

IMPORTANT NOTICE TO MEMBERS

College of Midwives Statement on VBAC AND CHOICE OF BIRTHPLACE

October 2002

The College is aware that there has been significant debate in the midwifery and medical community lately regarding the issue of VBAC at home. The College has reviewed the current available research including recent studies, articles and commentaries on this subject (see reference list) and has prepared this statement after this consideration.

Of particular interest and possible concern to the College is that some midwifery clients are being told that the hospital will not support or allow the midwife to attend a VBAC at home, and others are being told that the midwifery practice does not attend VBACs at home. The College of Midwives is providing this statement to clarify the College's standards relating to this issue.

The College of Midwives of Ontario's current standards with respect to clients planning a vaginal birth after a previous cesarean section birth are as follows:

- VBAC clients are within the midwife's scope of practice with the following requirements:
 - Category 1 Discussion takes place with a history of one documented previous low segment cesarean section
 - Category 2 Consultation takes place with a history of a previous myomectomy, hysterectomy or cesarean section other than one documented previous low segment cesarean section
- VBAC clients receive the same access as any other client to the standards of Ontario midwifery care including:
 - The Philosophy of Midwifery Care: recognizing the woman as the primary decision maker
 - Informed Choice that includes non-authoritarian, and complete information
 - Choice of Birth Place (no requirement for hospital birth exists for VBAC in the current *Indications for Planned Place of Birth*)

According to the College's Informed Choice Standard midwives must provide clients with information that includes "potential benefits and risks of, and alternatives to procedures, tests or medications; relevant research evidence"; and "community standards and practices". Midwives are required to "facilitate the ongoing exchange of current knowledge in a non-authoritarian and co-operative manner". As part of the informed choice discussion midwives may provide their recommendation and rationale for a particular course of care.

Further, the College's Philosophy of Midwifery Care in Ontario document states that "the mother is recognized as the primary decision maker", therefore, the final decision about the care rests with the woman.

REFERENCES

“Vaginal Birth after Previous Cesarean Delivery”, Position Statement, American College of Nurse Midwives, December 2000

“Vaginal Birth After Previous Cesarean Birth”, SOGC Clinical Practice Guidelines, December 1997

“Risk of Uterine Rupture During Labor Among women with a Prior Cesarean Delivery”, *New England Journal of Medicine* 2001: 345(1):3-8; Lydon-Rochelle M, Holt VL, Easterling TR, Martin DP

“Vaginal Birth after cesarean and the *New England Journal of Medicine*: A strange controversy, *Birth* 2001; 28:276-279; Flamm BL

Letters to the Editor: Women in the Crossfire: Forced Repeat Cesareans and VBAC and the *New England Journal of Medicine*, *Birth* 2001; 29: 149-151

“Maternal and neonatal outcomes after uterine rupture in labor”, *American Journal of Obstetrics and Gynecology* 2001: 184: 1576-81; Yap S, Kim ES, Laros RK

“Elective repeat cesarean delivery versus trial of labor: A meta-analysis of the literature from 1989 to 1999”, *American Journal of Obstetrics and Gynecology*, November 2000; Hutton EH, Mozurkewich EL

“ACNM Calls for Definitive VBAC Study”, Press Release American College of Nurse Midwives, July 17, 2001

Midwives may contact the Registrar if they have questions about the application of College standards and policies.

This document may be shared with clients, hospitals and physicians.