

Should Planned VBACs Be Induced?

Induction is when a labor is started with the help of a medication like Pitocin or other techniques. You've probably heard that vaginal births after cesarean (VBACs) should "never" be induced because it's just too dangerous! But how true is this?

Yes, induction comes with some increased risks which we will talk about later. This is why we need to be sure that inductions are occurring for medical reasons. Otherwise, the risks of the induction might not be worth it. So, what is the difference between elective and medically indicated induction?

Elective induction means that there is not a medical reason for the induction to take place. One example is when a parent wants their baby born on a specific day. Other reasons why someone would want an elective induction include:

- You are 38 weeks and only one centimeter dilated.
- Your baby hasn't dropped.
- You don't want to be pregnant anymore.
- You are 40 weeks and one day pregnant.
- You are worried your body won't go into labor on its own.

Other times, providers pressure parents into elective induction by saying things like:

- "Your chance of having a VBAC doesn't increase beyond your due date."
- "Anyone who hasn't gone into labor on their own before needs a little push."
- "It's what we do. It's hospital policy."
- "You don't want to be in the hospital over Christmas."
- "You had your cesarean for failure to progress. Your body needs the extra help."

These are not valid medical reasons for induction per the American College of Obstetricians & Gynecologists (ACOG).

A medically indicated induction means that there is a medical reason for that induction to take place. This is a situation where baby needs to be born sooner rather than later, but there is still time for labor. If the medical reason requires the baby to be born immediately, it's an emergency. Induction would not be an option and a cesarean would be recommended.



What are some examples of medically indicated induction? Per ACOG guidelines¹, induction can be an option when the following conditions present:

- The placenta detaches from the uterine wall before delivery (placenta abruption)
- An infection in the uterus
- The baby passes away before delivery
- High blood pressure
- Preeclampsia, eclampsia
- Water breaks before labor
- Pregnancy extends beyond 42 weeks
- Maternal medical conditions including diabetes, kidney disease, chronic pulmonary disease, chronic hypertension
- Fetal compromise including severe fetal growth restriction, isoimmunization, and low amniotic fluid



Trust between you and your provider is paramount. If you feel like your provider is recommending induction for convenience rather than true medical need, seeking a second opinion from another provider is a reasonable next step.

Induction does increase certain risks like uterine rupture. Labors that begin naturally do have the lowest uterine rupture rates. The risk is higher when a labor is augmented. This means a person is already in labor and is given a medication to make labor progress more quickly. When labors are started from scratch with a drug like Pitocin - called induction - the risk is even higher.

One study compared spontaneous versus Pitocin induced or augmented uterine rupture rates after one prior “bikini cut” cesarean.² This study reported the following rates:

- 0.4% (4 in 1000) in spontaneous labors
- 0.9% (9 in 1000) in augmented labors
- 1.0% (10 in 1000) in induced labors

While the rate of uterine rupture increases, decisions in birth always involve trade-offs of risks and benefits. If there is a medical reason for induction, then the risks associated with Pitocin may be less than the risks associated with a repeat cesarean or letting the pregnancy continue without intervention.

You might hear people say that Pitocin or induction for VBAC labors are always a bad idea. But blanket statements often don't give the full story. The truth is, there are times when induction can be a very good thing.

Medically indicated inductions might make the difference between having a cesarean or not. It all depends on your individual situation. Like so many other birth related decisions, there are multiple factors at play. And this is why ACOG leaves the option of inducing VBACs open in their latest guidelines.³

Some health care providers do not induce VBACs as a rule, even when induction could be an option. That means that if a complication presents that could be addressed with induction, that patient will likely only have the option of scheduling a repeat cesarean. This is why it's important for parents to ask providers about induction during the interview process.

Whether to proceed with an induction or a repeat cesarean should be a decision made by the parent after consultation with their provider while considering the immediate and long term risks and benefits.

Utilizing the BRAIN acronym may help:

- Benefits: What are the benefits of being induced?
- Risks: What are the risks of being induced?
- Alternatives: Are there any other options available?
- Intuition: What does my intuition tell me?
- Need Time, or Nothing: Does a decision have to be made right now? What are the risks and benefits of doing nothing and remaining pregnant?

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>.

RESOURCES:

1. American College of Obstetricians and Gynecologists. (2009). Induction of Labor. ACOG Practice Bulletin No. 107. *Obstetrics & Gynecology*, 114, 386-97.
2. Landon, M. B., Hauth, J. C., & Leveno, K. J. (2004). Maternal and Perinatal Outcomes Associated with a Trial of Labor after Prior Cesarean Delivery. *New England Journal of Medicine*, 351, 2581-2589.
3. American College of Obstetricians and Gynecologists. (2017). ACOG Practice Bulletin No. 184: Vaginal birth after cesarean delivery. *Obstetrics & Gynecology*, 130, e217-33.

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.