

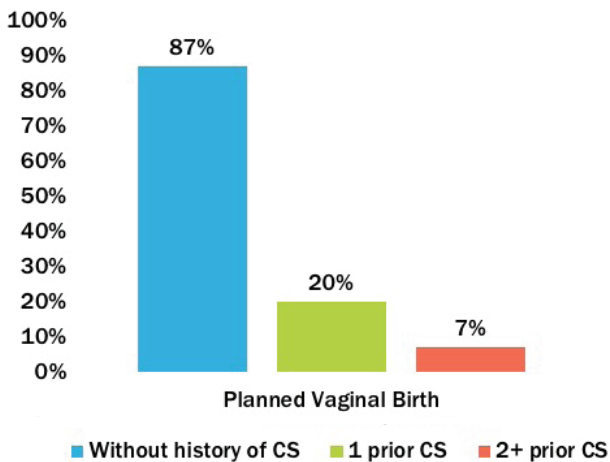
# VBAC Community Birth – Choosing Place and Provider

## Deciding where to birth, home or freestanding birth center (known as community birth) or in hospital, is a profoundly personal decision for people with a history of cesarean.

We hear a lot about evaluating personal risk, but some of the biggest impacts on outcomes are not about you personally. The location and provider seem to have a much larger influence on VBAC odds and outcomes than individual factors.

### Location, Location, Location

MacDorman and Declercq found that in the US, home birth, especially planned home birth, dramatically increases the chance of having a VBAC over hospital or birth center births.<sup>1</sup> Other researchers have also found that VBAC is far more likely to happen in community births at home or in birth centers, with rates between 60-95%.<sup>2,3,4,5,6,7</sup> As a comparison, the US national VBAC rate is only 70.4%<sup>8</sup> and that's among those who have access to VBAC supportive providers and hospitals.



When we look at all birthing people with a prior cesarean in the US, only 13.3% have a VBAC.<sup>9</sup> Most people - 87% - without a history of cesarean plan for vaginal birth, but only 20% of people with one prior cesarean labor after a cesarean (LAC).<sup>8</sup> That drops even further to 7% after two or more cesareans.<sup>8</sup> Further, many hospitals in the United States have very restrictive VBAC policies or outright ban VBAC<sup>10</sup>, making hospital VBAC impossible to access which is why some plan community VBACs.

One of the most striking examples of VBAC supportive community birth is a midwife/physician collaborative birth center in Wisconsin, which offers labor after cesarean to all clients with a history of low-transverse cesarean.<sup>6</sup> They have a VBAC rate of 95%, with good outcomes despite a population with many risk factors.

For black, brown, and immigrant parents, location matters even more; they are generally less likely to have a VBAC in the hospital than white parents.<sup>11,12</sup> This is most likely due to generations long socio-cultural factors such as communication with providers and fear.<sup>12</sup>

### Transfers to the (Big) Hospital

When people plan a community birth VBAC, they do transfer to the hospital more often than people without a history of cesarean.<sup>2,7</sup> Most of these transfers are for long labors, and over 40% of the people who transfer during labor do birth vaginally.<sup>2</sup>

**MOST OF THESE TRANSFERS ARE FOR LONG LABORS, AND OVER 40% OF THE PEOPLE WHO TRANSFER DURING LABOR DO BIRTH VAGINALLY.**

It is important to remember that the leading risk factor in community LACs is the distance from an operating room. This is true for anyone planning to deliver at home, birth center, or a smaller hospital that does not have the staff and equipment always available for emergency surgery. People choosing community VBAC should know that there does appear to be an increased risk to parent and baby if uterine rupture occurs, but that the rate remains relatively low (0.19% - 0.38%).<sup>5</sup>

### Providers Roles

Many studies tell us that provider's feelings, ideas, and cultural approaches to VBAC may have the most substantial effect on outcomes.<sup>6,13,14,15</sup> Continuous support, calm providers, clinically and psychologically safe environments, and freedom of movement all encourage more VBACs.<sup>15</sup> These are a hallmark of community midwifery care.

There are some ways midwives can increase safety for community LACs. They can ensure that people with a history of cesarean are offered an ultrasound to rule out accreta and previa. They can screen for additional

conditions that may complicate the birth. And, they can frequently monitor the fetal heart during labor based on best practice evidence.<sup>15</sup> Improving patient outcomes for community birth also relies on hospitals improving protocols to prevent parent death.<sup>16,17,18</sup>

**A 2019 REVIEW CALLS FOR BETTER COLLABORATION BETWEEN MIDWIVES AND HOSPITAL BASED PROVIDERS AND POINTS OUT THAT IN LOCATIONS WHERE HOME, BIRTH CENTER, AND HOSPITAL CARE IS INTEGRATED, LAC OUTCOMES ARE BETTER IN ALL SETTINGS.**

## Collaboration

A 2019 review calls for better collaboration between midwives and hospital based providers and points out that in locations where home, birth center, and hospital care is integrated, LAC outcomes are better in all settings.<sup>19</sup> In the US, midwifery laws differ from state to state, affecting what the midwife can and cannot do, which makes best practices difficult. This is especially

true in places where community midwifery is illegal, or where the medical culture looks poorly on community midwifery. In areas where there is a collaborative culture, LACs are safer.

## Conclusions

ACOG recommends all LACs happen in a hospital, “because of the unpredictability of complications requiring emergency medical care.”<sup>20</sup> Yet, all hospitals are not the same. Research has shown that hospital VBAC bans and hospital policies that make VBAC difficult to attain encourage people to choose different birthing places.<sup>21</sup> Planned community LAC with a midwife dramatically increases the chance of a VBAC, which is known to reduce overall risks, especially for brown and black parents.

Talk with your midwife about their practice guidelines, their collaborative care with the local medical community, legal restrictions on care, and distance and time to emergency surgery for the rare need. See our online course for birthing families, “The Truth about VBAC for Families” at [vbacfacts.com/courses](http://vbacfacts.com/courses), to help you navigate these conversations and our handout “VBAC Community Birth – What Do We Know About Risk.” These decisions are not simple, and only you know whether community birth is the best choice for your LAC.

## RESOURCES:

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DISCLAIMER: This handout is for informational reference only and is not meant to give specific medical advice. Talk with your care provider about all of your medical decisions.