Planning a VBAC: how to choose the right birthplace?

THE OSFQ WANTS EVERY WOMAN AND HER FAMILY TO BE ABLE TO CHOOSE THE PLACE OF BIRTH THAT MEETS HER NEEDS AND RESPECTS HER VALUES.

SPECIFICALLY, THIS GUIDE IS USED TO :

- **Inform about the possible options for a trial of labor after a caesarean section (TOLAC) with a midwife in Quebec**
- **Stimulate reflection and encourage discussion with your midwife**

The mother is at the heart of this decision-making process, since her interests are inseparable from those of her unborn child. This guide contains information to help her think through her pregnancy..

The data used in this guide comes from Canadian studies and other similar studies from England, New Zealand and the Netherlands, where midwifery practice is comparable to Quebec practice. These studies include low-risk women who have had a Caesarean section.

It has been shown that when midwifery services are well integrated into the health system, the safety of childbirth outside a hospital center is comparable to that of childbirth in a hospital center.

EXPLORE YOUR OPTIONS

What are my chances of having a successful vaginal birth after a cesarean section (VBAC)?

The chances of having a VBAC increase if...

- You are motivated
- You trust your midwife or doctor
- You have had a vaginal birth before
- Labor starts spontaneaously
- Labor starts before before 40 weeks

The chances of having a VBAC decrease if...

- You have had more than one cesarean section[1]
- Your baby's weight is estimated to be over 4000g
- You are overweight (BMI ≥30)
- You are 35 years old or more
- There was an indication of labor dystocia or cephalopelvic dispro-portion during the last cesarean section
- Labor starts after 40 weeks

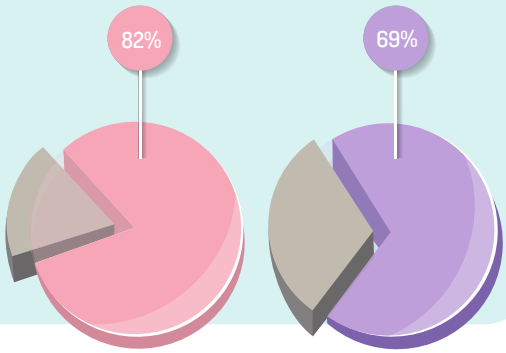
WHAT ARE THE ODDS THAT I WILL GIVE BIRTH WHERE I PLANNED?

According to statistics, for all women who experience a second childbirth, including those with a previous caesarean, more than 80% will give birth where they had planned.

We also know that the odds of a successful VBAC are increased by 13% when the birth takes place out of the hospital.[2]

(VBAC completed out of hospital 82% vs 69% in hospital.)

From a preventive perspective, women attempting TOLAC are exposed to a higher probability of experiencing a transfer of care.



1 Tahseen S, Griffiths M. Vaginal birth after two caesarean sections (VBAC-2)—a systematic review with meta-analysis of success rate and adverse outcomes of VBAC-2 versus VBAC-1 and repeat (third) caesarean sections. BJOG 2010;117:5–19.

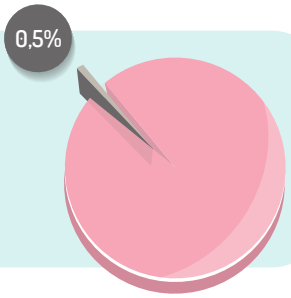
2 Institut national d'ex cellence en santé et en services sociaux (INESSS). Sécurité du lieu et conditions de succès de l'accouchement vaginal après une césarienne. Rapport rédigé par Brigitte Côté, Alicia Framarin, Stéphanie Roberge et Josée-France Villemure. Québec, Qc : INESSS; 2019. 139 p.

What are the risks of uterine rupture during a vaginal labor trial?

WHAT IS UTERINE RUPTURE?

It is a spontaneous tear of the uterus that occurs during labor, at the level of the scar of the previous cesarean section. This is a serious event which requires urgent surgery.

The rate of uterine rupture during ETAC is between 0.3 and 0.5%.



WHAT ARE THE FACTORS THAT INCREASE THE RISK OF RUPTURE?

The risk of uterine rupture is increased if you have had:

- a cesarean section less than 12 to 18 months ago
- a crossed out plan as a technique for closing the uterus (this information is available in the operating protocol)
- induction of labor by pharmacological means
- dystocia during labor
- more than one caesarean section[4]

To be noted :

- the presence of one of these factors does not constitute a contraindication for TOLAC, but increases the risk of uterine rupture.
- some studies suggest that the measurement of the lower segment of the uterus (by ultrasound, during pregnancy) can help assess the risk of uterine rupture and that it would be promising data. In Quebec, the PRISMA trial focuses on this measure. You can discuss this with your midwife.
- This measure is not available in all regions of Quebec and is not a mandatory criteria for TOLAC, regardless of the birthplace chosen.
- A Quebec study concluded that when the probability of a successful VBAC is at least 70%, no increase in morbidity (complications) is observed following an TOLAC, whether ifor the mother or the newborn. [3]
  To estimate your probability: (https://mfmunetwork.bsc.gwu.edu/web/mfmunetwork/vaginal-birth-after-cesarean-calculator)

Just as well hydrate, eat, be accompanied by significant people, the continuous and individualized presence throughout the labor as well as a rigorous monitoring of the evolution of work and well-being of the mother and baby can help decrease the risk of uterine rupture.

WHAT ARE THE CONSEQUENCES OF A UTERINE RUPTURE?

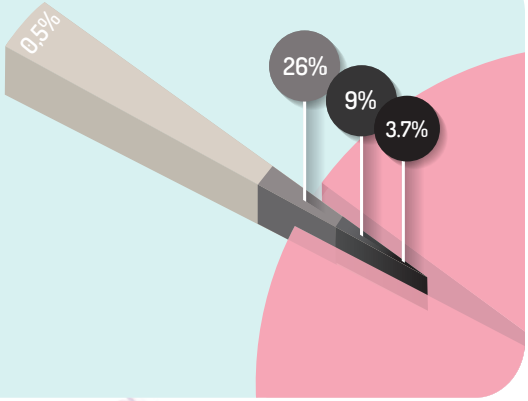
Although most mothers and babies will make a full recovery, uterine rupture can pose a greater risk of complications.

For the mother

- Increased risk of hemorrhage (excessive bleeding), hysterectomy (removal of the uterus) and lesions during surgery (such as injuries to the bowel or bladder)

For the baby

- 26,3 % of newborns will experience neonatal asphyxia
- 3,7 à 9% of newborns will not survive



According to experts, it is important to have access to the surgery within a maximum of 30 minutes to maximize the chances of survival and well-being of the child. It has been shown that an 18 to 30 minute delay between uterine rupture and the birth of the baby significantly reduces the risk of complications for the mother, but especially for the baby.

3 Chaillet N, Bujold E, Dubé E, Grobman WA, Validation of a Prediction Model for Predicting the Probability of Morbidity Related to a Trial of Labour in Quebec, J Obstet Gynaecol Can 2012;34(9):820–825.

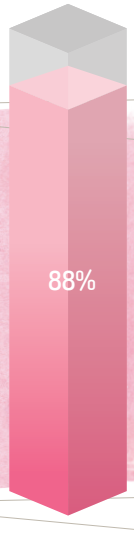
ADVANTAGES AND DISADVANTAGES OF GIVING BIRTH OUTSIDE A HOSPITAL CENTER (CH) DURING A TOLAC

	Outside CH	CH
Avantages	• Increased chances of completing VBAC • Feelings of autonomy and intimacy increased • Respect of women's right to choose birthplace • Access to the support of more significant people	• Proximity to the operative room (OR) in case of suspected uterine rupture • Access to a greater number of health professionnals to intervene quickly
Disadvantages	• Potential increase in delays for access to emergency cesarean section in case of suspicion (possibility) of rupture • Increased risk of preventive transfer	• Increased risk of interventions during labor

WHAT IS THE PREFERRED METHOD FOR FETAL MONITORING DURING LABOR?

Since midwives consider TOLAC to be a normal labor, you have two options for monitoring your baby's heart: intermittent auscultation (IA) and electronic fetal monitoring (EFM).
Note: There is no consensus in the literature that can state, beyond a reasonable doubt, that one method is better than the other.

The fetal heart anomaly is a predictor of uterine rupture since 88% of ruptures would be preceded by fetal heart rate decelerations. Also, not all fetal heart abnormalities will lead to uterine rupture.



During TOLAC	AI	EFM
Avantages	• Recommended method for low-risk births • Expertise of midwives • Reduces the risk of unnecessary interventions during labor	• Recommended by obstetrician gynecologic experts for TOLAC because it can detect abnormalities of the fetal heart more precisely
Disadvantages	• Does not identify the type of fetal heart abnormality	• Increases interventions and risk of repeted caesarean section during labor • Often available in hospital only • Limits mobility during labor

Questions to stimulate discussion with your midwife

IMPORTANT QUESTIONS TO CONSIDER

- What motivates my choice to attempt a VBAC? Why with a midwife?
- Do the significant people around me agree with my choices? What is the real impact of their opinion on me?
- Am I aware that a TOLAC for the purpose of completing a VBAC does not guarantee that my project will take place as I planned?
- In the eventuality of a transfer of care to a hospital center, is it possible to estimate the time between the decision to transfer and access to cesarean?
- How are obstetric services organized in my area?
- Do the advantages and benefits of a non-CH TOLAC outweigh the risks associated with a uterine rupture?

ATTENTION !

Remember that any question is important. This information document may raise questions on your part. Do not hesitate to talk to your midwife about it. Midwives take enough time during meetings to allow meaningful discussions and answer your questions.

"Midwives want every woman to be listened to, understood and supported throughout her journey through pregnancy, childbirth and parenthood. [4]

Thoughts / Questions for my midwife

4 (Liberté de choix et encadrement professionnel, OSFQ, 2019)

What are the values that guide my decisions?

The purpose of this exercise is to allow you to target the values that are priority for you.
You can then identify the birthplace that you think matches each one.

On a scale of 1 to 5, (5 being the highest rating):

Values	**Importance** 0 to 5	Values	**Importance** 0 to 5	Values	**Importance** 0 t 5
Accomplishment		Family		Health	
Autonomy / Freedom		Faith / Spirituality		Sécurity	
Communication		Harmony / Affinity		other:	
Trust		Integrity / Authenticity			
Comfort / Well-being		Justice			
Consciousness		Patience / Take the time			
Control		Personal achievement			
Convergence		Respect			
Ecology / Environment		Accountability			

• Associate each value with the place that you think is in harmony with that value. (The same value can correspond to different places).
• Add the different elements that are important to you in your decision-making process.

	Reasons for choosing this option Benefits / Advantages / Values	**Importance** 0 to 5	Reasons for choosing this option Benefits / Advantages / Values	**Importance** 0 to 5
Home				
Birth center (if applicable)				
Hospital Center				
Which option seems to match your values?				

Useful resources

- Groupe consultatif d'experts sur le choix du lieu d'accouchement. Association of Ontario Midwives. Ligne directrice relative à la discussion sur le choix du lieu d'accouchement. 2016.
- Association of Ontario Midwives. Vaginal Birth after Previous Low-Segment Caesarean Section. 2021; (Clinical Practice Guideline No. 14)
- Institut national d'excellence en santé et en services sociaux (INESSS). Sécurité du lieu et conditions de succès de l'accouchement vaginal après une césarienne. Rapport rédigé par Brigitte Côté, Alicia Framarin, Stéphanie Roberge et Josée-France Villemure. Québec, Qc : INESSS; 2019. 139 p.
- Guide de lecture de l'avis de l'INESSS sur la Sécurité du lieu et conditions de succès de l'accouchement vaginal après une césarienne (AVAC) - Position de l'OSFQ 2019.
- Hutton EK, Reitsma AH, Kaufman K. Outcomes associated with planned home and planned hospital births in low-risk women attended by midwives in Ontario, Canada, 2003-2006: a retrospective cohort study. Birth. 2009 sep;36(3):180–9.
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- LEGAULT, G.-A. Professionnalisme et délibération éthique, Sainte-Foy, PUQ, 290. p., 2003
- Guide personnel d'aide à la decision (Ottawa) 2015 O'Connor, Stacey, Jacobsen. Institut de recherche de l'Hôpital d'Ottawa & Université d'Ottawa, Canada. https://decisionaid.ohri.ca/francais/docs/GPDO.pdf
- Tahseen S, Griffiths M. Vaginal birth after two caesarean sections (VBAC-2)—a systematic review with meta-analysis of success rate and adverse outcomes of VBAC-2 versus VBAC-1 and repeat (third) caesarean sections. BJOG 2010;117:5–19.

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