MIDWIVES' ASSOCIATION OF WASHINGTON STATE
POSITION STATEMENT
VAGINAL BIRTH AFTER CESAREAN SECTION

1. POSITION

It is the position of the Midwives' Association of Washington State (MAWS) that appropriately screened women with a history of cesarean section must be able to exercise their right to access safe and satisfying vaginal birth after cesarean (VBAC) options. This conviction stems from a core value of supporting women's choices in childbirth. It is also the position of MAWS that women have the right to competent and evidence-based care in the setting and with the care provider of their choice.

The current cesarean section rate is egregiously incongruent with best practices established by the World Health Organization and the National Institutes of Health (ERQH 2010). The main contribution that midwives can make to the VBAC issue is a reduction in the primary cesarean rate, which obviates future risks of both cesarean surgery and VBAC.

That being said, there is strong evidence to support the relative safety of VBAC for women with one prior low-transverse cesarean section, and indeed a preponderance of evidence that a successful VBAC carries less risk than a repeat cesarean (ACOG 2004). For medical, ethical, and psychosocial reasons, therefore, it is the position of MAWS that every hospital with maternity units maintains the option of VBAC for all women with a history of one prior low-transverse cesarean section. Because of the dwindling availability of VBAC options in the hospital setting, the demand for out-of-hospital VBAC has increased. In an effort to respond responsibly to this growing demand, MAWS has created a Clinical Guideline for VBAC in an Out-of-Hospital Setting.

2. RATIONALE

MAWS supports a woman's right to engage with her care provider in a shared decision-making process that acknowledges that both elective repeat cesarean section and VBAC carry risks for mother and baby, and respects a woman's ability to make an informed choice regarding her childbirth options.

The primary concern with VBAC is the risk of uterine rupture due to the woman's uterus being scarred from previous surgery. In the unlikely event of a uterine rupture, the mother and baby would be safest in a hospital setting with emergency cesarean section capability. This is also the case with other rare obstetrical emergencies, such as cord prolapse and placental abruption. Any client choosing an out-of-hospital VBAC needs to be made aware of the risk of uterine rupture and should understand that, in the event of a uterine rupture, the life of the mother and/or baby would depend on access to prompt medical intervention.

Any midwife offering vaginal birth after cesarean at home should thoroughly evaluate her decision. In addition, MAWS expects the following:

- That the midwife will adhere to the recommendations outlined in the evidence-based MAWS document "Clinical Guideline: VBAC in the Out-of-Hospital Setting"
- That the midwife will engage with her client in a process of shared decision-making as outlined in the MAWS document "Position Statement: Shared Decision Making"
- That the midwife will follow the MAWS document "Indications for Discussion, Consultation, and Transfer of Care in an Out-of-Hospital Midwifery Practice"
- That the midwife will adhere to the recommendations in the MAWS document "Planned Out-of-Hospital Birth Transport Guideline"
- That the midwife will disclose to her clients that liability coverage for out-of-hospital VBAC is not currently available
- That a midwife in advanced practice be present at all VBACs in the home setting

It is our sincere hope that this and other MAWS core documents will lead to increased clarity and understanding between midwives and clients, and facilitate safe outcomes.

3. REFERENCES

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World Health Organization "Appropriate Technology for Birth" The Lancet.1985;ii:436-7.