Recommending and Supporting VBAC

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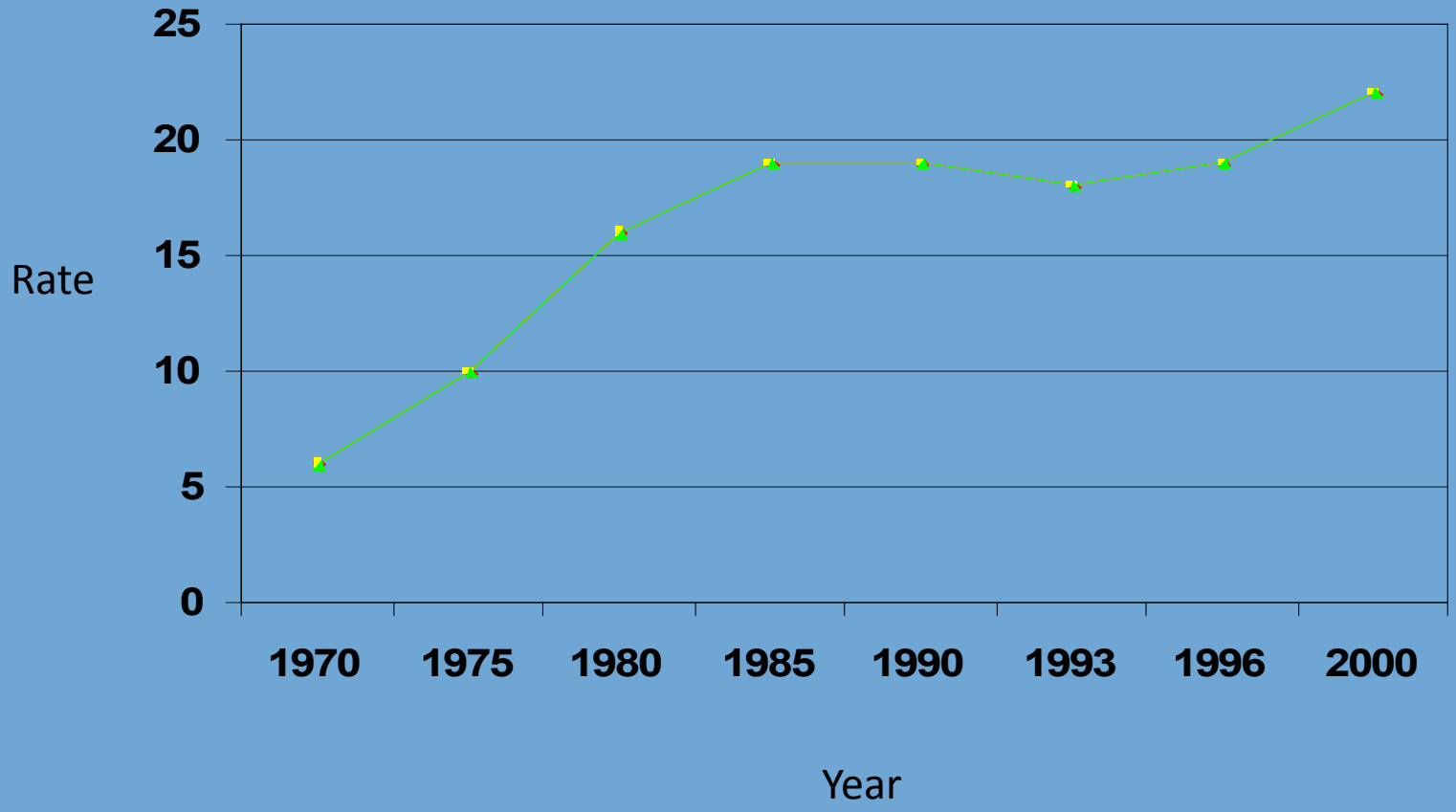
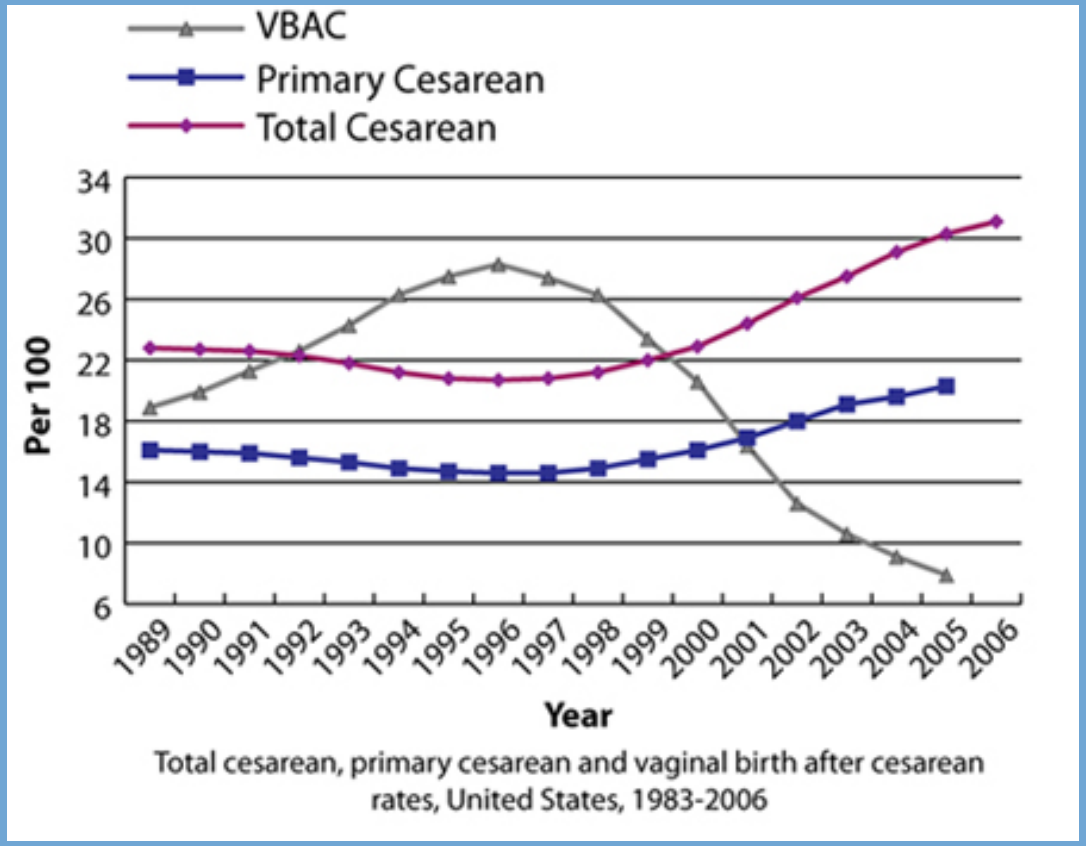
Women's
BC WOMEN'S HOSPITAL & HEALTH CENTRE
An Agency of the Provincial Health Services Authority

Cesarean Section, Canada - Temporal Trends



Statistics Canada

VBAC Rates 1983 to 2006, U.S.



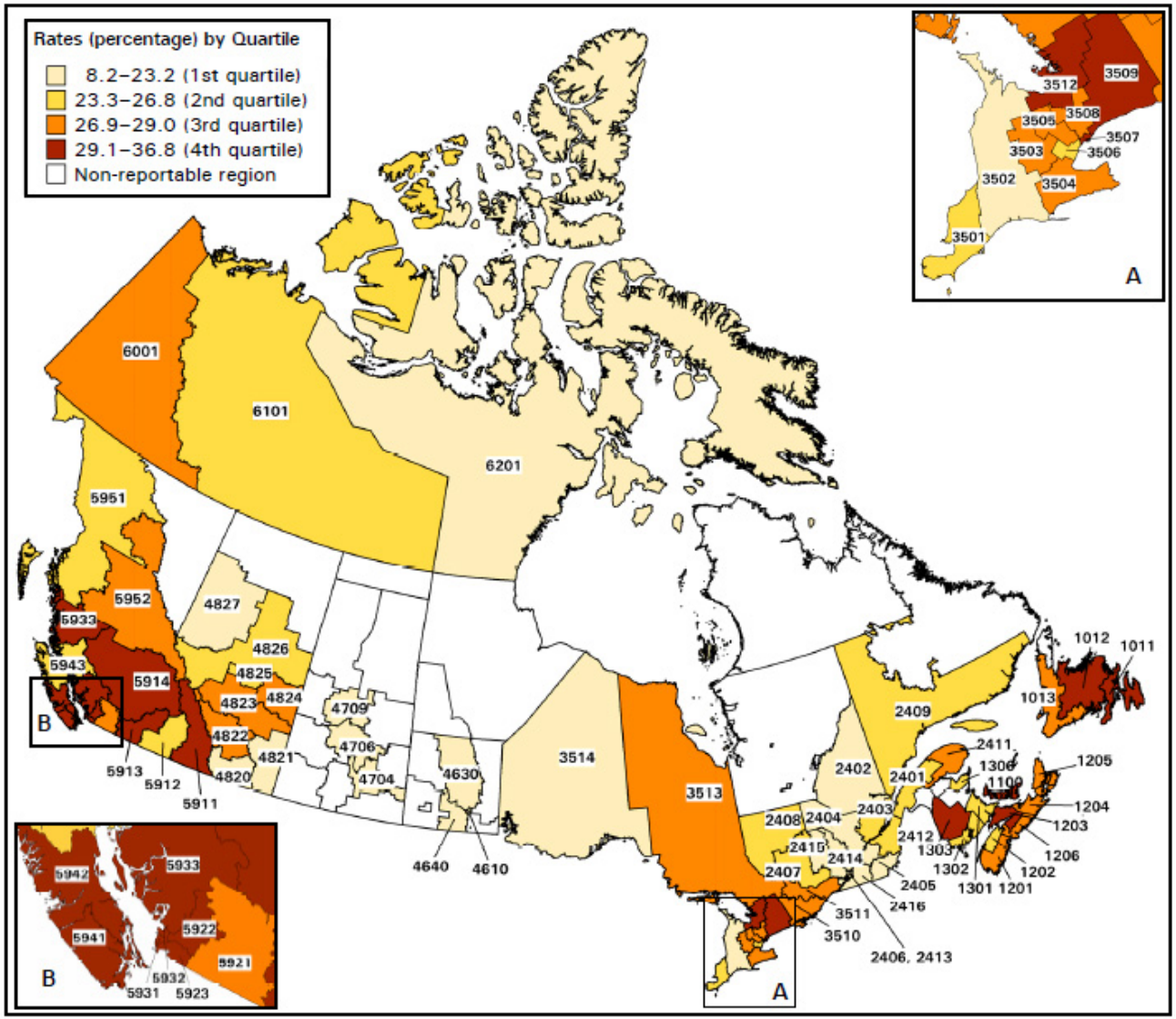
Total cesarean, primary cesarean and vaginal birth after cesarean rates, United States, 1983-2006

Source: U.S. National Center for Health Statistics

Cesarean Rates - Canada

	Primary Cesarean Rate	Primary Cesarean Rate <35 years old	Primary Cesarean Rate >35 years old	Repeat Cesarean Rate
Newfoundland and Labrador	23.1	21.9	31.8	91.0
Prince Edward Island	20.3	19.8	23.4	86.9
Nova Scotia	19.4	18.5	24.1	82.4
New Brunswick	19.0	18.5	23.3	87.7
Quebec	15.7	15.0	20.2	81.1
Ontario	19.6	18.5	24.0	85.3
Manitoba	13.5	12.8	19.0	70.7
Saskatchewan	16.2	15.4	24.4	75.6
Alberta	19.2	18.3	24.9	80.3
British Columbia	22.3	21.0	27.3	81.8
Yukon Territory	14.6	11.6	29.6	76.9
Northwest Territories	15.0	13.6	25.3	76.4
Nunvut	5.0	5.0	(a)	39.5
Canada	**18.5**	**17.5**	**23.7**	**82.4**

Total Caesarean Rates by Reportable Health Region, Canada, 2005–2006



Notes: Results are presented for the patient's region of residence, rather than the location of the facility where hospitalization occurred. For P.E.I. (1100), the Yukon (6001), the Northwest Territories (6101) and Nunavut (6201), the data on the map represent the entire province or territory. Only reportable regions are labelled.

Sources: Discharge Abstract Database and Hospital Morbidity Database, CIHI.

Image source: Giving Birth in Canada: Regional Trends From 2001-2002 to 2005-2006 (pdf)

Regional Variations in BC

Table 2. Frequency and Crude Rates of Delivery by Primary Cesarean Delivery, Assisted Vaginal Delivery, Spontaneous Vaginal Delivery and Inductions of Labor Across Health Service Delivery Areas

Health Service Delivery Area	Total Number of Deliveries	Number (%) of Primary Cesarean Deliveries	Number (%) of Assisted Vaginal Deliveries	Number (%) of Spontaneous Vaginal Deliveries	Number (%) of Inductions of Labor
South Vancouver Island	9,159	2,519 (27.5)	593 (8.9)	6,047 (66.0)	2,322 (25.4)
Thompson Cariboo	5,821	1,333 (22.9)	496 (11.1)	3,992 (68.6)	1,466 (25.2)
North Shore/Coast Garibaldi	7,187	1,623 (22.6)	800 (14.4)	4,764 (66.3)	1,583 (22.0)
East Kootenay	2,102	467 (22.2)	141 (8.6)	1,494 (71.1)	530 (25.2)
Vancouver	19,864	4,384 (22.1)	2,884 (18.6)	12,596 (63.4)	3721 (18.7)
Fraser North	18,061	3,968 (22.0)	2,440 (17.3)	11,653 (64.5)	4,583 (25.4)
Richmond	5,074	1,064 (21.0)	644 (16.1)	3,366 (66.3)	1,031 (20.3)
Okanagan	8,631	1,793 (20.8)	913 (13.4)	5,925 (68.6)	2,192 (25.4)
Fraser South	8,304	1,723 (20.7)	1,010 (15.4)	5,571 (67.1)	2,027 (24.4)
North Vancouver Island	3,242	657 (20.3)	324 (12.5)	2,261 (69.7)	736 (22.7)
Northern Interior	4,898	932 (19.0)	438 (11.0)	3,528 (72.0)	928 (18.9)
Northeast	3,093	571 (18.5)	226 (9.0)	2,296 (74.2)	704 (22.8)
Central Vancouver Island	6,726	1,238 (18.4)	483 (8.8)	5,005 (74.4)	1,725 (25.6)
Fraser East	9,991	1,779 (17.8)	1,217 (14.8)	6,995 (70.0)	2,591 (25.9)
Northwest	2,707	455 (16.8)	284 (12.6)	1,968 (72.7)	668 (24.7)
Kootenay Boundary	1,979	319 (16.1)	159 (9.6)	1,501 (75.8)	523 (26.4)
Entire province	116,839	24,825 (21.2)	13,052 (14.2)	78,962 (67.6)	27,332 (23.4)

Health Service Delivery Areas are listed in order of highest to lowest primary cesarean delivery rate.

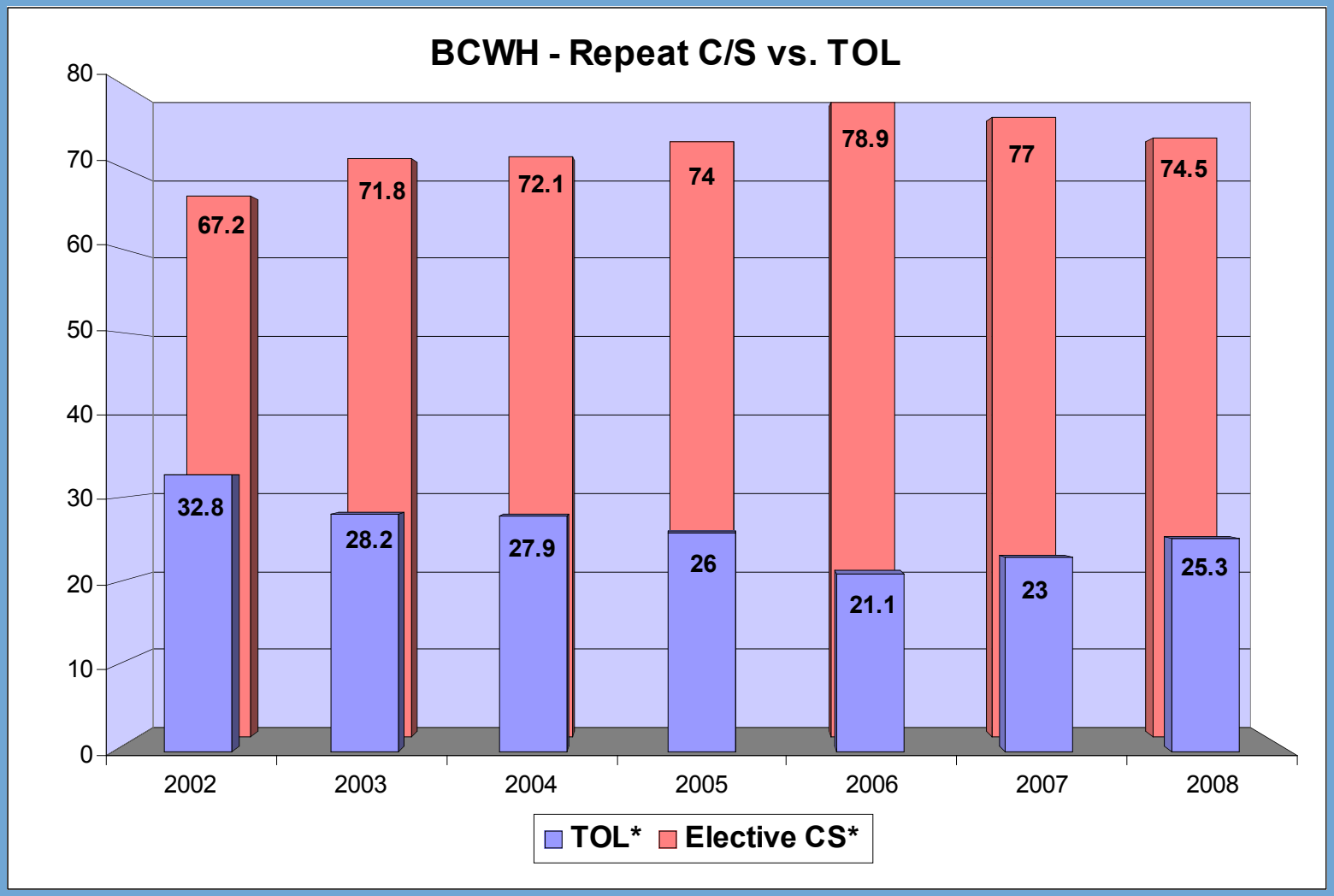
Regional Variation in the Cesarean Delivery and Assisted Vaginal Delivery Rates.
Hanley, Gillian; Janssen, Patricia; Greyson, Devon

Obstetrics & Gynecology. 115(6):1201-1208, June 2010.

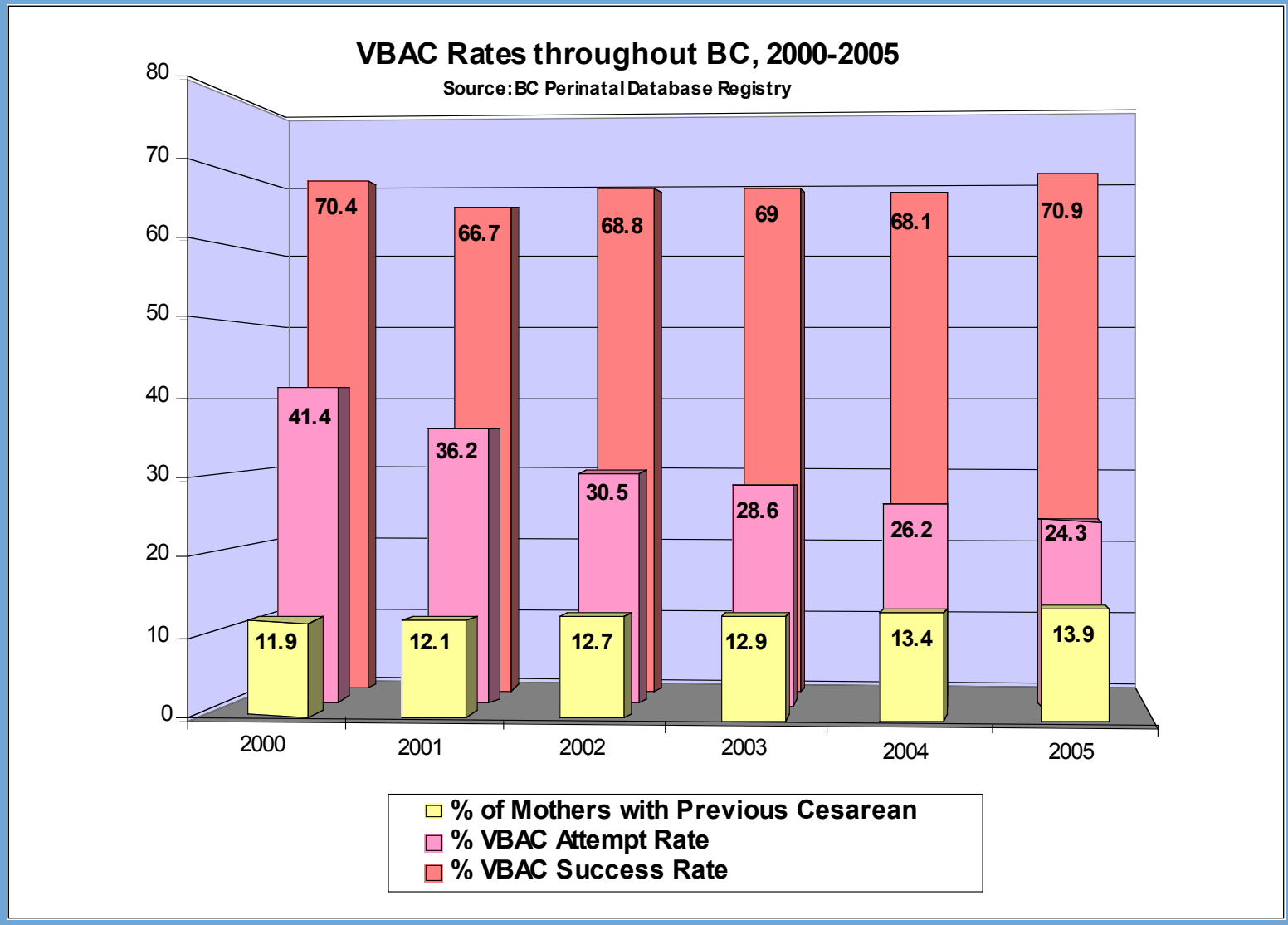
Cesarean rate in 2008

- 31% - Canada (CIHI)
- 29% - BC Women's Hospital
- 30% are elective repeat

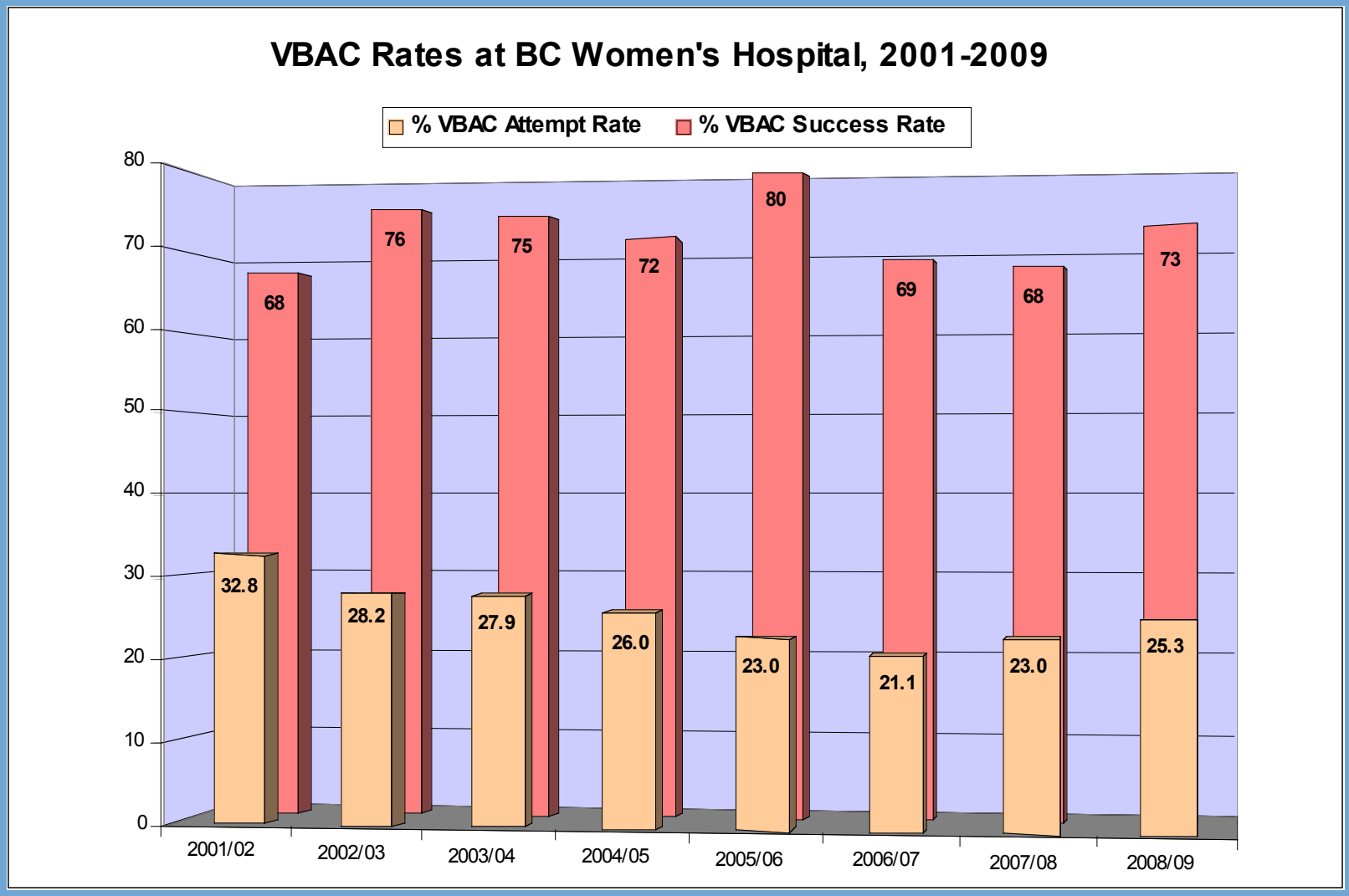
Rates at BCWH: ERCS vs. TOLAC



VBAC in British Columbia



VBAC at BC Women's Hospital (BCWH)



Lowering the Cesarean Rate

- Prevent the first one!
- Recommend VBAC – majority of women are good candidates
- Ultimate decision to plan VBAC rests with the woman

Final Consensus Statement, Cesarean Birth in BC, 2008

Lowering the Cesarean Rate

It is appropriate to recommend a TOL in women with a high probability of success and a low probability of morbidity

Final Consensus Statement, Cesarean Birth in BC, 2008

Risk by Outcome

Successful vaginal birth: **Best Outcomes**

Elective repeat cesarean section

Failed trial of labour: **Worst Outcomes**

NIH, 2010

VBAC Success Increased

Good Evidence for:

- Spontaneous labour
- Previous vaginal delivery & previous VBAC
- Non-recurring indication for previous CS (i.e. breech)

Some evidence for:

- Age <35
- Lower BMI
- Smaller baby
- Earlier gestational age (less than 40 weeks)
- Greater than 18-24 months since CS (lower rupture rate)

NIH, 2010; NEJM (2004) 351;25. Landon, et al.

VBAC Success Decreased

Good Evidence for:

- Unripe cervix
- IOL

Some evidence for:

- Age >35
- BMI >30
- Baby >4 kg
- Prior CS for labour dystocia or CPD
- Preeclampsia

NIH, 2010; NEJM (2004) 351;25. Landon, et al.

Best Practice for VBAC

- ✓ **All hospitals should offer VBAC** – no evidence that on-site CS improves outcomes (AAFP)

- ✓ **Have an emergency CS response team in place** - emergency CS response plan available in a reasonable time frame (SOGC, 2005)

- ✓ **Be cautious with induction** - with an unfavorable cervix, especially if other risk factors are present

Best Practice for VBAC

- ✓ **Continuous EFM** - in active labour. When there is no epidural brief periods off monitor may be safely offered if EFM is normal. (SOGC)
- ✓ **Pain management as requested** - low dose epidural least likely to interfere with labour progress.
- ✓ **Monitor labour progress** - offer treatment for dystocia in a timely fashion.

NIH, 2010

Public Education and Birth Choices

- All evidence suggests the public needs better information
- Strategy needed to engage consumer media
- High-quality information will allow women to be active participants in their own care

Final Consensus Statement, Cesarean Birth in BC, 2008

Providing Information

American Academy Of Family Physicians –

TOLAC Decision Aid www.aafp.org

Ottawa Hospital Research Institute –

Patient Decision Aids http://decisionaid.ohri.ca

Making Choices for Childbirth: Development and Testing of a Decision Aid for Women who have Experienced Previous Cesarean

Shorten, et al. Patient Education and Counseling. 52 (2004) 307–313

CTF: Education Campaign

- Encourage women to know their options, ask questions, and push for the safest and best birth possible

- Offer research-based information and resources to maternity care providers in BC, to help them support women's childbirth choices

Best Birth Clinic – VBAC Patient Info Booklet

Best BIRTH CLINIC
Know your options, take control.

PATIENT INFORMATION BOOKLET

Vaginal Birth After Cesarean and Planned Repeat Cesarean Birth

This information pamphlet is for women who are currently pregnant and have had a cesarean birth before.

Women who have had a baby by cesarean usually have a choice about how they will give birth to their next baby. They can plan to have another cesarean birth (called an elective or planned repeat cesarean birth), or they can plan to have the baby vaginally (called a vaginal birth after cesarean, or VBAC).

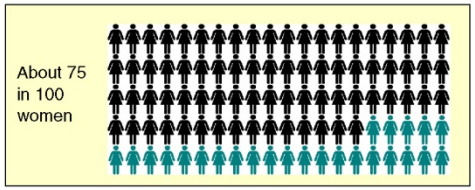
You can read this booklet, discuss it with your doctor or midwife, and ask any questions to help you decide whether planning a VBAC or a repeat cesarean birth is best for you.

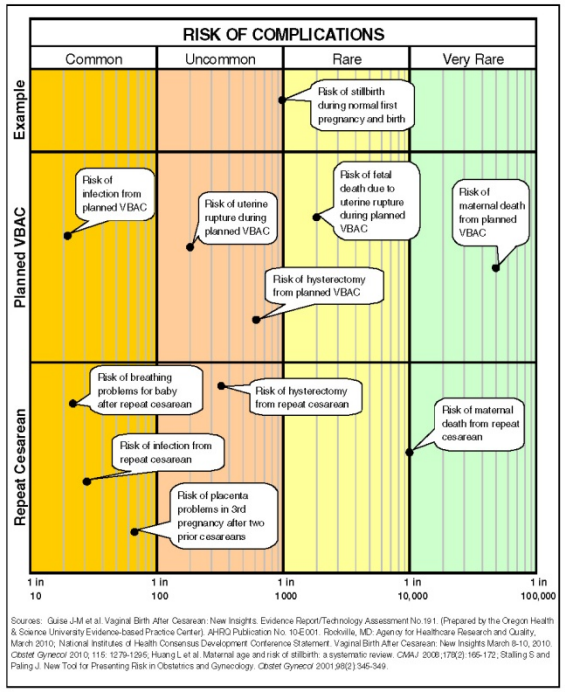
Who should plan a VBAC?

For many women, VBAC is a safe option. If the reason you had a cesarean last time is not present in this pregnancy or labour (such as a breech baby or problems with your placenta), your chance of having a successful vaginal birth is about the same as a woman having her first baby.

If the reason for the cesarean is present with this pregnancy or labour, your chances of having a successful vaginal birth may be lower.

Overall, about 75% of women who plan a VBAC are successful in having a vaginal birth.





Sources: Guise J-M et al. Vaginal Birth After Cesarean: New Insights. Evidence Report/Technology Assessment No.191. (Prepared by the Oregon Health & Science University Evidence-based Practice Center). AHRQ Publication No. 10-E001. Rockville, MD: Agency for Healthcare Research and Quality, March 2010; National Institutes of Health Consensus Development Conference Statement. Vaginal Birth After Cesarean: New Insights March 8-10, 2010. *Obstet Gynecol* 2010; 115: 1279-1295; Huang L et al. Maternal age and risk of stillbirth: a systematic review. *CMAJ* 2008;178(2):165-172; Stalling S and Paling J. New Tool for Presenting Risk in Obstetrics and Gynecology. *Obstet Gynecol* 2001;98(2):345-349.

Adapted from the Paling Perspective Scale (John Paling, 1992)

Best Birth Clinic – VBAC Patient Info Booklet

Considering your risks:

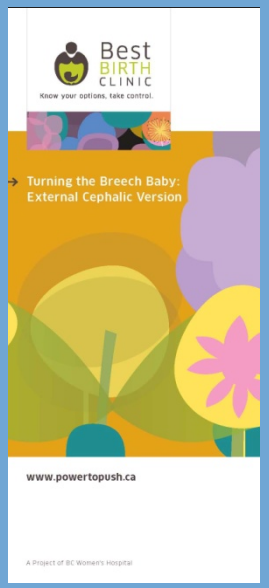
Common	from	**1 in 10**	Annual risk of being injured in the workplace (1/25)
	to	**1 in 100**	
Uncommon	from	**1 in 100**	Risk of giving birth to a baby with Down Syndrome (1/650)
	to	**1 in 1000**	
Rare	from	**1 in 1000**	Annual risk of being diagnosed with breast cancer (1/1500)
	to	**1 in 10,000**	
Very Rare	from	**1 in 10,000**	Annual risk of dying in a motor vehicle accident (1/11,000)
	to	**1 in 100,000**	

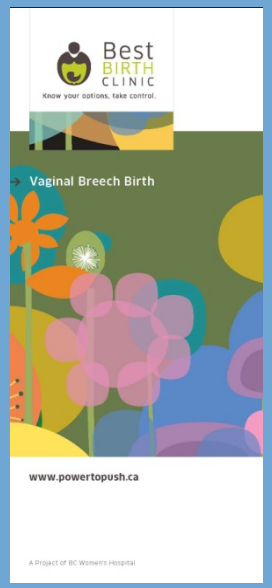
Data from Stats Canada, the Canadian Cancer Society and Health Canada

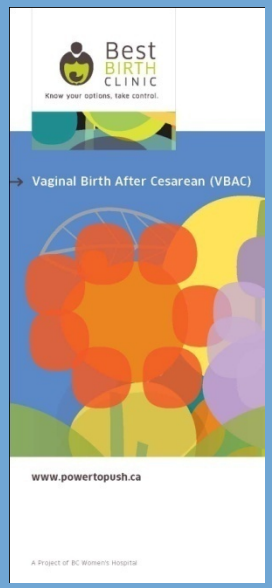
Best Birth Clinic Brochures

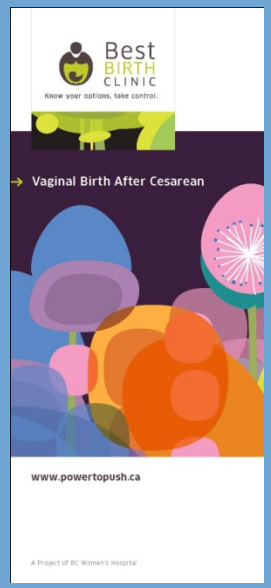
Informational brochures available

- PDFs of all brochures available on website









Best Birth Clinic Brochures

- Also available translated into Simplified Chinese, Traditional Chinese, Vietnamese and Punjabi

ਬੈੱਸਟ ਬਰਥ ਕਲੀਨਿਕ ਵਿਖੇ ਜਣੇਪਾ ਮਾਹਰ ਇਹ ਬਿਹਤ
ਅਤੇ ਸਲਾਹ-ਮਸ਼ਵਰਾ ਦੇ ਸਕਦੇ ਹਨ ਕਿ ਤੁਸੀਂ ਆਪਣਾ

→ ਬੈੱਸਟ ਬਰਥ ਕਲੀਨਿਕ

ਬੈੱਸਟ ਬਰਥ ਕਲੀਨਿਕ, ਉਨ੍ਹਾਂ ਗਰਭਵਤੀ ਔਰਤਾਂ ਨੂੰ ਜਾਣਕਾਰੀ ਅਤੇ ਡਾਕਟਰੀ ਸਲਾਹ ਦਿੰਦਾ ਹੈ ਜਿਹੜੀਆਂ ਇਹ ਵਿਚਾਰ ਕਰ ਰਹੀਆਂ ਹੋਣ ਕਿ ਕੀ ਉਨ੍ਹਾਂ ਲਈ ਬੱਚੇ ਨੂੰ ਕੁਦਰਤੀ ਤਰੀਕੇ ਨਾਲ ਜਨਮ ਦੇਣਾ ਜਾਂ ਅਪਰੇਸ਼ਨ ਨਾਲ (ਸੀਜ਼ੇਰੀਅਨ) ਜਨਮ ਦੇਣਾ ਬਿਹਤਰ ਹੋਵੇਗਾ।

ਇਸ ਵਿਚ ਸ਼ਾਮਲ ਹਨ:

- ਉਹ ਔਰਤਾਂ ਜਿਨ੍ਹਾਂ ਨੇ ਪਹਿਲਾਂ ਅਪਰੇਸ਼ਨ ਨਾਲ ਬੱਚੇ ਨੂੰ ਜਨਮ ਦਿੱਤਾ ਹੈ;
- ਉਹ ਔਰਤਾਂ ਜਿਨ੍ਹਾਂ ਨੇ ਪਹਿਲਾਂ ਅਪਰੇਸ਼ਨ ਨਾਲ ਬੱਚੇ ਨੂੰ ਜਨਮ ਦਿੱਤਾ ਹੈ;
- ਜਿਹੜੀਆਂ ਔਰਤਾਂ ਗੈਰ-ਡਾਕਟਰੀ ਕਾਰਨਾਂ ਕਰਕੇ ਅਪਰੇਸ਼ਨ ਨਾਲ ਬੱਚੇ ਨੂੰ ਜਨਮ ਦੇਣ ਬਾਰੇ ਵਿਚਾਰ ਕਰ ਰਹੀਆਂ ਹਨ।

ਵੈਨਕੂਵਰ ਵਿਚ ਬੀ ਸੀ ਦੇ ਔਰਤਾਂ ਦੇ ਹਸਪਤਾਲ ਅਤੇ ਹੈਲਥ ਸੈਂਟਰ ਵਿਚ ਸਥਿਤ ਇਸ ਕਲੀਨਿਕ ਵਿਚ ਜਣੇਪੇ ਨਾਲ ਸੰਬੰਧਿਤ ਤਜਰਬੇਕਾਰ ਮਾਹਰ ਹਨ ਜੋ ਜਣੇਪੇ ਦੇ ਸਬੰਧ ਵਿਚ ਔਰਤਾਂ ਦੀਆਂ ਚੋਣਾਂ ਦੀ ਮਦਦ ਕਰਨ ਲਈ ਵਚਨਬੱਧ ਹਨ। ਉਹ ਔਰਤਾਂ ਨੂੰ ਸਭ ਤੋਂ ਵਧੀਆ ਖੋਜ ਉਪਰ ਆਧਾਰਿਤ ਮੁਕੰਮਲ ਅਤੇ ਇਕਸਾਰ ਜਾਣਕਾਰੀ ਦਿੰਦੇ ਹਨ।

ਕਲੀਨਿਕ ਦਾ ਮਕਸਦ ਜਾਣਕਾਰੀ ਲੈ ਕੇ ਚੋਣਾਂ ਕਰਨ ਵਿਚ ਔਰਤਾਂ ਦੀ ਇਹ ਮਦਦ ਕਰਨਾ ਹੈ ਕਿ ਉਹ ਆਪਣਾ ਬੱਚਾ ਕਿਵੇਂ ਪੈਦਾ ਕਰਨਾ ਚਾਹੁੰਦੀਆਂ ਹਨ।

ਬੈੱਸਟ ਬਰਥ ਕਲੀਨਿਕ ਬਾਰੇ ਹੋਰ ਜਾਣਨ ਲਈ ਬੀ ਸੀ ਵਿਮਨਜ਼ ਦੇ ਵੈੱਬਸਾਈਟ **www.powertopush.ca/best-birth-clinic** 'ਤੇ ਜਾਉ।

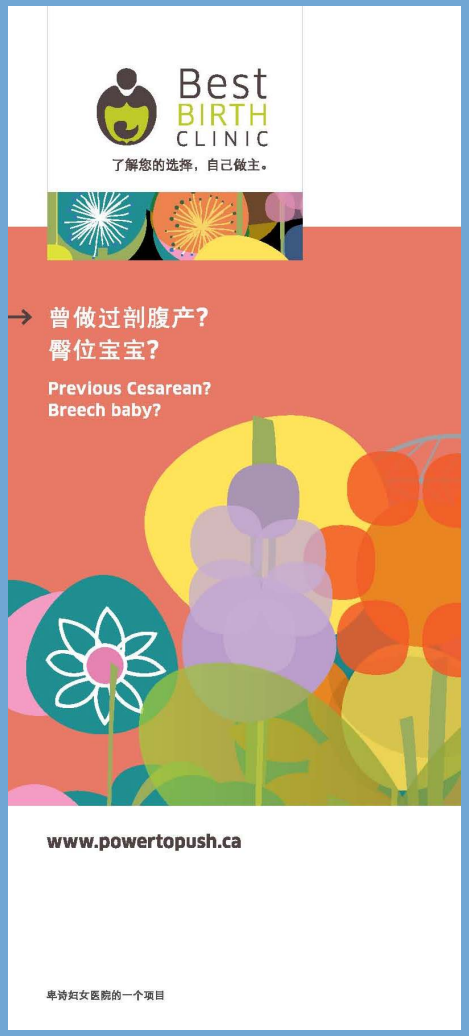
ਜੇ ਤੁਸੀਂ ਪਹਿਲਾਂ ਵੀ ਅਪਰੇਸ਼ਨ ਨਾਲ ਬੱਚੇ ਨੂੰ ਜਨਮ ਦਿੱਤਾ ਹੈ

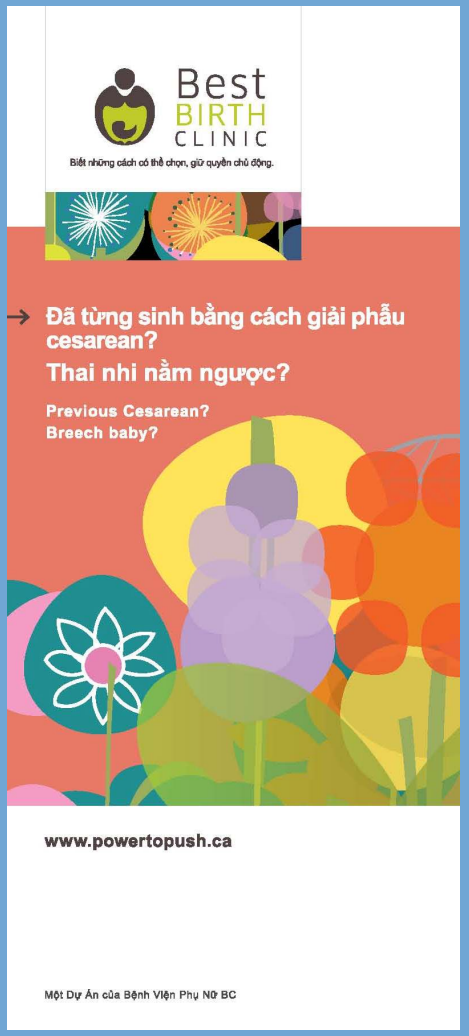
ਖੋਜ ਦੀ ਇਕ ਵੱਡੀ ਮਾਤਰਾ ਇਹ ਸਪਸ਼ਟ ਰੂਪ ਵਿਚ ਦਿਖਾਉਂਦੀ ਹੈ ਕਿ ਕੁਦਰਤੀ ਤਰੀਕੇ ਨਾਲ ਬੱਚੇ ਨੂੰ ਜਨਮ ਦੇਣਾ ਉਨ੍ਹਾਂ ਬਹੁਤ ਸਾਰੀਆਂ ਔਰਤਾਂ ਲਈ ਇਕ ਚੰਗੀ ਚੋਣ ਹੈ ਜਿਨ੍ਹਾਂ ਨੇ ਪਹਿਲਾਂ ਅਪਰੇਸ਼ਨ ਨਾਲ ਬੱਚੇ ਨੂੰ ਜਨਮ ਦਿੱਤਾ ਹੈ। ਬਹੁਤ ਸਾਰੇ ਕੇਸਾਂ ਵਿਚ, ਅਪਰੇਸ਼ਨ ਨਾਲ ਜਨਮ ਦੇਣ ਤੋਂ ਬਾਅਦ ਕੁਦਰਤੀ ਤਰੀਕੇ ਨਾਲ ਜਨਮ ਦੇਣਾ (ਜਿਸ ਨੂੰ ਵੀ ਬੀ ਏ ਸੀ ਆਖਿਆ ਜਾਂਦਾ ਹੈ) ਮਾਂ ਅਤੇ ਬੱਚੇ ਦੋਨਾਂ ਲਈ ਇਕ ਸੁਰੱਖਿਅਤ ਚੋਣ ਹੈ।

ਬੈੱਸਟ ਬਰਥ ਕਲੀਨਿਕ ਵਿਖੇ ਜਣੇਪਾ ਮਾਹਰ ਇਹ ਬਿਹਤਰ ਚੋਣ ਕਰਨ ਵਿਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਤੁਹਾਨੂੰ ਜਾਣਕਾਰੀ ਅਤੇ ਸਲਾਹ-ਮਸ਼ਵਰਾ ਦੇ ਸਕਦੇ ਹਨ ਕਿ ਤੁਸੀਂ ਆਪਣਾ ਬੱਚਾ ਕਿਵੇਂ ਪੈਦਾ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ।

ਜੇ ਤੁਹਾਡਾ ਬੱਚਾ ਕੁੱਖ ਵਿਚ ਪੁੱਠਾ ਹੋਇਆ ਹੈ

ਇਸ ਵੇਲੇ ਕੁੱਖ ਵਿਚ ਪੁੱਠੇ ਹੋਏ (ਬੱਚੇਦਾਨੀ ਵਿਚ ਸਿਰ ਥੱਲੇ ਨੂੰ ਹੋਣ ਦੀ ਬਜਾਏ ਸਿਰ ਉਪਰ ਨੂੰ ਹੋਣਾ) ਬਹੁਤੇ ਬੱਚੇ ਅਪਰੇਸ਼ਨ ਰਾਹੀਂ ਪੈਦਾ ਕੀਤੇ ਜਾਂਦੇ ਹਨ। ਪਰ, ਜੇ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋਵੋ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਕੁਦਰਤੀ ਤਰੀਕੇ ਨਾਲ ਜਨਮ ਦੇਣ ਲਈ ਵਿਉਂਤਬੰਦੀ ਕਰਨ ਦੀ ਚੋਣ ਹੋ ਸਕਦੀ ਹੈ। ਜਨਮ ਤੋਂ ਪਹਿਲਾਂ ਬੱਚੇ ਦਾ ਸਿਰ ਥੱਲੇ ਨੂੰ ਕਰਨਾ, ਜਾਂ ਪੁੱਠੀ ਹਾਲਤ ਵਿਚ ਹੀ ਯੋਨੀ ਰਾਹੀਂ ਬੱਚੇ ਦੀ ਡਲਿਵਰੀ ਕਰਨਾ ਸੰਭਵ ਹੋ ਸਕਦਾ ਹੈ।





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Patient Information and Forms

Patient Referral Form for Health Professionals

- Best Birth Clinic Referral Form

Patient Information Booklet on VBAC and Repeat Cesarean

- Best Birth Clinic Vaginal Birth After Cesarean & Repeat Cesarean Booklet

Downloadable PDFs of the Best Birth Clinic's patient information materials and consents on ECV and vaginal breech birth will be available on this page soon!

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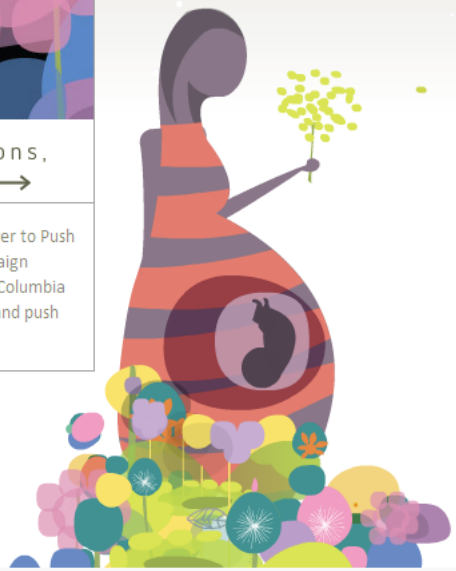

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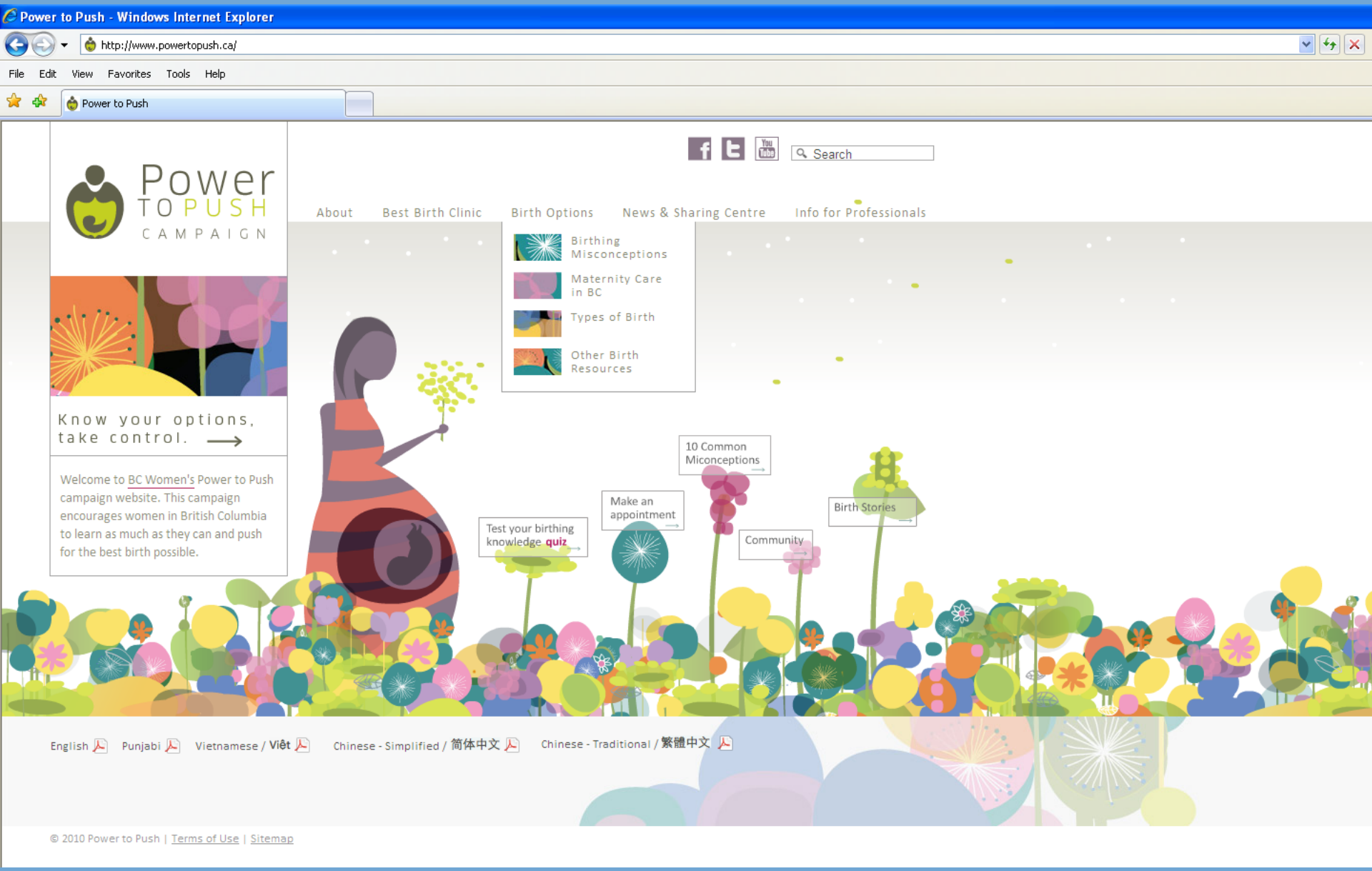
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Birth Stories
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Chinese - Traditional / 繁體中文
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Know your options, take control. →

01 You can have as many cesareans as you want
02 If you have a cesarean once, you must have another one
03 Cesareans are easier for the mom
04 Cesareans are less painful than vaginal birth
05 Labour pain is unbearable and can't be managed
06 I have no control over my labour; it's up to the health professionals
07 I'm small and the baby seems so big, so I can't have a normal vaginal birth
08 If the baby is in the breech position, I have to have a cesarean
09 If I go past my baby's due date, the labour will have to be induced
10 If I have a high-risk pregnancy, a cesarean is best

Birthing Misconceptions

09 If I go past my baby's due date, the labour will have to be induced

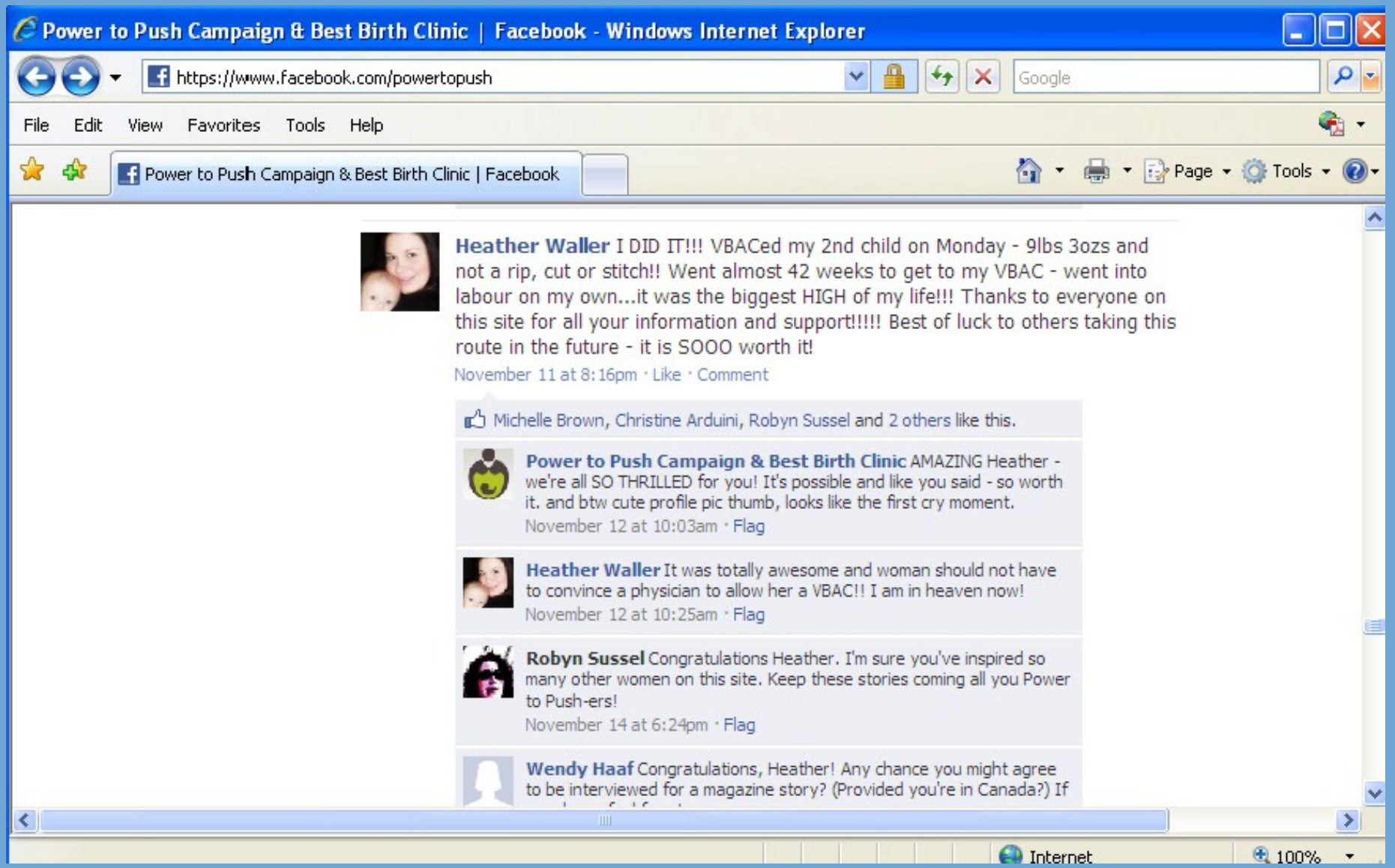
The due date is simply an estimate of when the baby will be delivered. In most situations induction of labour is not advised until you've gone at least 10 days over your due date, unless there are problems in your pregnancy. The greatest chance of having a vaginal birth is if labour is allowed to start on its own. That's why induction of labour is not suggested unless it is medically necessary!

« Previous Next »

The Campaign So Far…

- Website – more than 2000 unique visits to date since launch on September 1st 2010
  (more than 10,000 total page views; about 60% of visitors have followed links from Facebook, bcwomens.ca and Twitter)
- facebook – almost 500 members to date
- twitter – 500+ followers to date

The Campaign So Far…



Changing Culture

"It takes 9 good news items to reduce the impact of 1 bad news item"

- ✓ Rethink our understanding of risk/success
- ✓ Support women's choices
- ✓ Celebrate our successes
- ✓ Support each other – be good teammates

Changing Practice

Be a positive deviant

1. Ask an unscripted question
2. Don't Complain
3. Count something
4. Write something
5. Change

Atul Gawande in Better

www.powertopush.ca

Risk in Perspective - NIH

How frequently do emergencies happen in labour and birth?

Uterine Rupture[1]	Placental Abruption[2]	Umbilical Cord Prolapse[3]	Shoulder Dystocia[4]
7-8 out of every 1000 VBAC attempts	11-13 out of every 1000 labors	14-62 out of every 1000 labors	6-14 out of every 1000 labors

The next table shows **the risk of a baby dying as a result of one of these emergencies**:

Uterine Rupture	Placental Abruption	Umbilical Cord Prolapse	Shoulder Dystocia
6 out of every 100 uterine ruptures will result in a baby's death	1 out of every 600 placental abruptions will result in a baby's death	91 out of every 1000 babies with cord prolapsed will die	1 out of every 1000 babies with shoulder dystocia will die

Tables from "A Woman's Guide to VBAC: Navigating the NIH Consensus Recommendations" produced by Lamaze, available on the givingbirthwithconfidence.org website. References used:

1. National Institutes of Health. NIH Consensus Development Conference: Vaginal Birth After Cesarean: New Insights, draft statement. March 8–10, 2010. Retrieved 05/12/10 from: http://consensus.nih.gov/2010/images/vbac/vbac_statement.pdf
2. Ananth CV, Wilcox AJ. Placental abruption and perinatal mortality in the United States. *American Journal of Epidemiology* Vol. 153, No. 4 : 332-337.
3. Murphy DJ, Mackenzie IZ. The mortality and morbidity associated with umbilical cord prolapse. *British Journal of Obstetrics and Gynaecology*. 1995 Oct;102(10):826-30.
4. Mackenzkie IZ, Shah M, Lean K, DuttonS, Newdick H, Tucker DE. Management of shoulder dystocia: trends in incidence and maternal and neonatal morbidity. *Obstetrics and Gynecology*. 2007 Nov;110(5):1059-68.