VBACfacts®
Don't freak. Know the facts.

3 Surprising Things ACOG Says About VBAC

Many obstetricians and hospitals in the United States turn to the American College of OB/GYNs (ACOG) to help them understand the evidence and create policy. Yet, there is a bit of myth and mystery surrounding what ACOG says about vaginal birth after cesarean (VBAC), so let's get to the facts, straight from the mouth of ACOG via their latest VBAC guidelines. PS: I'm replacing all references to TOLAC, trial of labor after cesarean, with LAC, labor after cesarean, because this simple language switch honors the emotional and physical journey of laboring after a cesarean without the judgment of a "trial."

1 BIG BABIES, GOING BEYOND 40 WEEKS, AND SHORT BIRTH INTERVALS ARE OK IN LACS.

Many parents are told that they need to go into labor by a certain date to a baby of a certain size with a minimum number of months since their cesarean in order to plan a VBAC, but is this consistent with national guidelines? ACOG shares, "studies examining the incidence of uterine rupture during [LAC] with neonatal birth weights greater than 4,000 g have shown mixed results... Suspected macrosomia alone should not preclude offering [LAC]." In terms of going beyond 40 weeks, ACOG asserts, "Although one study has shown an increased risk of uterine rupture beyond 40 weeks of gestation, other studies, including the largest study evaluating this factor, have not found this association... gestational age greater than 40 weeks alone should not preclude [LAC.]" Finally, while ACOG says that short interdelivery intervals (less than 19 months from cesarean to subsequent birth) are associated with lower VBAC odds, they do not say they are a contraindication to VBAC.

2 24/7 ANESTHESIA IS NOT REQUIRED FOR A HOSPITAL TO OFFER VBAC.

Hospitals throughout the United States ban VBAC because they misinterpret ACOG's anesthesia recommendations. ACOG never said "immediately available" anesthesia or obstetrician was required. And in 2019, ACOG used even clearer language: "Women attempting [LAC] should be cared for in a level I center (ie, one that can provide basic care) or higher... In settings where the resources needed for emergency delivery are not immediately available, the process for gathering needed staff when emergencies arise should be clear, and all centers should have a plan for managing uterine rupture... [LAC] may be safely attempted in both university and community hospitals and in facilities with or without residency programs." That language is unambiguous.

3 EVEN IF A HOSPITAL BANS VBAC, THEY CANNOT MANDATE REPEAT CESAREANS.

While many think that VBACs can be eliminated by VBAC bans, the truth is, parents still have the right to decline any intervention, including cesareans, regardless of hospital VBAC policy. As ACOG says, "Respect for patient autonomy also dictates that even if a center does not offer [LAC], such a policy cannot be used to force women to have cesarean delivery or to deny care to women in labor who decline to have a repeat cesarean delivery... Coercion is not acceptable... After counseling, the ultimate decision to undergo [LAC] or a repeat cesarean delivery should be made by the patient in consultation with her obstetrician or other obstetric care provider." The right of people to make their own medical decisions is fundamental to international human rights law and that right does not evaporate once they have a cesarean.

Want to boost your VBAC knowledge so you can increase VBAC access in your community? CLICK HERE to join our movement!

Are you planning a VBAC? CLICK HERE to learn more about the evidence so you can avoid common pitfalls and boost your VBAC odds!

References: ACOG. (2019). ACOG Practice Bulletin No. 205. Vaginal birth after cesarean delivery. *Obstetrics & Gynecology*, 133(2), e110-e127. ACOG. (2016). Refusal of medically recommended treatment during pregnancy. Committee Opinion No. 664. *Obstetrics & Gynecology*, 127, e175-82.