Module 11
Planning a Home VBAC (HBAC)
More and more women in the U.S. are faced with the denial of hospital-based maternity care for VBAC.

Planned home VBACs in the United States have been increasing at the same time that hospital VBACs have been decreasing.¹

Access to a birth center is not always available.

Some women are choosing a home VBAC rather than having an unnecessary repeat cesarean or repeating a previously traumatic surgical birth.

Women Choose Home VBAC for Many Reasons

- Denial of care by physician or hospital;
- Lack of confidence in support from hospital staff;
- Desire for physiologic birth with minimal interventions;
- Strong preference for midwifery care;
- Lower risk for a cesarean;
- Laboring in a private and familiar environment.
Women Choose Home VBAC for Many Reasons

- Right the “wrongs” of the cesarean;
- Feeling safer and having more control over labor and birth;
- Social support;
- To validate their ability to give birth “normally”;
- Religious reasons;
- Economic reasons.
What do we know about home birth?
Low-risk women who plan a home birth with a midwife have safe outcomes with fewer interventions, including:

- Less need for drugs and epidural for pain relief;
- Lower rate of episiotomy, instrumental delivery and cesareans;
- Lower rates of augmentation and induction of labor.

Low-Risk Home Birth: Safe Outcomes, Lower Interventions

In a large U.S. study of planned home births with midwives:

- 89% of women gave birth at home;
- 93% gave birth on their own;
- 5.2% needed a cesarean;
- 4.5% needed oxytocin to increase contractions;
- 4.5% needed an epidural for pain relief;
- 1.2% had an assisted birth.

What Do We Know About The Outcomes of Home VBAC?

- As with a home birth with breech and with twins, women with a prior cesarean who plan a home birth are at increased risk for complications.\(^1\)

- Many mothers have had a safe VBAC at home.

- However, at this time, we don’t have enough research to tell us if planning a home VBAC is safe or unsafe.\(^2\)


This Is What We Know for Women Who Went into Labor on Their Own

We can look at the outcomes for women who planned a home VBAC and look at the outcomes for women who planned a hospital VBAC.

<table>
<thead>
<tr>
<th>Perinatal Mortality Rate: The chance that a baby would die during labor or up to 28 days after birth.</th>
<th>Per 10,000 Women Who Labored for a VBAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Home VBAC(^1)</td>
<td>47</td>
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<tr>
<td>Planned Hospital VBAC(^2)</td>
<td>8</td>
</tr>
</tbody>
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With a planned home birth, mothers and babies have the best outcomes when home and hospital caregivers work together.

Collaborative Care Is Best for Mothers and Babies

- In case of complications, mothers and babies have the safest outcomes when home and hospital caregivers work together during pregnancy, birth, and the postpartum period.¹

- But, in the U.S. some hospitals do not collaborate with home birth midwives.

A Group of Maternity Care Leaders Agree…

- “All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary.
- When ongoing inter-professional dialogue and cooperation occur, everyone benefits.”


Photo: Shutterstock
A Formal Agreement With a Hospital Is Important for a Planned Home VBAC

In case you or your baby need to be transferred to a hospital, your caregiver should have a plan in place and an agreement with a hospital to make sure you get the care you need as quickly as possible.
Key Points to Review

- For many mothers, home may be the only option where they can get maternity care for a VBAC.
- There is not enough information to tell us if VBAC is safe or not with a planned home birth.
- Parents need to ask their caregivers about collaboration of care and safe transfer to a hospital in case of complications.
Checklist for Parents

Here are some questions you may want to ask your caregiver:

- Are you licensed? Certified?
- What educational background do you have?
- How long have you been attending home birth?
- Do you work with other midwives? Physician?
Checklist for Parents

- Are there health issues that may come up during pregnancy or labor that may mean I need to be transferred to a physician’s care? What are they?
- How many home VBACs have you attended? What were the outcomes?
- Do you have a formal agreement with a nearby hospital in case there is a need for transfer?
- What circumstances would require me or my baby to be transferred to the hospital?
- How long will it take to get there? Who will go with me?
Checklist for Parents

- How will I and my baby be cared for until we arrive?
- Are you on staff at this hospital? If not, can you still accompany me and stay with me during my care?
- Will the staff be ready to care for me or my baby?
- Will there be an obstetrician available?
- Will there be an operating room and staff available if I need surgery?
Planning a Home VBAC Means
Assuming More Responsibility for Your Birth

- Get as much information as you can.
- Choose your caregivers wisely.
- Have a safety plan in case you need to be transferred to a hospital for care.
- Rapid access to an emergency cesarean is important in case of complications.
Resources for Parents

- **Choices in Childbirth**
  Understanding the Research on Home Births

- **University of British Columbia, Division of Midwifery**
  Home Births Understood-Vaginal Birth After Cesarean (YouTube Video)

- **VBAC.org.uk**
  In What Ways is a Home VBAC Less Safe than Hospital?

- **VBAC Facts**
  Why Homebirth? The Dilemma