

Panel: After C-section, don't shun vaginal birth

Experts say procedure safe, should be more available

By Shari Road, Tribune Newspapers

Los Angeles -- Vaginal birth after cesarean, or VBAC, is reasonably safe and should be more widely available, a National Institutes of Health advisory panel concluded Wednesday.

Such deliveries once accounted for 25 percent of U.S. births among women with a previous cesarean delivery, but have now fallen to less than 9 percent. Many women would like to attempt a vaginal delivery, however, and the consensus statement is expected to increase their access to the option.

"That (vaginal birth after cesarean) is not even an option for a lot of women is a shame."

*- Dr. George Macones,
Washington University*

The NIH panel, composed of independent experts in maternal and child health, found that, although both VBAC and a planned, repeat cesarean pose a range of risks and benefits, women should be allowed more choice. Thus, nonmedical deterrents such as hospital policies, legal liability concerns and doctor preferences should be dismantled, it stated.

"The tide is to walk away from VBAC. But the panel is making a clear statement that we need to understand and better address the nonmedical barriers to VBAC," said Carol Sakala, director of programs for Childbirth Connection, a national, nonprofit organization that works to improve maternity care. "They want to give women the option of VBAC." The statement was released at the conclusion of a three-day meeting in Bethesda, Md., to reassess the scientific evidence on VBAC safety.

The U.S. cesarean delivery rate has risen 50 percent since 1996 and now stands at a record high of 31.8 percent of all births, and a policy of repeating cesareans once a woman has had one has contributed significantly to that climb. Federal health authorities have suggested the primary C-section rate should be about half of what it is now.

VBAC fell out of favor in recent years because of criticism that it was performed too often, especially among women at high risk for complications. The most serious risk is that the uterus will tear along the scar left by the previous cesarean delivery. A uterine rupture can be life-threatening.

Because of the rupture risk, the American College of Obstetricians and Gynecologists in 1999 urged that VBAC should be offered only if a doctor is "immediately available" to provide emergency care. That policy is largely blamed for plummeting VBAC rates. The panel's statement urges physician groups to "reassess this requirement."