Module 4
What are the Odds of My Having a VBAC?
Completing a VBAC depends on how a mother is cared for during pregnancy, labor, and birth.
We know that mothers and babies have healthier outcomes if their care providers respect and support the natural (physiologic) process of labor, introducing interventions only when medically necessary.

This approach to caring for women in childbirth is known as the midwifery model of care.

Completing a VBAC Depends on How a Mother Is Cared for During Pregnancy, Labor, and Birth

- We know that mothers and babies have healthier outcomes when mothers are full participants in making decisions about how they want to give birth.

- We know that mothers and babies have healthier outcomes when all care providers work together to make sure that mothers and babies receive optimal care.


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A Mother’s Progress in Labor
Depends on Several Factors

You can have an easier and safer birth if:

- You feel safe and respected by your caregivers;
- You have freedom of movement;
- You can stay active and in an upright position;
- You have continuous emotional and physical support during labor and birth from a doula (a woman trained and experienced in childbirth);
- You can use a variety of comfort measures to cope with the pain of labor;
- Your personal values and preferences for birth are respected.


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A Mother’s State of Mind Affects How She Labors and Gives Birth

“...a woman laboring in a low-stress environment surrounded by care providers who are relaxed and confident of her ability to give birth, who make decisions collaboratively with her, and who help her deal with any fears and anxieties is more likely to do well in labor and progress to vaginal birth than a woman who feels she needs to be in defensive mode or who feels unsafe, doubtful, or frightened.”

This is **what studies tell us** about women who labored for a VBAC.
What Are the Chances of Having a VBAC?

Women who labor after a cesarean have an excellent chance for a vaginal birth. You are more likely to have a vaginal birth if:

- You had a prior vaginal birth;
- You have a healthy pregnancy weight;
- Your prior cesarean was for malpresentation (baby in a non-vertex position);
- Your cervix has started to dilate or your bag of water has ruptured on its own when you are admitted to the labor and delivery unit at the hospital.
What Are the Chances of Having a VBAC?

You are more likely to have a vaginal birth if:

- Your labor is not induced or augmented;
- You go into labor at or near term;
- You do not have a complication such as preeclampsia.
What Are the Chances of Having a VBAC?

You are more likely to have a vaginal birth if:

- You can avoid an epidural in early labor;
- You can avoid routine medical interventions;
- Your nurses are knowledgeable or skilled in non-drug methods of pain relief.

Monitoring your baby’s heart beat is important.
Avoiding routine interventions helps labor progress, but with a VBAC, monitoring the baby’s heart rate is important.

The baby’s heart rate pattern frequently changes when the uterine scar separates.

Up to 70% of the time electronic fetal monitoring (EFM) has detected an abnormal heart rate pattern, suggesting a separation of the uterine scar.¹

Some care providers recommend continuous EFM in active labor.

Monitoring Your Baby’s Heart Beat is Important

- A telemetry unit (portable fetal monitor), or a waterproof hand-held Doppler allows you to walk, change positions or use the birth tub while monitoring the baby.

- Even with continuous monitoring it’s possible to change positions, rock in a chair, stand and move side to side, lean over the back of the bed or a birth ball and use an upright position for birth.¹

- Ask your caregiver how she/he plans to monitor your baby’s heart rate during labor.


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Each labor and birth is unique and the way a woman is cared for can make birth easier, safer and more satisfying for mothers.

For low-risk women, labor and birth is safer when the normal process of labor is respected and mothers are full participants in their care.

A mother’s state of mind is just as important as the physical characteristics of her labor.
Three out of four women who plan a VBAC do have a safe vaginal birth. 

Although minimizing medical intervention increases the odds for VBAC, monitoring the baby’s heart rate closely during labor helps to detect a possible uterine rupture if it happens. 

Mothers and caregivers can do many things to increase the odds for a VBAC.
Checklist for Parents

- How do you feel about laboring for a VBAC?
- Do you have the support and encouragement of your caregiver?
- How do you feel about having a minimum of medical interventions?
- What values and preferences are important to you?
- Do you think you would want an epidural for pain? Would you consider non-drug methods of pain relief?
How does your caregiver plan to monitor your labor and your baby?

What fear or anxieties do you have about laboring for a VBAC? What would help you to deal with those issues?

Would you consider staying home until you are in active labor if your bag of waters has not broken?

Birth is physically and emotionally challenging. What would make laboring for a VBAC easier, safer, and more satisfying for you?

Talk to your caregivers about these issues. Are they willing to work with you while still maintaining a safe environment for you and your baby?
Resources for Parents

- American College of Nurse Midwives
  Normal, Healthy Childbirth for Women and Families: What You Need to Know

- Citizens for Midwifery
  Midwives Model of Care

- International Childbirth Education Association
  Physiologic Birth

- Mothers’ Advocate and Lamaze International
  Healthy Birth Your Way: Six Steps to a Safer Birth