Consensus Statement: **Vaginal Birth after Caesarean Section**

The New Zealand College of Midwives supports Vaginal birth after caesarean section (VBAC) is a safe option for the majority of women and does not support routine elective repeat caesarean section.

Rationale:

A previous caesarean section is the most common primary indication for repeat caesarean section [1] There are risks and benefits for both elective repeat caesarean section and planned vaginal birth after caesarean section. Repeat caesarean section increases the risk of serious complications in future pregnancies, which include placenta praevia, placenta accreta and hysterectomy [2-8]. Caesarean birth has a significant adverse association with the initiation of early breastfeeding [9]. Evidence is accumulating on the increased risks for the baby of long-term health problems associated with caesarean section. A recent comprehensive retrospective cohort study [10] found that babies born by caesarean section had increased risks of asthma, connective tissue disorders, juvenile arthritis, inflammatory bowel disease, immune deficiencies and leukemia. Midwives have an important role in discussing options for birth with women and supporting VBAC [11, 12].

Practice Notes:

When discussing birth options with women who have had a previous caesarean section midwives should consider the following: [12-14].

- Review the reasons for the primary caesarean birth with the woman and her family, identifying the causes and type of the previous caesarean will assist in determining her birth options.
- Acknowledge the woman's previous caesarean birth and provide options to discuss and work through any issues during pregnancy to support her to move towards a positive birth experience.
- Previous caesarean is an indication for consultation within the Guidelines for Consultation with Obstetric and Related Medical Services [15].
- The number of previous caesarean sections. VBAC is not contraindicated for women who have had more than one previous caesarean section but warrants detailed consideration of reasons for her previous caesareans, plans for assessment during labour and threshold for intervention. This should take place as part of a three way conversation with a specialist.
- Identify the benefits and risks associated with vaginal birth after caesarean and repeat elective caesarean so that the woman is fully informed (see below).
- All discussions and plans for planned VBAC should be clearly documented in the woman's maternity record to ensure all caregivers involved are aware of the discussions and decision making process. The fetal surveillance guideline should be discussed with the woman and a plan for intrapartum fetal monitoring developed with her antenatally [16].

<u>Benefits</u>

- 7 in 10 (70%) of women who plan a VBAC will achieve this [8, 11].
- Following VBAC the woman will experience a faster recovery time with fewer limitations on caring for herself or her baby, enabling women to have a shorter hospital stay.
- Breastfeeding is more likely to be initiated in the first hour following a vaginal birth and this is associated with a longer duration of breastfeeding. [17, 18]

<u>Risks</u>

- 3 in ten women (30%) who plan a VBAC will require an unplanned caesarean section in labour [8, 11].
- Caesarean birth increases the risks of blood clots, bleeding and infection; these are increased

further if the caesarean is unplanned when compared to a planned caesarean[19] .

- The risk of uterine scar rupture is rare with rates varying from 0.2-1.5 per 100 dependent on type and number of previous caesarean sections [5, 13, 19]. Uterine rupture is associated with significant morbidity and mortality.

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Ratification:

This statement was ratified at the NZCOM AGM on 30/07/15

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice. All position statements are regularly reviewed and updated in line with evidence-based practice.