regarding for whom a home birth is considered “safe.”

- ☪ In the Netherlands, where one in three families choose a home birth, national guidelines recommend laboring for a VBAC in a hospital setting.
- ☪ However, the Ontario (Canada) College of Midwives recognizes the client as the primary decision-maker and that midwives must support the family's choice of VBAC in any setting—including at home. “Failure to do so,” their guidelines say “may constitute an act of professional misconduct.”

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

Ontario College of Midwives. (n.d.). Vaginal birth after caesarean section and choice of birthplace. <https://www.cmo.on.ca/wp-content/uploads/2018/04/VBAC-position-statement.pdf>



The American College of Obstetricians and Gynecologists (ACOG) considers hospitals and accredited birth centers the “safest settings for birth.” ACOG respects a family’s informed choice for a home birth, but considers VBAC “an absolute contraindication to planned home birth.”

American College of Obstetricians and Gynecologists. (2017, April). Planned home birth: Committee Opinion Number 697 [replaces Committee Opinion Number 669, August 2016. Reaffirmed 2020]. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/04/planned-home-birth>

Midwifery and Obstetric Associations **Disagree** About Home Birth:

- ☛ The midwifery model of care is based on the perspective that birth is a physiological process that requires little intervention and that the values and needs of birthing families should be respected.
- ☛ The obstetric model of care views childbirth as a potential pathological process that requires vigilance, control, and immediate access to emergency care.
- ☛ Despite current evidence that home births with specific safety measures in place are a reasonable option for low-risk mothers, in some countries the beliefs and values of physicians seem to dominate clinical guidance regarding home births.

Interest in Home Births Is Growing in the United States


- The rate of home births in the United States increased by 77 percent between 2004 and 2017.
- In 2017, 0.99 percent of all births took place at home.
- More planned VBACs took place at home (4.2 percent) than in birth centers (1.7 percent) and hospitals (2.0 percent).



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

Gregory, E. C. W., Osterman, M. J. K., & Valenzuela, C. P. (2021). Changes in home births by race and Hispanic origin and state of residence of mother: United States, 2018-2019 and 2019-2020. National Vital Statistics Report, 70(15), 1-10. <https://pubmed.ncbi.nlm.nih.gov/34895406/>

Centers for Disease Control and Prevention. (2021, December 10). Interview with Elizabeth Gregory on home births during the pandemic. <https://www.cdc.gov/nchs/pressroom/podcasts/2021/20211210/20211210.htm>

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- 👂 In 2020, about 46,000 U.S. families chose to have a home birth.
 - 👂 More than two-thirds of home births were self-paid.

MacDorman, M. F. (2022, February 25). United States community births increased by 20% from 2019-2020. Birth: Issues in Perinatal Care. <https://onlinelibrary.wiley.com/doi/abs/10.1111/birt.12627>

Who Are the Care Providers for Planned Home Births in the United States?

About 80 percent are attended by midwives, 0.7 percent by physicians, and 19.1 percent by “other” birth attendants.

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



How Does Home Birth Care Differ from Hospital Care?

- ☛ Midwives are predominantly the birth attendants at home births and support the midwifery model of care.
- ☛ For home birth, midwives provide one-to-one continuous clinical care and psychological and emotional support for pregnancy, childbirth, post-partum, and newborn care.
- ☛ They respect the pregnant person's cultural and spiritual values and individual preferences for how they want to give birth.
- ☛ They support their client's right to make their own informed decisions about care.
- ☛ Midwives support birth as a normal physiological process.
- ☛ They avoid the unnecessary use of obstetric interventions.

Why Do Some Families Choose a Home Birth?

- ☛ The place of birth reflects their values and preferences.
- ☛ They value low-intervention birth and their home offers a more comfortable, safe, and intimate environment.
- ☛ Some women are choosing a home VBAC to avoid having an unnecessary repeat cesarean, their only option with a hospital birth.
- ☛ Some birthing people choose their home after a prior traumatic hospital birth.

George, E. K., et al. (2022, April 20). Factors influencing birth setting decision making in the United States: An integrative review. *Birth: Issues in Perinatal Care*. doi: 10.1111/birt.12640

With a low-risk pregnancy, home birth is considered a safe alternative to a hospital birth.



How Is a **Low-Risk** Pregnancy Usually Defined?

Professional guidelines for a low-risk home birth usually exclude pregnant people with the following conditions:

- ☞ Labor that begins more than 42 completed weeks of gestation.
- ☞ Labor that begins before 37 weeks.
- ☞ Pre-existing hypertension, diabetes, or preeclampsia.
- ☞ Twins or a breech.
- ☞ Amniotic fluid abnormalities.
- ☞ Placental abnormalities.
- ☞ A prior cesarean birth.

Nethery, E., et al. (2021). Birth outcomes for planned home and licensed freestanding birth center births in Washington State. *Obstetrics & Gynecology*, 138(5), 693-702. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8522628/>

What Are the **Benefits** of a Home Birth for Low-Risk Pregnant People Compared to a Hospital Birth?

A review of 16 studies from several countries where midwives are well integrated in the health care system found that women who planned to give birth at home experienced fewer interventions and complications compared to low-risk women who planned to give birth in a hospital.

With a Planned Home Birth, a Study Found That Mothers Were:

- ☛ 40 percent less likely to give birth by cesarean section.
- ☛ 50 percent less likely to have an instrumental vaginal birth.
- ☛ 70 percent less likely to use epidural analgesia.
- ☛ 55 percent less likely to have an episiotomy.
- ☛ 60 percent less likely to have oxytocin to augment labor.

Reitsma, A., et al. (2020, April 1). Maternal outcomes and birth interventions among women who begin labour intending to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. eClinicalMedicine, 21. <https://www.sciencedirect.com/science/article/pii/S2589537020300638>

With a **Planned** Home Birth, Mothers Were Also:

- ☞ 40 percent less likely to experience a 3rd or 4th degree perineal tear.
- ☞ 75 percent less likely to experience maternal infection.
- ☞ 30 percent less likely to experience postpartum hemorrhage.
- ☞ There were no reported maternal deaths among the 500,000 planned home births in the study.

Reitsma, A., et al. (2020, April 1). Maternal outcomes and birth interventions among women who begin labour intending to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. eClinicalMedicine, 21. <https://www.sciencedirect.com/science/article/pii/S2589537020300638>



What Are the Benefits of a Planned Home Birth in the United States?

“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.”

Among 16,924 Women Who Planned a Midwife-Led Home Birth in the United States:

- ☛ 93.6 percent had a spontaneous vaginal birth.
- ☛ 1.2 percent had an assisted birth with forceps or vacuum.
- ☛ 4.5 percent needed to augment their labor with oxytocin.
- ☛ 5.2 percent needed a cesarean delivery.
- ☛ Of the women who labored after a cesarean, 87 percent had a vaginal birth.
- ☛ 86 percent of newborns were exclusively breastfeeding at six weeks of age.

Cheyney, M., et al. (2014). Outcomes of care for 16,924 planned home births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009. *Journal of Midwifery & Women's Health*, 59(1), 17-27. <https://onlinelibrary.wiley.com/doi/full/10.1111/jmwh.12172>

Is a Home Birth Safe for Babies?

In several countries where midwives are integrated into the healthcare system, researchers found that for low-risk births there was no difference between home and hospital births for these outcomes:

- ☛ Perinatal mortality (up to one year after birth).
- ☛ Neonatal mortality (the first four weeks of life).
- ☛ Admission to a special care unit (NICU).
- ☛ Apgar score (test performed on a baby at one and five minutes after birth that determines how well the baby tolerated the birthing process).
- ☛ The need for newborn resuscitation.

Hutton, E. K., et al. (2019, September 1). Perinatal or neonatal mortality among women who intend at the onset of labour to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. *eClinicalMedicine*, 14: 59-70.
<https://www.sciencedirect.com/science/article/pii/S2589537019301191>

Is a Home Birth Safe for Babies?

- ☛ In high-income countries with a national integrated health care system, place of birth had no significant impact on infant health with low-risk pregnancies.
- ☛ Among births in hospitals, birth centers, or at home there was no difference in the number of stillbirths, neonatal deaths, or infants who died with the first year.
- ☛ Babies born at home had significantly lower odds of NICU admissions compared to babies born in a hospital.

Scarf, V. L., et al. (2018, July 1). Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: A systematic review and meta-analysis. *Midwifery*, 62, 240-255. <https://www.sciencedirect.com/science/article/pii/S0266613818300974>

Home Birth Is Less Safe for
Babies in a Fragmented
Healthcare System.



In the United States, where health care is fragmented and midwives are not nationally integrated into the health care system, researchers found that neonatal mortality was higher overall for home births: 1.21/1000 compared to 0.6/1000 for hospital births.

- ☞ However, in the State of Washington where midwives are integrated into the health care system, babies have better outcomes.
- ☞ A study of birthing families choosing to give birth at home or in a birth center found the perinatal mortality rate was 0.57 per 1,000 births, comparable with other international settings.

Nethery, E., et al. (2021). Birth outcomes for planned home and licensed freestanding birth center births in Washington State. *Obstetrics & Gynecology*, 138(5), 693-702. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8522628/>

What Do We Know About Higher Risk Home Births in the United States?

- ☛ One in three home births in the United States (2016-2018) was considered by national standards to be a higher risk birth.
- ☛ They included mothers with diabetes, hypertension, and those laboring for a VBAC.

Goyal, S., et al. (2020). Prevalence of home births and associated risk profile and maternal characteristics, 2016-2018. *Obstetrics and Gynecology*, 136(6), 1195-1203.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7737242/>

Is Home Birth Safe for Birthing Families with a Higher Risk Pregnancy?



Mothers with a higher risk pregnancy who plan a home birth in the United States experience a higher rate of complications.

- ☛ With breech, gestational diabetes, twins, preeclampsia, and laboring for a VBAC, babies have worse outcomes.
- ☛ For breech home births, one study found that the intrapartum (during labor and before birth) death rate was 13.51/1000 compared to 1.09/1000 for non-breech births.
- ☛ Early neonatal death was greater for women who gave birth preterm or at 41 or more weeks of gestation.

Cheyney, M., et al. (2014). Outcomes of care for 16,924 planned home births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009. *Journal of Midwifery & Women's Health*, 59(1), 17-27. <https://onlinelibrary.wiley.com/doi/full/10.1111/jmwh.12172>

Cox, K. J., et al. (2015). Planned home VBAC in the United States, 2004-2009: Outcomes, maternity care practices, and implications for shared decision making. *Birth: Issues in Perinatal Care*, 42(4), 299-308. doi: 10.1111/birt.12188

Bachilova, S., Czuzoj-Shulman, N., & Abenhaim, H. A. (2018). Effect of maternal and pregnancy risk factors on early neonatal death in planned home births delivering at home. *Journal of Obstetrics and Gynaecology Canada/Journal D'obstetrique Et Gynecologie Du Canada*, 40(5), 540-546. <https://www.sciencedirect.com/science/article/abs/pii/S1701216317304942>

Is Planning an HBAC a Safe Option to a Repeat Cesarean?



Home VBAC Can Be Safe
When Midwives Are
Integrated into the
Healthcare System.



In England, national guidelines recommend laboring for a VBAC in a hospital setting, but a *family's choice* for a home birth is respected.

- 👂 In a study that compared planned home VBAC with planned VBAC in a hospital, 82.6 percent of mothers who planned VBAC at home had a vaginal birth compared to 53.7 percent who planned a hospital birth.
- 👂 The risk of maternal and newborn complications (2-3 percent) was similar in both settings.

Rowe, R. (2016). Maternal and perinatal outcomes in women planning vaginal birth after caesarean (VBAC) at home in England: Secondary analysis of the Birthplace National Prospective Cohort Study. BJOG: An International Journal of Obstetrics and Gynaecology, 123(7), 1123-1132. <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.13546>

In British Columbia (Canada), clients of midwives with at least one prior cesarean birth chose either home or hospital to labor for a VBAC:

- ☛ With a home birth, mothers were 39 percent less likely to have a repeat cesarean.
- ☛ Severe complications for mothers and babies were relatively rare and similar for home and hospital births.

Bayrampour, H., et al. (2021). Perinatal outcomes of planned home birth after cesarean and planned hospital vaginal birth after cesarean at term gestation in British Columbia, Canada: A retrospective population-based cohort study. *Birth: Issues in Perinatal Care*, 48(3), 301-308. doi: 10.1111/birt.12539

What Do We Know about Home VBAC in the United States?

Mothers who labor at home have an excellent chance of avoiding another cesarean, but evidence suggests that babies are at higher risk.

In one study of 1,052 U.S. mothers who planned an HBAC:

- The VBAC rate over all was 87 percent.
- For women with one prior vaginal birth it was 90 percent.
- For women with a prior VBAC it was 96 percent.
- However, newborns were more likely to be admitted to a special care unit (NICU) or to be hospitalized in the first six weeks of life.
- The overall mortality rate (during labor and up to 28 days of life) was 4.75/1000 compared to 1.24/1000 for mothers who labored without a prior cesarean.

Cox, K. J., et al. (2015). Planned home VBAC in the United States, 2004-2009: Outcomes, maternity care practices, and implications for shared decision making. *Birth: Issues in Perinatal Care*, 42(4), 299-308. doi: 10.1111/birt.12188



- ☞ With a home birth, intrapartum or neonatal death is more likely for pregnant people with a prior cesarean and no prior vaginal birth.
- ☞ With a cesarean scar and with a prior vaginal birth, the risk 1.27/1000.
- ☞ With a cesarean scar and no prior vaginal birth, the risk is 10.2/1000.

Bovbjerg, M. L., et al. (2017). Perspectives on risk: Assessment of risk profiles and outcomes among women planning community birth in the United States. *Birth: Issues in Perinatal Care*, 44(3), 209-221. doi: 10.1111/birt.12288

What Are the **Disadvantages** of Planning a VBAC at Home?

- ☛ Mothers laboring at home for a VBAC are more likely to be transferred to a hospital than those without a prior cesarean.
- ☛ A study of planned home VBAC found that the transfer rate for mothers with a prior cesarean was 21.7 percent, compared to 8.5 percent for mothers without a uterine scar.

How Long Does It Take to Transfer from Home to a Hospital?

- ☛ A U.S. study of mothers who chose a home VBAC found that the time for transfers ranged from 25 to 60 minutes.
- ☛ The time frame from when the decision was made to transfer to a hospital until the baby was born ranged from 98 to 390 minutes.
- ☛ The majority of transfers were for non-progressive labor, not for any emergency.

Cox, K. J., et al. (2015). Planned home VBAC in the United States, 2004-2009: Outcomes, maternity care practices, and implications for shared decision making. *Birth: Issues in Perinatal Care*, 42(4), 299-308. doi: 10.1111/birt.12188

Collaborative Care Is Best for Mothers and Babies.

With a planned home birth, mothers and babies have the best outcomes when home and hospital caregivers work together.



What Is the Main Concern When Laboring for a VBAC at Home?

- ☛ The mother or newborn may need to be transferred to a hospital and this can sometimes take longer than expected.
- ☛ In the event of a uterine rupture or other medical emergency, rapid transfer to a hospital and an immediate cesarean section is essential.
- ☛ When out-of-hospital midwives coordinate with obstetrics and gynecology departments at the hospital a professional relationship is already established.
- ☛ The transfer, usually directly to a labor and delivery or pediatric unit, is smooth and medical care can begin as soon as possible.

Why Do Some Families Choose an HBAC Despite Increased Medical Risks?

Despite evidence to support the safety of VBAC, many hospitals do not provide care for birthing families who want to labor for a VBAC.

“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.”

National Partnership for Women and Families. (2020, February). Issue brief: Maternity care in the United States; We can—and must—do better. <https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf>

Why Do Some Families Choose a Home VBAC?

- ☛ Many hospitals have rigid requirements for mothers who want to labor for a VBAC.
- ☛ Pregnant people are often told that restrictions would apply and there is no room for negotiation.
- ☛ The attitude of physicians is often discouraging, with some feeling uncomfortable about caring for women who want a VBAC.

Keedle, H., et al. (2015). Women's reasons for, and experiences of, choosing a homebirth following a caesarean section. BMC Pregnancy and Childbirth, 15(1). doi: 10.1186/s12884-015-0639-4



“I stood up for myself and my wants, but it was not easy. I often went home crying after appointments as I felt I was fighting the system.”

Keedle, H., et al. (2022). From coercion to respectful care: Women's interactions with health care providers when planning a VBAC. BMC Pregnancy and Childbirth, 22(1). doi: 10.1186/s12884-022-04407-6

A Different Perception of **Safety** Versus Risk:

- ☛ Within the medical model, hospitals are viewed as the safest place to give birth.
- ☛ But many women experienced having a baby in a hospital as a psychologically unsafe and high-risk environment in which to give birth.
- ☛ They found that hospitals were a place where care providers did not respect their wishes, answer their questions, or listen to their concerns.
- ☛ They felt pressured to accept unwanted interventions, including epidurals, induction, and a cesarean section.

George, et al. (2022, April 20). Factors influencing birth setting decision making in the United States: An integrative review. Birth: Issues in Perinatal Care. doi: 10.1111/birt.12640

Why Do Some Mothers Choose a Home VBAC?

- ☛ Many mothers are disappointed with the maternity care they received and the disrespectful treatment they experienced from hospital caregivers.
- ☛ They expected to make informed choices among birth care practices, but instead were told they needed to comply with routine interventions.
- ☛ They had hoped to have a positive relationship with their caregivers but felt unsupported by the staff.
- ☛ They experienced a loss of personal control over the birth process in the hospital.

Why Do Some Mothers Choose Home Birth After a Cesarean (HBAC)?

- ☛ Many mothers feel that respect for their autonomy and choices for birth are only possible at home.
- ☛ Some view birth as an intimate and religious experience.
- ☛ They want to take responsibility and control over their birth.
- ☛ They trust themselves and their ability to give birth.

Holten, L., & de Miranda, E. (2016, July). Women's motivations for having unassisted childbirth or high-risk homebirth: An exploration of the literature on "birthing outside the system." *Midwifery*, 38, 55-62. doi: 10.1016/j.midw.2016.03.010

Why Do Mothers Choose Home VBAC Despite Risk Factors?

- ☞ They believe the intervention-intensive approach to birth is the riskier birth option.
- ☞ A prior hospital birth had a very negative impact.
- ☞ They felt strongly that they would be further traumatized if they returned to the hospital.

Jackson, M. K., Schmied, V., & Dahlen, H. G. (2020). Birthing outside the system: The motivation behind the choice to freebirth or have a homebirth with risk factors in Australia. *BMC Pregnancy and Childbirth*, 20(1), 254. doi: 10.1186/s12884-020-02944-6

Why Do Some Families Choose a Home VBAC?

- ☛ Mothers feel they can establish a relationship with their midwife based on trust and mutual respect.
- ☛ They know they can rely on individualized continuity of care and support for their birth preferences.

Hollander, M., et al. (2019). Addressing a need: Holistic midwifery in the Netherlands; A qualitative analysis. PLoS ONE, 14(7), e0220489. doi: 10.1371/journal.pone.0220489



Why Do Mothers Choose Home VBAC Despite Risk Factors?

“I was respected and treated as a consenting adult with my midwife. I was able to actually have informed conversations and figure out the best options for my care. With my OB appointments during pregnancy I had to fight for even a shred of dignity and respect.”

What Safety Issues are Important When Choosing a Home Birth?



Home Birth is Safer When:

- ☛ Pregnant people are healthy and at low-risk for complications.
- ☛ Midwives are recognized and licensed.
- ☛ Care providers are certified and trained to attend home birth and have the knowledge and experience to manage first-line complications when needed.
- ☛ Care providers carry emergency equipment and supplies.
- ☛ Other qualified and specialty trained maternity care providers are available for consultation or a higher level of care.

Home Birth is Safer When:

- ☞ Hospital staff respects, supports, and cooperates with home birth caregivers when transfer becomes necessary.
- ☞ Hospital staff respects a mother's autonomy and her informed choice for place of birth.
- ☞ All maternity care providers coordinate and share information during pregnancy and birth as needed.
- ☞ Safe, timely, and “seamless” emergency transfer to a hospital is available as needed.

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

Reitsma, A., et al. (2020, April 1). Maternal outcomes and birth interventions among women who begin labour intending to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. eClinicalMedicine, 21. doi: 10.1016/j.eclinm.2020.100319

What Are the Challenges of Planning an HBAC?

Evidence-based information on HBAC is difficult for expectant parents to find. To make an informed choice about place of birth, families need comprehensive information about the benefits and risks of birth settings.



In the United States, coordination of care between midwives, physicians, and hospitals—and clear guidelines for how to safely transfer a mother or baby to a higher level of care—varies from state to state. In some states home birth is illegal.

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

- ☛ Some states only recognize the Certified Nurse Midwives (CNM) or Certified Midwife (CM) credentials.
- ☛ In Virginia, for example, midwives with a certified professional midwife credential (CPM) can attend home births, but are restricted from dispensing potentially life-saving drugs like anti-hemorrhagic medicines, antibiotics, or oxygen.

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

- ☞ Many obstetricians have a very negative attitude towards planned home births.
- ☞ Evidence suggests that obstetricians are unfamiliar with the evidence about home birth care providers and their scope of practice.
- ☞ Their opinions about planned home birth are shaped by misconceptions rather than published evidence.
- ☞ Their distrust of home birth care providers makes it difficult for midwives to obtain support and to collaborate when a higher level of care becomes necessary.

Rainey, E., et al. (2017). Utah obstetricians opinions of planned home birth and conflicting NICE/ACOG guidelines: A qualitative study. *Birth*, 44(2), 137-144. doi: 10.1111/birt.12276

Leone, J., et al. (2016). Obstetrician attitudes, experience, and knowledge of planned home birth: An exploratory study. *Birth*, 43(3), 220-225. <https://pubmed.ncbi.nlm.nih.gov/27004725/>

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- ☞ Medical malpractice insurance providers prevent VBAC-friendly physicians from providing appropriate care to families that choose a home birth.
 - ☞ Some policies require an additional surcharge for those who support VBAC.

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

Health care insurance
does not usually cover
home birth



- ☪ 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—along with their own perinatal mental health—is just as important as access to emergency care when planning a VBAC.

Keedle, H., et al. (2022, January 27). From coercion to respectful care: Women's interactions with health care providers when planning a VBAC. *BMC Pregnancy and Childbirth*, 22. doi: 10.1186/s12884-022-04407-6

Keedle, H., et al. (2020, June 30). Women's experiences of planning a vaginal birth after caesarean in different models of maternity care in Australia. *BMC Pregnancy and Childbirth*, 20. doi: 10.1186/s12884-020-03075-8

Key Points to Review:

- 👂 For many mothers, home may be the only option where they can get maternity care for a VBAC.
- 👂 The safety of a planned home VBAC varies from state to state and is dependent on the collaborative care between physicians, midwives, and hospitals.

A Formal Agreement With a Hospital Is Important for a Planned Home VBAC.

In case you or your baby need to be transferred to a hospital, your caregiver should have a plan in place and an agreement with a hospital to make sure you get the care you need as quickly as possible.



Checklist for Parents

Here are some important questions to ask if you are planning an HBAC:

- ☞ Are you licensed? Certified?
- ☞ What educational background do you have?
- ☞ How long have you been attending home birth?
- ☞ Do you work with other midwives? Physicians?
- ☞ Are there health issues that may come up during pregnancy or labor that may mean I need to be transferred to a physician's care? What are they?

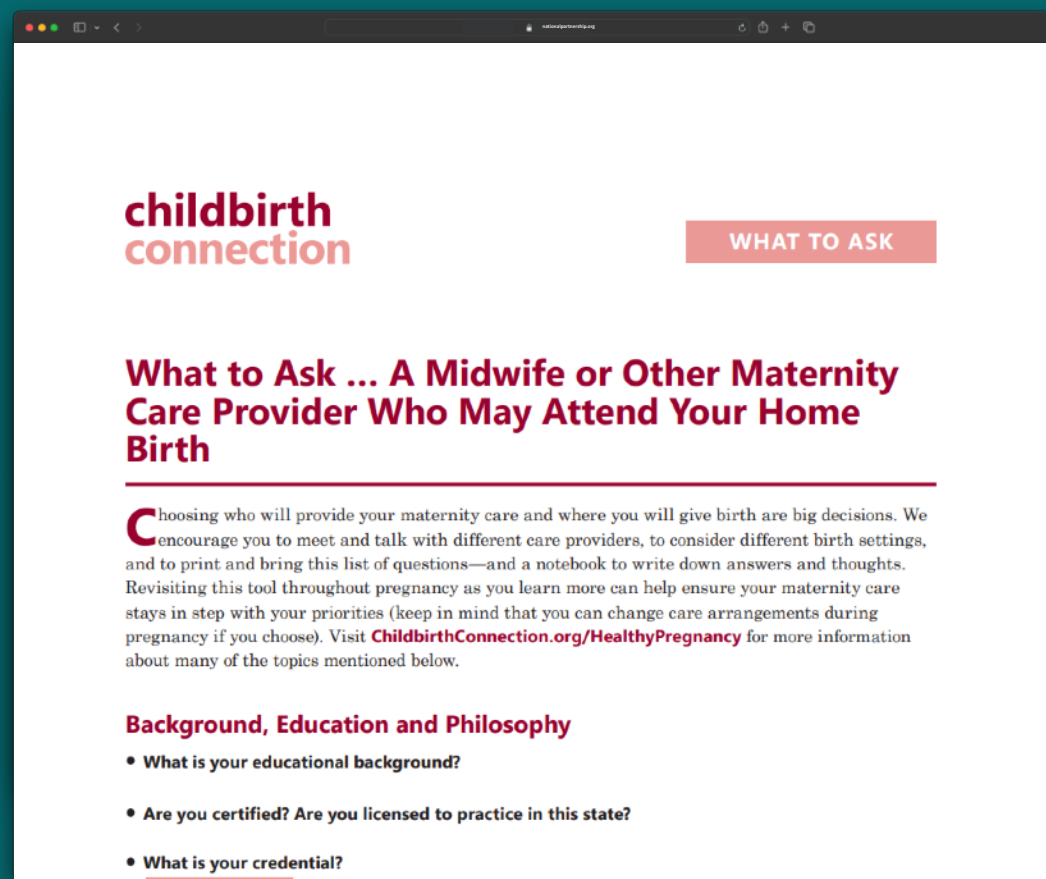
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- How many home VBACs have you attended? What were the outcomes?
 - Do you have a formal agreement with a nearby hospital in case there is a need for transfer?
 - What circumstances would require my baby or I to be transferred to the hospital?
 - How long will it take to get there? Who will go with me?
 - How will my baby and I be cared for until we arrive?

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- 👂 Are you on staff at this hospital? If not, can you still accompany me and stay with me during my care?
 - 👂 Will the staff be ready to care for my baby and I?
 - 👂 Will there be an obstetrician available?
 - 👂 Will there be an operating room and staff available if I need surgery?

Planning a Home VBAC Means Assuming More Responsibility for Your Birth:

- ☛ Get as much information as you can.
- ☛ Choose your caregivers wisely.
- ☛ Have a safety plan in case you need to be transferred to a hospital for care.
- ☛ Rapid access to an emergency cesarean is important in case of complications.

Resources



Childbirth Connection



National Association of Certified Professional Midwives



American College of Nurse Midwives