

QUALITY STANDARDS

Placemat for Vaginal Birth After Caesarean

This document is a resource for clinicians and summarizes content from the [Vaginal Birth After Caesarean](#) (VBAC) quality standard.

Options for Birth After Previous Caesarean

Quality Statement (QS) 1: Access to Vaginal Birth After Caesarean

People who have had a Caesarean birth before can plan a vaginal birth for their next birth, as long as there is no medical reason not to have one.

Offer VBAC in a supportive manner to all pregnant people who have had a previous Caesarean birth and who have no contraindication to a vaginal birth.

QS 2: Discussion After Caesarean Birth

After a Caesarean birth, people have a discussion with their physician or midwife and receive written information about the reasons for their Caesarean birth and their options for future births.

Have a discussion with people who have had a Caesarean birth and provide written information about the reasons for their Caesarean birth and their options for future births.

QS 3: Shared Decision-Making

Pregnant people who have had a previous Caesarean birth participate in shared decision-making with their physician or midwife. The discussion and planned mode of birth are documented in the perinatal record.

Provide antenatal counselling that supports shared decision-making for the planned mode of birth and offer VBAC when appropriate. Document the discussion and the planned mode of birth in the perinatal record. Consider using a decision aid, such as [My Next Birth](#), developed by Perinatal Services BC.

Consideration of Birth History

QS 4: Previous Vaginal Birth

Pregnant people who have had both a previous Caesarean birth and a previous vaginal birth are informed that they have a high likelihood of successful vaginal birth if no contraindication is present.

Inform pregnant people who have had both Caesarean and vaginal births, and who have no contraindications to vaginal birth in their current pregnancy, that they have a high likelihood of successful VBAC.

QS 5: Operative Reports and Incision Type

Physicians and midwives obtain an operative report from any previous Caesarean births whenever possible. Pregnant people who have had a previous Caesarean birth with an unknown type of uterine incision have an individualized assessment by their physician or midwife to determine the likelihood of a low transverse incision.

Obtain operative reports from previous Caesarean births whenever possible to develop an appropriate plan of care. Inability to obtain the operative record should be documented, and VBAC may still be offered with shared decision-making. Document the discussion and planned mode of birth. When the incision type used in the previous Caesarean birth is unknown, assess the person's preference and the clinical circumstances surrounding the previous Caesarean birth to determine whether VBAC is feasible.

Preparation for Labour

QS 6: Timely Access to Caesarean Birth

Pregnant people planning a vaginal birth after Caesarean are aware of the resources available and not available at their planned place of birth, including physician, midwifery, nursing, anesthesiology, and neonatal care, and the ability to provide timely access to Caesarean birth.

Inform pregnant people planning a VBAC about the resources available and not available at their planned place of birth in case they need an unplanned Caesarean birth. If an out-of-hospital birth is planned, inform people about plans for transport and timely transfer to hospital.

QS 7: Unplanned Labour

Pregnant people planning an elective repeat Caesarean section should have a documented discussion with their physician or midwife about the feasibility of vaginal birth after Caesarean if they go into unplanned labour. This discussion should take place during antenatal care and again if the person arrives at the hospital in labour.

Engage people who plan an elective repeat Caesarean section in shared decision-making about the feasibility of VBAC if they go into unplanned labour.

Care During Labour

QS 8: Induction and Augmentation of Labour

Pregnant people who have had a previous Caesarean birth are offered induction and/or oxytocin augmentation of labour when medically indicated, and are informed by their physician or midwife about the potential benefits and harms associated with the method proposed. Discussion about this should begin in the antenatal period.

Offer induction and/or oxytocin augmentation of labour when medically indicated, and discuss the benefits and potential harms associated with the method proposed, including increased risk of uterine rupture. Do not use misoprostol to induce labour after Caesarean.

QS 9: Signs and Symptoms of Uterine Rupture

During active labour, pregnant people who have had a previous Caesarean birth are closely monitored for signs or symptoms of uterine rupture.

Monitor people who have had a previous Caesarean birth closely for signs or symptoms of uterine rupture during active labour.

Resources

- [Vaginal Birth After Caesarean](#) quality standard and guide for patients and families
- Better Outcomes Registry and Network Ontario's [VBAC Quality Standard Report](#)
- [Educational handouts](#) available in 9 languages in the [Trial of Labour After Caesarean Bundle](#)

Additional tools and resources are on [Quorum](#).

Need this information in an accessible format?
1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

Document disponible en français en contactant info@OntarioHealth.ca

ISBN 978-1-4868-8410-0 (PDF)

© King's Printer for Ontario, 2024