Changing Views on Vaginal Birth after Previous Cesarean Delivery (VBAC)

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Objectives:
1. To review the history of VBAC.
2. To review new tools used to identify optimal candidates for trial of labor after cesarean (TOLAC).
3. To review current recommendations regarding resources for health care-providers and facilities offering TOLAC.

Summary: Vaginal birth after cesarean (VBAC) describes vaginal delivery by a woman who has had a previous cesarean delivery (CD). Trial of labor after previous CD (TOLAC) provides women who desire a vaginal delivery with the possibility of achieving that goal. “Once a cesarean, always a cesarean” dominated obstetric practice in the US for most of the twentieth century (1). In 1980, an NIH Consensus Development Conference Panel questioned the necessity of routine repeat CD and outlined situations in which VBAC could be considered. This was supported by the American College of Obstetricians and Gynecologists (ACOG). TOLAC was offered more often in the 1980s through 1996, with an increase in VBAC rates from just more than 5% in 1985 to 28.3% by 1996 (2). Some third-party payers and managed care organizations even mandated that all women who had previous CD undergo TOLAC (3-4). As the number of women pursuing TOLAC increased, however, so did the number of reports of uterine rupture and other complications during TOLAC (3). As a result, the VBAC rate had decreased to 8.5% by 2006 and the total CD rate had increased to 31.1% (5). In some hospitals, TOLAC is no longer offered (2). Most maternal morbidity that occurs during TOLAC occurs when repeat CD becomes necessary. VBAC is associated with fewer complications, and a failed TOLAC is associated with more complications, than elective repeat CD. Estimates for likelihood of successful VBAC should be incorporated into patient counseling during their prenatal care.

Key Points:
1. The fluctuations in VBAC rates over the past century have been related to changing views in VBAC, assisted by the NIH and ACOG, as well as published trials reporting the risks associated with TOLAC.
2. VBAC is associated with fewer complications, and a failed TOLAC is associated with more complications, than elective repeat CD. Estimates for likelihood of successful VBAC should be incorporated into patient counseling during their prenatal care.
3. TOLAC should be undertaken at facilities capable of emergency deliveries since the risks associated with TOLAC may be unpredictable.

References: