

Section: **Professional Practice**

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Subject: **Vaginal Birth After Cesarean (VBAC)**

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INTRODUCTION

It is the responsibility of the registered midwife to facilitate informed choice discussion with the client regarding the benefits and risks of a planned VBAC versus an elective repeat cesarean section (ERCS). The informed choice discussion includes the context of the client's community setting and whether supports for planned VBAC or ERCS are available. The registered midwife practices according to contemporary best practice evidence and will determine if consultation is required.

CONTRAINDICATIONS TO PLANNED VBAC

- Previous transfundal uterine incision
- Previous uterine rupture or dehiscence
- Previous hysterotomy or myomectomy
- Presence of a contraindication to labour or vaginal birth

CHOICE OF BIRTHPLACE

Clients planning for a VBAC may be interested in out of hospital birth. This is a situation that requires special consideration. Thorough informed choice discussions shall include but are not limited to client choice, assessment of risk, and care plans that reflect community accessibility to the nearest obstetrical emergency care facility. The location of birth will be determined on a case by case basis and will be thoroughly documented.

Certain contraindications exist when planning an out of hospital VBAC. These include but are not limited to:

- Presence of a contraindication to labour or vaginal birth
- Any pre-existing contraindication to out of hospital birth, as listed on the *SCM Planned Out of Hospital Birth* policy
- Inter delivery interval under 18 months
- More than one lower segment CS
- History of CS at or before 26 weeks gestation unless with a documented lower segment uterine incision