MANAGEMENT OF

Vaginal Birth After Cesarean (VBAC)
2011 update

This care process model (CPM) was developed by clinical experts from Intermountain Healthcare's Women and Newborns Clinical Program based on the American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin Number 115 and Guidelines for Perinatal Care, Sixth Edition.

About THIS UPDATE

Consistent with ACOG's 2010 Practice Bulletin *Vaginal Birth after Previous Cesarean Delivery*, this CPM affirms that attempting a vaginal birth is a safe and appropriate choice for most women who have had a prior cesarean delivery, including some women who have had two prior low-transverse uterine incisions. The CPM aims to help obstetric providers consistently define and manage the clinical and logistical factors that affect the safety and efficacy of a patient's trial of labor after cesarean delivery.

The algorithm and notes on the next page summarize Intermountain's recommended approach for VBAC management. The model is not intended to supplant the medical judgment of the provider; it will not apply to every patient situation that may arise.

RESOURCES AND REFERENCES

- **ACOG Practice Bulletin Number 115 (2010):** *Vaginal Birth After Previous Cesarean Delivery* — the clinical management guidelines that are the basis of this CPM.
- **Nursing resources:**
  - VBAC Obstetric CPG
  - Checklist in StorkBytes
- **Resources for patient and family education:**
  - *Vaginal Birth After Cesarean (VBAC)* — Intermountain's fact sheet to support informed consent.
- **Informed consent acknowledgement form:** *ACKNOWLEDGMENT OF PROCEDURAL CONSENT* — Intermountain's system-wide form.

This CPM and the resources listed above are available on the "VBAC" topic page for clinicians, accessible through either of these links:

intermountain.net/clinicalprograms
intermountainphysician.org/clinicalprograms

GOALS

- To summarize the roles and practices of evidence-based VBAC management
- To promote resources that support this model of care: ACOG guidelines, nursing protocols, patient education and informed consent materials

Patient fact sheets (English/Spanish) can be accessed and ordered via Intermountain's online library and ordering system, ***i-printstore.com****.*

Intermountain Healthcare

VBAC CHECKLIST FOR NURSES:

On patient admission, nurses should do the following.

- ❑ RE: INFORMED CONSENT:
  - ❑ Confirm that the patient has received the VBAC fact sheet.
  - ❑ Confirm that the patient has signed the system procedural consent.
  - ❑ Refer any remaining patient questions or concerns to provider (and in rural facilities, check that patient has been made aware of resources available).
- ❑ Verify that the patient has had no more than two previous cesarean section deliveries.
- ❑ Confirm with provider that the patient has adequate pelvis and no fetal macrosomia.
- ❑ Confirm that the provider is immediately available when the patient is in active labor or on pitocin, AND has all necessary resources — anesthesia, staff, facility, etc.— to perform an emergency cesarean delivery if needed. (In rural facilities, check that the patient has been made aware of resources available.)
- ❑ Verify that no prostaglandin agents are being used for cervical ripening.
- ❑ If oxytocin has been ordered, verify that it is for this specific VBAC patient (NOT a standing order).
- ❑ Verify or provide IV access (saline lock is sufficient).
- ❑ Verify that continual electronic fetal monitoring is performed.

Nursing to contact provider/physician immediately upon:

- Onset of decelerations
- Abnormal uterine pattern (e.g., tachysystole)
- Vaginal bleeding beyond bloody show

VBAC MANAGEMENT ALGORITHM: FOR OB PROVIDERS

Pregnant patient with history of cesarean

IN PRENATAL VISITS

1 EVALUATE SAFETY OF VBAC ATTEMPT USING CRITERIA BELOW.

INCLUSION criteria
ALL of these must be true/present:

- One or two previous cesarean sections.
- Clinically adequate pelvis.
- Provider commitment to immediate availability* and appropriate support during labor and delivery, specifically:
  – AVAILABLE WHEN the patient is in active labor or on pitocin, AND
  – WITH all necessary resources — anesthesia, staff, facility, etc. — to perform an emergency cesarean delivery if needed.

EXCLUSION criteria
NONE these can be true/present:

- Previous classical or T-shaped incision (or unknown incision with high clinical suspicion of previous classical incision).
- Previous extensive fundal uterine surgery or previous uterine rupture.
- More than two previous cesarean sections.
- Medical or obstetric complications that preclude vaginal delivery.

Safety criteria met

VBAC *fact sheet*

2 DISCUSS DELIVERY WITH PATIENT AND FAMILY; OBTAIN SIGNED CONSENT FORM FOR VBAC as needed.
Use Intermountain's patient fact sheet "Vaginal Birth After Cesarean" to support discussion of potential benefits, risks, and alternatives.

Patient wishes to attempt VBAC and has signed informed consent

System-wide "Acknowledgment of Procedural Consent"

ON ADMISSION TO L&D

Nursing staff must use checklist in StorkBytes (summarized in sidebar) and follow the VBAC Obstetric CPG

3 CERTIFY patient's clinical pelvimetry and EFW.

4 MANAGE with the following in mind:

- **Prostaglandin agents should NOT be used for cervical ripening.**
- **Continual fetal monitoring is recommended by most experts.**
- **The use of oxytocin for induction or augmentation is associated with an increased symptomatic uterine rupture rate from 0.4% to 1% (large studies).**

5 BE IMMEDIATELY AVAILABLE* when patient is in active labor or if patient is on pitocin, WITH ALL NECESSARY RESOURCES for an emergency cesarean section if needed (per step 1).

* Here, the provider's immediate availability means the immediate availability of (1) the patient's OB provider with surgical privileges *OR* (2) the patient's OB provider + appropriate physician backup *OR* (3) appropriate on-site physician coverage.

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