



POSITION STATEMENT

VAGINAL BIRTH AFTER CESAREAN DELIVERY

The American College of Nurse-Midwives (ACNM) strongly supports the practice of vaginal birth after cesarean (VBAC) for women who are appropriately selected, counseled and managed. This position is consistent with current research which reports that successful VBAC results in significant benefits and fewer risks for women and infants than repeat cesarean delivery.

Midwives are qualified to manage care during pregnancy, labor and birth for a woman planning a vaginal birth after cesarean if appropriate arrangements for medical consultation and emergency care are in place. Labor support and the care offered by midwives increase the chances of a successful vaginal birth after cesarean section and lower cesarean rates in general.

Rupture of the uterus is the major risk for women laboring after a prior cesarean section. The incidence ranges from 0.4 – 1.2%. The incidence of uterine rupture in women laboring after prior cesarean is similar to other sudden obstetric emergencies such as placental abruption, cord prolapse and unexplained severe fetal heart rate decelerations. The occurrence of this rare but potentially catastrophic event is minimized with appropriate patient selection and labor management.

Care of the woman who desires a vaginal birth after a cesarean section should include informed consent as well as heightened surveillance of fetal heart rate patterns according to established high-risk criteria in labor. Well established and ongoing communication between midwifery and obstetric providers to facilitate transfer of care and surgical intervention is essential to promoting optimal outcomes.

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* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse Midwives Certification Council, Inc. (ACC).

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