

POLICY STATEMENT ON PLANNED VAGINAL BIRTH AFTER CESAREAN SECTION

The College of Midwives of British Columbia (CMBC) supports registered midwives in providing primary care for clients planning a vaginal birth after a previous cesarean section (VBAC¹). The CMBC's *Indications for Discussion, Consultation and Transfer of Care* establish that labour and vaginal birth after one previous documented low-segment cesarean section as within the midwife's scope of practice. The current literature supports planned VBAC as being a safe option for appropriate clients, and indicates that a midwife is competent to provide primary care. As with any delivery, a midwife will seek physician consultation or transfer of care when indicated, but medical consultation is not required in every case.

It is the responsibility of the midwife to facilitate a full informed choice process with the client regarding the various care options available for planned VBAC in her community. The midwife will inform the client of the potential risk and consequences of uterine rupture with a planned VBAC and any additional considerations associated with birth setting and delivering in an isolated community or in a community with limited obstetrical services. The midwife should provide sufficient information for her client to make informed choices about her care.

CMBC encourages registrants to work together with their local hospitals in developing guidelines for planned VBAC that are evidence-based, acknowledge the benefits of non-intervention in the normal process of labour and birth, and provide a safe framework for care.

¹ Planned VBAC may also be referred to as Trial of Labour after Cesarean Section (TOLAC).