

Statement On Informed Decision Making for Vaginal Birth after Caesarean

Purpose of Statement

Midwives provide care to women electing to have a vaginal birth after caesarean (VBAC) in whatever birth site they choose.

This statement provides guidance to midwives around client informed decision making regarding vaginal birth after caesarean (VBAC).

This statement supplements, not replaces, all other standards and policies of the College of Midwives that guide the professional practice of midwives registered in Alberta.

Background information as stated in College of Midwives of Alberta Model of Care

Philosophy of Care

Midwifery actively encourages informed choice throughout the childbearing cycle by providing relevant, objective information to facilitate decision-making. The practice of midwifery enables women to develop the understanding, skills and motivation necessary to take responsibility for and control of their own health.

Model of Care

Midwives respect the right of women to make informed choices about all aspects of their care. Midwives actively encourage informed decision-making by providing women with complete, relevant, and objective information in a non-authoritarian manner.

Evidence-based Practice

Midwives are expected to stay up-to-date with regard to research on maternity care issues, to critically appraise research, and to incorporate relevant findings into their care.

Statements for midwives when client is considering a decision for a VBAC

1. Informed decision discussions are in a language (interpreter may be necessary) and literacy understood by the client,
2. Antenatal discussions take place early and as client requires during pregnancy to allow time for referral to other reliable sources of information, thoughtful decision making and referral for consultation or transfer of care to other health care providers if needed.
3. Antenatal informed decision discussions include:

- Benefits and risks of vaginal birth after caesarean,
 - Benefits and risks of place of birth,
 - Clients responsibility to prepare for an out of hospital birth,
 - Signs and symptoms of complications in pregnancy and labour that increase risk to mother or baby,
 - Distance to hospital,
 - Reasons to consult an obstetrician,
 - Reasons to transfer care to an obstetrician,
 - Management of emergencies in and out of hospital.
2. Informed decision making discussions are documented in detail in the client antenatal record.
 3. Communicate and document timely and accurate assessment of the health of the woman and baby throughout pregnancy and labour.
 4. Support the client's informed decision for VBAC and place of birth.

Bibliography:

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<http://www.college-midwives-ab.ca/wp-content/uploads/2012/07/Appendix-3-Standards-of-Competency-and-Practice.pdf>

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