

## **VARIATION OF NORMAL: VBAC (VAGINAL BIRTH AFTER CESAREAN)**

- Flamm study - 1994
  - 7,229 patients 5,022 had TOL (Trial of Labor, i.e., attempted VBAC)
  - 75% VBAC success (of 5,022 patients with TOL, 3,746 had VBACs)
  - Rupture rate: .8% (39 of 5,022)
  - Hysterectomy due to rupture rate: .06% (3 of 5,022)
  - No maternal or perinatal deaths
  - Women who underwent a TOL had shorter hospital length of stay, lower rates of transfusion, lower rates of postpartum fever
  - Women who had an Emergency Repeat Cesarean Section (ERCS) experienced a lower percentage of 5 minute Apgars of less than 7
  - Flamm concludes that uterine rupture occurs in .5% - .8% of all TOL
- Recent studies show a higher rupture rate, primarily with use of prostaglandins
  - This led to American College of Obstetricians and Gynecologists, the professional trade union for Ob/Gyns, recommending more restrictive protocols for VBAC, though they loosened the restrictions again in 2010.
  - Practitioners in our country have become less supportive of VBAC due to the political and litigation risks.
- This backpedaling from VBAC was predicted in *Cesarean Birth: Culture at Risk*, written in 1984 (Peterson and Mehl, p. 389)

"This chapter would not be complete without paying respect to the factor of self-selection prominent in much of the current VBAC population. As with home birth in the early 1970s, women are self-selected who are highly motivated for birth. Whatever their personal reasons, at this time (1984) it is mostly the women believing they can have a vaginal birth who request or search for VBAC. Consequently the success rate is very favorable, as with the early home birth population. As VBAC becomes more commonplace, the rate of successful vaginal delivery will no doubt decrease, and a rise (hopefully mild) in complications will be noted by the medical profession - hence suggesting a return to repeat cesareans, due to the statistically reported dangers which will no doubt occur in the future as this natural self-selection diminishes. This was the case with home deliveries. Some medical professionals pounced upon the rise in complications in home settings, as home birth practitioners no longer enjoyed the natural self-selection which had been so protective previously."