





Accreta also means a more complex medical response than uterine rupture—requiring a more complicated cesarean delivery, a variety of subspecialties and an ample blood bank.<sup>7</sup>

Many hospitals are not equipped to manage an accreta.<sup>7</sup> This includes some hospitals with VBAC bans that won't "allow" VBAC and require repeat cesareans, increasing the risk of accreta in that community.

This isn't to minimize the risks associated with uterine rupture; it is merely meant to put into perspective the false idea that "only VBAC carries serious risk."

Across the country parents are advised to have a repeat cesarean based solely on the risk of uterine rupture, even though VBAC is described as safe and reasonable by the American College of Obstetricians & Gynecologists (ACOG).<sup>8</sup> Many of these parents never hear about the risks of having more cesareans.

Indeed, only 14% of women in the United States with one prior cesarean have a VBAC<sup>9</sup> even though "most" are candidates for VBAC per ACOG.

Our poll also found that over 60% of women heard the word accreta for the first time when they were diagnosed with it. These women were not given the opportunity to make an informed decision about VBAC and repeat cesarean because the risks of cesareans were withheld from them.

You have the right to know what a repeat cesarean means to you in the long run. This is especially true if you want more children. What may seem like a routine cesarean could result in an accreta in your next pregnancy. Even if you don't want more children, 45% of pregnancies in the United States are unintended<sup>10</sup>, so you need to be aware of this connection when you are making decisions about how to give birth.

This is one of the many reasons why the American College of OBGYNs and the National Institutes of Health describe VBAC as a safe, reasonable, and appropriate option for most women and encourage birthing parents to have access to VBAC.<sup>3,8</sup>

### **Want to learn more?**

Download our free checklist outlining the 5 key steps every parent planning a VBAC should take at <http://vbacfacts.com/checklist>.

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#### RESOURCES:

1. American College of Obstetricians and Gynecologists. (2018). Placenta accreta spectrum number 7 (replaces committee opinion no. 529, July 2012). *Obstetrics & Gynecology*, e259-e275.
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5. Eshkoli, T., Weintraub, A., Sergienko, R., & Sheiner, E. (2013). Placenta accreta: risk factors, perinatal outcomes, and consequences for subsequent births. *American Journal of Obstetrics & Gynecology*, 208, 219.e1-7.
6. Barger, M. K., Nannini, A., Weiss, et al. (2012). Severe maternal and perinatal outcomes from uterine rupture among women at term with a trial of labor. *Journal of Perinatology*, 32, 837-843.
7. Heller, D. S. (2013). Placenta accreta and percreta. *Surgical Pathology*, 6, 181-197.
8. American College of Obstetricians and Gynecologists. (2017). ACOG Practice Bulletin No. 184: Vaginal birth after cesarean delivery. *Obstetrics & Gynecology*, 130, e217-33.
9. Curtin, S. C., Gregory, K. D., Korst, L. M., et al. (2015). Maternal Morbidity for Vaginal and Cesarean Deliveries, According to Previous Cesarean History: New Data From the Birth Certificate, 2013. *National Vital Statistics Reports*, 64(4).
10. Centers for Disease Control and Prevention. (2019, Sept 12). *Unintended Pregnancy*. Centers for Disease Control and Prevention: <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/>

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.