

# Informed Decision Making for Next Birth after Caesarean Section

**PSBC 3<sup>rd</sup> Biennial Conference, Vancouver BC**

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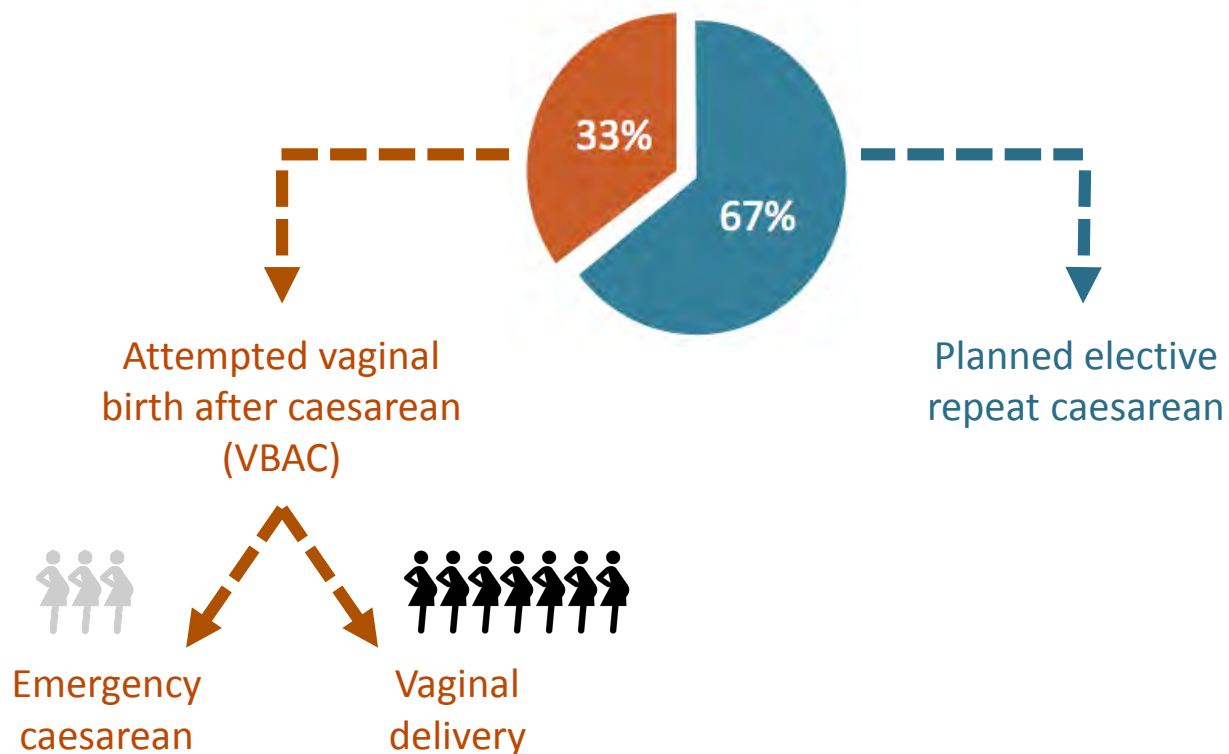
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We have no conflicts of interest to declare

# The Problem

82.4% of women are eligible for VBAC



7 out of 10 women will have a VBAC as planned

## Guidelines for Vaginal Birth After Previous Caesarean Birth

This guideline has been prepared and reviewed by the Clinical Practice Obstetrics Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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### Recommendations:

1. Provided there are no contraindications, a woman with 1 previous transverse low-segment Caesarean section should be offered a trial of labour (TOL) with appropriate discussion of maternal and perinatal risks and benefits. The process of informed consent with appropriate documentation should be an important part of the birth plan in a woman with a previous Caesarean section (II-2B).
2. The ~~site~~ site of a woman undergoing a TOL after Caesarean section should be clearly marked, and documentation of the previous uterine scar should be clearly marked on the prenatal record (II-2B).

“Provided there are no contraindications, a woman with 1 previous transverse low-segment Caesarean section **should be offered a trial of labour (TOL)** with appropriate discussion of maternal and perinatal risks and benefits. The process of **informed consent** with appropriate documentation should be an important part of the birth plan in a woman with a previous Caesarean section (II-2B).”

vaginal birth after Caesarean (VBAC) and repeat Caesarean section.

Evidence: MEDLINE database was searched for articles published from January 1, 1995, to February 28, 2004, using the key words “vaginal birth after Caesarean (Caesarean section.” The quality of evidence is described using the Evaluation of Evidence criteria outlined in the Report of the Canadian Task Force on Periodic Health Exam.

Key Words: Vaginal birth after Caesarean, trial of labour, uterine rupture, induced labour, oxytocin, prostaglandins, misoprostol

These guidelines reflect emerging clinical and scientific advances as of the date issued and are subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the SOGC.

is associated with an increased risk of uterine rupture and should not be used except in rare circumstances and after appropriate counselling (II-2B).

11. Prostaglandin E1 (misoprostol) is associated with a high risk of uterine rupture and should not be used as part of a TOL after Caesarean section (II-2A).
12. A Foley catheter may be safely used to ripen the cervix in a woman planning a TOL after Caesarean section (II-2A).
13. The available data suggest that a trial of labour in women with more than 1 previous Caesarean section is likely to be successful but is associated with a higher risk of uterine rupture (II-2B).
14. Multiple gestation is not a contraindication to TOL after Caesarean section (II-2B).

# The Problem

Evidence suggests existing interventions to support optimal birth after previous caesarean are **ineffective**.



Patient decision support



Audit and feedback vs. opinion leaders



Clinical practice guidelines

Non-clinical factors influence decision-making

- Attitudes and beliefs of care providers and their hospitals
- Malpractice concerns
- Access to the necessary surgical resources



What are the factors that influence women's decision-making for birth after caesarean?

# Study Design

## Phase 1 (2015)

- Qualitative design informed by grounded theory (n=57)
- In-depth, semi-structured interviews
- Integrated knowledge translation approach

## Phase 2 (2017-present)

- Develop behaviour change interventions at the patient, practitioner, and policy levels to support women to make informed choices for birth after caesarean



Original Research - Qualitative

## Seeking control in the midst of uncertainty: Women's experiences of choosing mode of birth after caesarean

Sarah Munro<sup>a,b,\*</sup>, Patricia Janssen<sup>c</sup>, Kitty Corbett<sup>d</sup>, Elizabeth Wilcox<sup>c</sup>, Nick Bansback<sup>c</sup>, Jude Kornelsen<sup>a</sup>

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## **Do Women Have a Choice? Care Providers' and Decision Makers' Perspectives on Barriers to Access of Health Services for Birth after a Previous Cesarean**

*Sarah Munro, PhD, Jude Kornelsen, PhD, Kitty Corbett, PhD, Elizabeth Wilcox, MA, Nick Bansback, PhD, and Patricia Janssen, PhD*



# Phase 1 Findings



Women lacked quality information on options for birth after caesarean



Having a healthy baby is of utmost importance, but it is not the only thing that matters to women



Unplanned caesarean and separation from baby caused trauma for some women



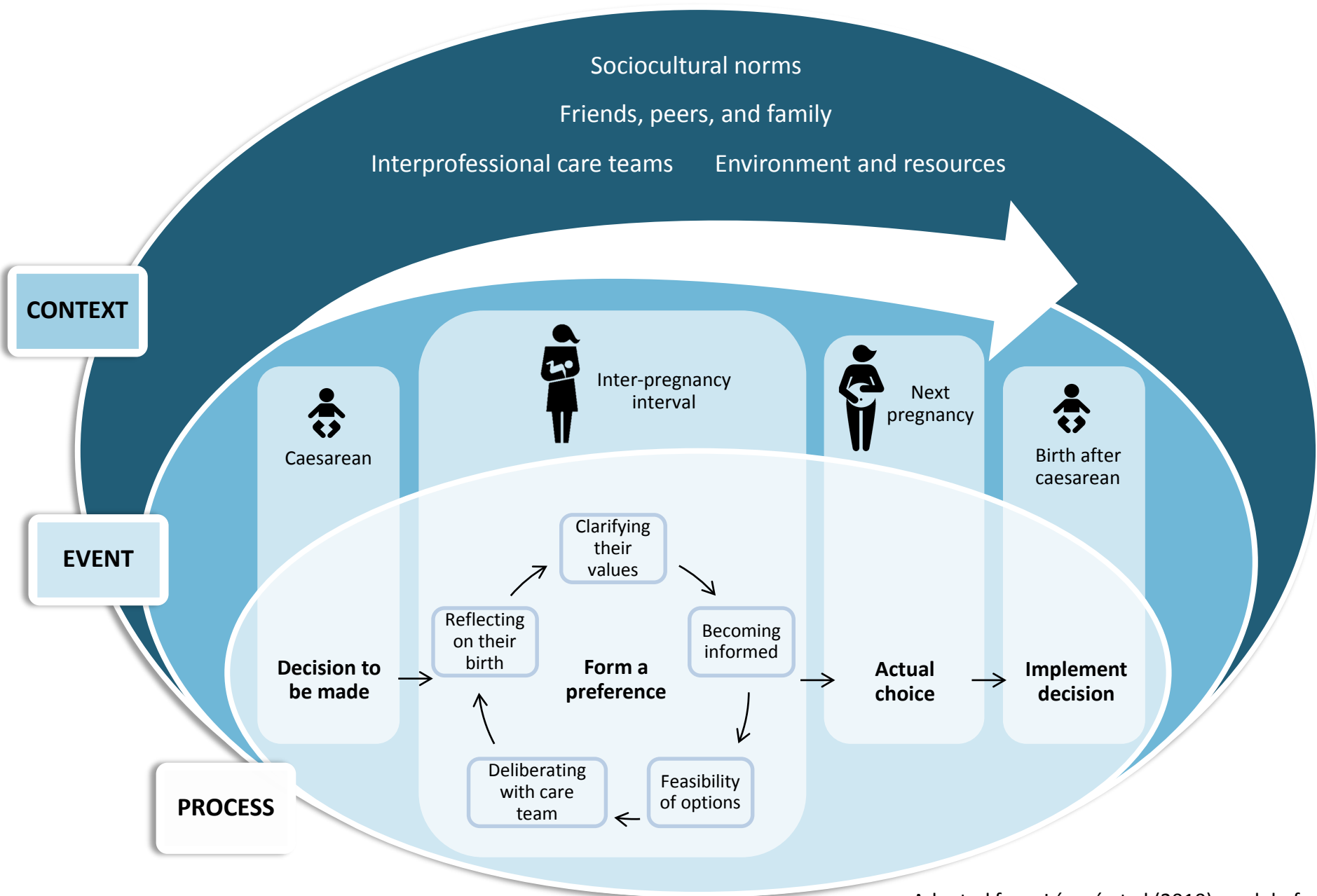
Care providers influenced women's choices



Women consider their options for birth after caesarean in the period between pregnancies



Debriefing a woman's first birth experience may have a positive impact on their decision-making for future births



Adapted from Légaré et al (2010) model of Interprofessional Shared Decision-Making



# Vaginal Birth After Cesarean (VBAC) in BC

Answers to Six Common Questions

[www.optimalbirthbc.ca](http://www.optimalbirthbc.ca)



The Best Birth Clinic at BC Women's Hospital & Health Centre offers information and medical consultation to pregnant women who are considering whether vaginal birth or cesarean birth would be best for them.

**Best BIRTH CLINIC**  
Know your options. take control.

**Power TO PUSH CAMPAIGN**  
Know your options. take control.

**Best Birth Clinic**  
BC Women's Hospital & Health Centre  
4500 Oak Street  
Vancouver, BC V6H 3N1  
Email: [info@powertopush.ca](mailto:info@powertopush.ca)  
Phone: 604-875-2424, extension 6387  
→ [www.powertopush.ca/best-birth-clinic](http://www.powertopush.ca/best-birth-clinic)

→ Vaginal Birth After Cesarean (VBAC)

[www.powertopush.ca](http://www.powertopush.ca)

**Best BIRTH CLINIC**  
Know your options. take control.

**PATIENT INFORMATION BOOKLET**

**Vaginal Birth After Cesarean and Planned Repeat Cesarean Birth**

# MY NEXT BIRTH

Are you thinking about your options for **next birth after caesarean?**

You might have just had a caesarean, be in-between pregnancies, or be pregnant again.

No matter how far along you are in your decision, *My Next Birth* aims to give you clear information that supports your values and

Enter



# Summary

1. A woman's first caesarean influences their preference for mode of delivery.
2. Some women experience trauma after an unplanned caesarean.
3. Women begin forming a preference for mode of delivery during their interpregnancy interval.
4. Debriefing and shared decision-making (SDM) with patient decision aids can help women make more informed choices.
5. Look **upstream** to clinician, resource, and policy barriers and address them through regional and provincial strategies.

# Want to get involved?

Practitioners and Patients ... We would love to get in touch with you to ask for your feedback on materials as they are ready.

Please contact Sarah or Stephanie to be added to our network.

[Sarah.Kaufman@fraserhealth.ca](mailto:Sarah.Kaufman@fraserhealth.ca) or [Stephanie.Bouris@gov.bc.ca](mailto:Stephanie.Bouris@gov.bc.ca)

Thank you