

POLICY STATEMENT ON VAGINAL BIRTH AFTER CESAREAN SECTION (VBAC)

The College of Midwives of British Columbia (CMBC) supports registered midwives in providing primary care for women planning a vaginal birth after a previous cesarean section. The CMBC's *Indications for Discussion, Consultation and Transfer of Care* establish vaginal birth after one previous documented low-segment cesarean section as within the midwife's scope of practice. The current literature supports vaginal birth after cesarean section (VBAC) as being low-risk, and indicates that a midwife is competent to provide primary care. As with any delivery, a midwife will seek physician consultation or transfer of care when indicated, but medical consultation is not required in every case.

It is the responsibility of the midwife to discuss the risks and benefits of the various care options available for VBAC in her community. The midwife will inform her client of the potential risk of uterine rupture for the VBAC woman (currently suggested in the literature as being in the range of 0.09 – 1%), and any additional factors associated with delivering in an isolated community or in a community with limited obstetrical services. The midwife should provide sufficient information for her client to make informed choices about her care.

The College of Midwives encourages registrants to work together with their local hospitals in developing guidelines for Vaginal Birth After Cesarean Section that are based on current valid information, acknowledge the benefits of non-intervention in the normal process of labour and birth, and that provide a safe framework for care.