

vbac

**VAGINAL BIRTH
AFTER CESAREAN**

Debating and learning about safe VBAC



Discovery article... 20 April 2019

- **The C-section rate among Discovery members is now up to three times higher than at American celebrity hospitals - here's why**

Helena Wasserman , Business Insider SA

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- Some 74% of babies delivered to Discovery medical scheme members are now born via C-sections.
- This is out of whack with C-section rates across the world - even much higher than in celebrity US maternity wards.
- SA doctors fear legal claims, which are blamed for the high C-section rate



Discovery article...



Discovery
Health Medical Scheme

CAESAREAN BIRTHS

28 326 (74%)

R1.2 bn

3.75

R43 226

deliveries

paid for births

in hospital on average (days)

average cost per delivery

NATURAL BIRTHS

9 698 (26%)

R238 mil

2.64

R24 568



Discovery article...



- Discovery's rate of Caesarean births has now reached 74% - which is almost three times the South Africa public hospital average of 26%. It is also completely out of whack with some of the richest countries in the world: the Netherlands has a C-section rate of only 16%, with Sweden at 18%, France at 21%, Spain at 25%, the UK at 26%, and Germany at 30%.
- Increasingly, C-sections seem to be a go-to option among medical-scheme members even in low-risk, non-emergency deliveries - leading to the inevitable (and misplaced) criticism that mothers are becoming "too posh to push". Still, even among the poshest celebrity hospitals in the world, the Discovery rate of 74% is extremely high.



What's happening in SA Birth?

“The practitioner is the person who is expected to know what to do, how to do it, when to do it ... and in today's world, if he (or she) fails to do it right, his entire life can be ruined. The practitioner is expected to “save” every baby and every mother. This is an impossible task! With the advent of more and more technology aimed at saving more and more mothers and babies, and the legal pressure intensifying, practitioners internalize this pressure. The cesarean is the easy escape route for their fears. Almost no one is sued for doing an unnecessary cesarean! Most certainly, however, there have been countless suits for the failure to perform a timely one. There is a silent voice screaming within, “Is the baby still alive?” And so, things get prodded and pushed, interfered with and taken over. The little voice continues, “The natural process cannot be trusted to save every baby. And I have to save every baby!” Is there any wonder why the cesarean rate has risen?”



ACOG.....Who they are



“The American College of Obstetricians and Gynecologists (ACOG), a 501(c)(3) organization, is the nation’s leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization of more than 58,000 members, ACOG strongly advocates for quality women’s health care, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women’s health care”



ACOG regulations on VBAC

“VBAC is a reasonable choice” 2017



- “Physicians and hospitals who support VBAC choose to do so voluntarily.”
- “It is important for mothers to become familiar with ACOG’s guidelines”
- “Care providers are required to educate mothers about the benefits and risks of VBAC and elective repeat cesarean.”
- “Mothers have the right to accept or refuse the physician’s recommendations”
- “Many mothers today are still told they can’t labor for a VBAC if they are past-due, if their baby is “too big,” or if they have had two prior cesareans. However, ACOG’s guidelines support VBAC in those situations. The College recommends that “...individual circumstances must be considered in all cases.” Ultimately, it is the mother’s choice.”

<https://www.acog.org/-/media/ACOG-Today/acogToday0810.ashx>



SANC regulations on VBAC

CHAPTER 2

REGULATION 2488

CONDITIONS UNDER WHICH A REGISTERED MIDWIFE MAY CARRY ON HIS PROFESSION

Labour

7. (1) A registered midwife in attendance upon a patient in labour shall not leave the patient without giving an address at which he can be reached without delay.

(2) When the second stage of labour is imminent the registered midwife shall stay with the patient till after the birth of the child and for as long thereafter as the condition of the patient or the child may demand: Provided that he shall stay with the patient for at least one hour after the expulsion of the placenta and membranes.

(3) A registered midwife shall, in a case of postpartum hemorrhage when a medical practitioner is not available or pending the arrival of a medical practitioner, administer not more than 10 units of oxytocin at a time by intramuscular injection, but the administration may be repeated at intervals if and when necessary.

(4) An internal examination shall not be carried out by a registered midwife in the case of vaginal hemorrhage.

(5) An episiotomy may be performed by a registered midwife to prevent a severe tear of the perineum or complications relating to the child, provided the head is on the perineum.



SANC regulations on VBAC

- CHAPTER 3 - THE SCOPE OF PRACTICE OF A REGISTERED BASIC MIDWIFE

- **COMPETENCIES FOR MIDWIFE SPECIALIST**

- 1. NATURE OF SPECIALISATION

- A Midwife Specialist is a registered Professional Nurse and Midwife who has advanced expertise in Midwifery, hold an additional qualification in Midwifery and is registered as such with the South African Nursing Council. Midwife Specialists act as leaders, clinical specialists, consultants, managers, researchers, change agents, advocates and educators in Midwifery including Neonatal Care, and give direction at Local, National, Regional, and International Levels.
- Midwifery is a specialized field with a focus on expanded roles and competencies to improve:
 - Maternal health;
 - Reproductive health (including genetic counselling); and
 - Neonatal/child health.





The risks of VBAC

- VBAC - **uterine rupture** can occur in labor, but it occasionally becomes evident immediately postpartum. The risk of uterine rupture after **one** previous cesarean section varies in different studies from 0.2 percent to as high as 1.5 percent. Several of the studies show a clustering around 0.4-0.8 percent.
- VBA2C - women with **two** previous cesareans have a three- to five-fold greater risk (between 1.7 and 3.7 percent of all labors) of uterine rupture than women with one previous cesarean.
- more frequently with uterine rupture: prostaglandin cervical ripening, Cytotec/misoprostol ripening, induction of labor, use of Pitocin, failure to progress, forceps/vacuum, and epidurals.



The benefits of VBAC



- There's a good chance that you may succeed
- Doesn't require surgery
- Less blood loss
- Faster recovery
- Reduced chance of infection
- You are not likely to suffer injury to your bladder or bowel
- You will be likely to have fewer problems with future childbirth

<https://www.webmd.com/baby/vaginal-birth-after-c-section>



Safe practice for Midwives

- Learn about the physical and psychological differences in a woman with a previous cesarean.
- Define the comfort zone of the practitioner to attend VBACs.
- Develop a VBAC practice protocol that reflects the midwife's knowledge/comfort and access to emergency/surgical services in labor.
- Engage in detailed informed consent with the client.
- Perform an ultrasound early in the third trimester to rule out a placenta that is overlying the previous scar.
- Know 1) the transport time to the nearest hospital with emergency c-section capabilities, and 2) the time for that hospital to initiate emergency surgery (range from less than 10 minutes to 60 minutes depending on the size and resources of the particular institution and its responsiveness to the midwife's call ahead). A regional trauma center often will have the most rapid response after hitting the ER door.
- Decide in advance if your VBAC protocol is negotiable or not.



Know your client....

- Physical indicators
 - history including records of C/Section
 - clinical profile
 - ultrasound
- Emotional indicators - healing birth
 - lack of choice
 - VBAC fathers
- Psychological indicators
 - fears – own enemy
 - empowerment
 - I'm not broken!



Know your enemy...

- FEAR
 - your client's fear
 - family/partner's fear
 - your own fears
- UNEDUCATION
 - dr's choice due to schedules, theatre times etc
 - lack of support
 - STORIES!



Now we know...



“Women pregnant, after a previous cesarean section have special needs and concerns that are social, psychological and clinical. The skillful midwife uses all of her talents—intellect, interpersonal communication, intuition and judgment—to nurture, protect and empower the pregnant women in her care.”



Midwife tips... ante natal

- Get the records, get the FULL story
- Educate with facts and passion (demonstrate if you must)
- Address the fear (own defeating patterns)
- Work with the VBAC dad, he might be the stressor
- Listen carefully. Mostly things are said without words
- Be honest! If you have a gut-feeling...don't do it!
- Identify the psychological hurdle (5cm)
- Privacy and quiet are a must (the VBAC is high priority because this woman's whole obstetrical future rides on its success)
- Art therapy (Birth caves)
- VBAC's have longer appointments



Midwife tips.... birth



- In my practice, no one gets induced in any way or gets pain medication. This policy is very important for all women but especially for VBAC women.
- I believe that VBAC women have longer, gentler births because Nature is compensating for the scar.
- We are especially careful with the birth of the placenta in a VBAC because there is a slightly increased chance that the placenta might be adhered to the scar, and we do not want to have a uterine prolapse caused by pulling.



Midwife tips.... postpartum



- VBAC women need to be told that they can walk upright 😊
- The complaints are very few, because they are comparing to post-surgery pain and any minor scrapes and bruises seem like nothing.
- Take note of the unsaid....
- These women and men send us more clients than anyone else!!
- VBAC is an amazing experience for the birth attendants as well as the family.



“To trust the process of birth, one must first trust the process of life. Those who find their path through labor and birth usually have already begun to cling to a life that is based on the idea of a spiritual journey. For it is within the safety ... of God, of the Universe, of that force that has no name...that we come to trust our bodies, our lives, our babies and our births”

vpac

**very
BRAVE**

and

COURAGEOUS



Reference

- <https://midwiferytoday.com/product/midwifery-today-issue-057-2001/>
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- <http://www.sanc.co.za/pdf/Competencies/SANC%20Competencies-Midwife%20Specialist%202014-05.pdf>

