VAGINAL BIRTH AFTER CESAREAN (VBAC) GUIDELINES

DEFINITIONS

VBAC (VAGINAL BIRTH AFTER A CESAREAN);

HBAC (HOME BIRTH AFTER A CESAREAN);

OOH (OUT OF HOSPITAL);

TOLAC (TRIAL OF LABOR AFTER A CESAREAN).

INTRODUCTION:

THESE GUIDELINES HAVE BEEN CREATED SPECIFICALLY FOR THE MEMBERS OF THE WASHINGTON ALLIANCE FOR RESPONSIBLE MIDWIFERY (WARM), AND THEIR CONSTITUENTS.

THE CONTINUED EPIDEMIC OF THE U.S. CESAREAN RATE, WHICH STANDS AT 32+% (Martin et al., 2017), THE LIMITED AVAILABILITY OF VBAC AS AN OPTION IN MANY WASHINGTON STATE HOSPITALS AND THE RESTRICTIONS PLACED ON WOMEN ATTEMPTING A VBAC IN THE HOSPITAL, PROVIDE WARM WITH AN ETHICAL OBLIGATION TO SUPPORT AND PROTECT OPTIONS FOR THOSE WHO DESIRE AND HAVE THE RIGHT TO CHOOSE WHERE, HOW, AND WITH WHOM THEY CAN HAVE THEIR VBAC DELIVERY.

THESE GUIDELINES WERE CREATED AS A RESPONSE TO CONSUMER DEMAND FOR MORE OUT OF HOSPITAL VBAC OPTIONS. WARM RECOGNIZES THAT OOH VBAC OPTIONS ARE LIMITED TO HOME BIRTH DUE TO THE FACT THAT VBAC IS PROHIBITED IN FREE STANDING, LICENSED BIRTH CENTERS IN WASHINGTON STATE.

STATEMENT:

RCW 18.50 AND THE WAC 246.834 ARE THE GOVERNING LAWS OF LICENSED MIDWIVES IN WASHINGTON STATE WHICH REGULATES THE PRACTICE OF MIDWIFERY.

WARM RECOGNIZES THAT VBAC IS INCLUDED IN THE SCOPE OF PRACTICE OF MIDWIFERY, BOTH NATIONALLY AND INTERNATIONALLY; IS A REQUIRED SKILL FOR BOTH THE MEAC ACCREDITATED EDUCATION AND PEP PROCESS ROUTES TO CERTIFIED PROFESSIONAL MIDWIFERY (CPM) CERTIFICATION REQUIRED BY WASHINGTON STATE LICENSURE STATUTE (NARM, 2017); THOROUGHLY COVERED IN MIDWIFERY TEXTBOOKS (Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015) AND THAT IT IS UP TO THE DISCRETION OF EACH MIDWIFE AS TO WHETHER OR NOT THEY WILL INCLUDE VBAC IN THEIR PRACTICE.

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WARM RECOGNIZES THAT THE STANDARD OF CARE IN THE COMMUNITY OF MIDWIVES VARIES GREATLY FROM AREA TO AREA AS WELL AS FROM CITY TO RURAL PRACTICE. WARM ALSO RECOGNIZES THAT MIDWIVES WILL DIFFER IN CLINICAL JUDGEMENT AS TO WHETHER VBAC IS APPROPRIATE FOR THEM TO OFFER. WARM AGREES WITH OTHER AUTONOMOUS MIDWIFERY ORGANZATIONS (College of Midwives of Manitoba, 2007) AND WE RECOGNIZE THAT THERE ARE ALSO VARIOUS TYPES OF MIDWIVES IN PRACTICE IN THE STATE OF WASHINGTON. THESE GUIDELINES ARE FOR OOH HBAC DELIVERIES AND ARE THE RECOMMENDATION OF THE ORGANIZATION. WARM OFFERS THEIR MEMBERS THESE RECOMMENDATIONS, ADJUSTED AS NEEDED TO FIT THEIR INDIVIDUAL PRACTICE, ESPECIALLY IN AREAS WHERE CERTAIN CRITERIA MAY NOT APPROPRIATELY APPLY.

INFORMED DECISION-MAKING:

THE WASHINGTON ALLIANCE FOR RESPONSIBLE MIDWIFERY (WARM) RECOGNIZES THAT THE RCW 7.70.040 (060) STATES THAT MIDWIVES SHALL PARTICIPATE IN INFORMED DECISION-MAKING WITH CLIENTS AS PART OF RESPONSIBLE CARE.

INFORMED DECISION-MAKING MAY INCLUDE, BUT IS NOT LIMITED TO:

THE NATURE AND CHARACTER OF PROPOSED TREATMENT

ANTICIPATED RESULTS

OPTIONS OF ALTERNATIVE OR ADJUNCT CARE

RISKS, COMPLICATIONS AND BENEFITS OF A REPEAT CESAREAN

RISKS, COMPLICATIONS AND BENEFITS OF HBAC/VBAC

THE SKILL LEVEL, EXPERIENCE, AND KNOWLEDGE OF THE PRACTITIONER

CURRENT RESEARCH AND INFORMATION APPROPRIATE TO VBAC

INFORMING THE CLIENT OF AVAILABILITY OF PROFESSIONAL LIABILITY COVERAGE

DISCUSSION REGARDING THEIR HEALTH INSURANCE COVERAGE FOR HBAC

A SIGNED INFORMED CONSENT FORM ACKNOWLEDGING THAT THE CLIENT UNDERSTANDS ALL OF THE ABOVE, EITHER IN HAND-WRITTEN BY THE CLIENT OR A DOCUMENT DRAWN UP BY THE PRACTITIONER, TO BE INCLUDED IN THEIR CHART.

CANDIDACY CONSIDERATIONS MAY INCLUDE, BUT ARE NOT LIMITED TO:

LENGTH OF TIME SINCE THE PRIOR CESAREAN (Fitzpatrick et al. 2012; Bangal, et al. 2013; Sentilhe et al., 2013)

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A WOMAN WITH MORE THAN ONE PREVIOUS CESAREAN MAY BE CONSIDERED ON A CASE BY CASE BASIS WITH SHARED DECISION-MAKING BETWEEN PRACTITIONER AND CLIENT. (Fitzpatrick et al. 2012; Sentilhe et al., 2013)

HISTORY OF UTERINE RUPTURE (Sentilhe et al., 2013)

LENGTH OF TIME FOR APPROPRIATE TRANSFER IN THE EVENT OF AN EMERGENCY AND POSSIBLE CONSEQUENCES.

POSTPARTUM COMPLICATIONS AFTER CESAREAN

CLIENT DEMONSTRATES APPROPRIATE RESPONSIBILITY FOR SELF-CARE (WARM, 2017) DURING PREGNANCY

OTHER FACTORS OUTLINED IN ATTENDING MIDWIFE'S INDIVIDUAL PRACTICE GUIDELINES REGARDING HBAC CANDIDACY

PRENATAL CARE MAY INCLUDE:

AN ULTRASOUND MAY BE OFFERED TO VISUALIZE THE SCAR TISSUE FOR DEHISCENCE AND/OR PLACENTAL LOCATION, POSSIBLE ACCRETA, THINNING, AND APPROXIMATE SIZE OF THE BABY. (WARM, 2017; Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015

A CONSULT WITH A PHYSICIAN MAY BE OFFERED SO THAT CLIENT IS FULLY INFORMED OF ALL MEDICAL OPINIONS AND RISK FACTORS. (WARM, 2017; Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015)

THE MIDWIFE SHALL FULLY INFORM HER CLIENT OF HER EXPERIENCE, TRAINING, AND EDUCATION LEVEL IN CARING FOR VBAC WOMEN IN OR OUT OF THE HOSPITAL. (WARM, 2017; Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015)

THE MIDWIFE SHALL APPROPRIATELY ASSESS THE OVERALL HEALTH AND WELL BEING OF THE CLIENT FOR CANDIDACY FOR OOH BIRTH, GIVING CONSIDERATION TO THEIR INDIVIDUAL GUIDELINES REGARDING CONSULTATION, REFERRAL, AND TRANSFER OF CARE. (WARM, 2017; Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015)

CLIENT/MIDWIFE SHALL BOTH SIGN AN INFORMED CONSENT PERTAINING TO VBAC IN OOH SETTINGS. (WARM, 2017)

OBTAIN AND REVIEW OPERATIVE REPORT FOR ALL SURGICAL DELIVERIES (WARM, 2017)

LABOR/DELIVERY MAY INCLUDE:

OBSERVANT AND SUPPORTIVE EXPECTANCY, WITH ATTENTION TO NUTRITION AND HYDRATION, AND FOLLOWING THE PRACTITIONER'S OWN GUIDELINES OF CARE. (WARM, 2017, Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015)

PLAN OF CARE MAY INCLUDE, BUT IS NOT LIMITED TO:

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MORE FREQUENT MONITORING IF INDICATED BY FETAL HEART TONES (WARM, 2017, Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015)

ASSESSMENT OF CONTRACTIONS, LABOR PROGRESS, AND/OR MATERNAL VITALS BY ATTENDANTS. (WARM, 2017, Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015)

RECOGNIZE THE SIGNS OF COMPLICATIONS SUCH AS:

CESSATION OF CONTRACTIONS, FETAL BRADYCARDIA OR NON- REASSURING FETAL HEART TONES, MATERNAL TACHYCARDIA, ABDOMINAL PAIN, ABNORMAL BLEEDING, LOSS OF FETAL STATION, MATERNAL HYPOTENSION, CHANGE IN UTERINE TONE/EXTERNAL PALPATION OF FETAL PARTS, MATERNAL COMPLAINT OR FOREBODING INTUTION. (Bangal, et al. 2013; Sentilhe et al., 2013; WARM, 2017, Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015)

POSTPARTUM:

OBSERVANT AND SUPPORTIVE CARE CONTINUED IN THE POSTPARTUM PERIOD, MONITORING FOR POSTPARTUM COMPLICATIONS UNIQUE TO VBAC, INCLUDING BUT NOT LIMITED TO ASYMPTOMATIC UTERINE RUPTURE OR DIHISCENCE. (WARM, 2017; WARM, 2017, Davis, 2012; Frye, 2010; Varney, Kriebs, Gregor, 2015)

PROFESSIONAL CONSIDERATIONS:

THE MAJORITY OF MALPRACTICE CARRIERS IN WASHINGTON DO NOT COVER A MIDWIFE FOR ANY BIRTHS THAT ARE VBAC/HBAC. MIDWIVES SHOULD DISCUSS VBAC/HBAC COVERAGE WITH THEIR MALPRACTICE INSURER.

VBAC/HBAC MAY HAVE SPECIAL EXCLUSIONS UNDER PERSONAL HEALTH INSURANCE POLICIES AND FOR MIDWIFERY CARE. MIDWIVES AND CLIENTS SHOULD DISCUSS THE IMPLICATIONS OF COVERAGE FOR HBAC.

WARM SUPPORT STATEMENTS:

WARM SUPPORTS CHANGES IN BIRTH CENTER LEGISLATION TO ALLOW MIDWIFERY CARE FOR VBAC IN THE BIRTH CENTER ENVIRONMENT IN WASHINGTON STATE.

WARM SUPPORTS INSURANCE COVERAGE FOR VBAC INCLUDING LOW INCOME MOTHERS AND THOSE MOTHERS QUALIFYING FOR INSURANCE THROUGH WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES.

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