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By webmaster

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National Institutes of Health Releases Statement on VBAC

Access to VBAC is Limited by Non-Medical Factors

and is Safe for Most Women

REDONDO BEACH, CA, March 11, 2010. The National Institutes of Health (NIH) finished the Conference on Vaginal Birth After Cesarean (VBAC) March 8th-10th, 2010, evaluating issues surrounding VBAC and seeking to quantify why VBAC rates have plummeted in the U.S. over the last decade. The final report will provide consumers, health care providers and the general public with data currently available on VBAC. Audience members included members of birth, health, and women's rights organizations, including ICAN President Desirre Andrews and numerous other ICAN representatives.

"The final statement from the NIH concludes that a VBAC is a reasonable option for most women. Over 75% of women who attempt VBAC will be successful." says Desirre Andrews, ICAN President. "Currently less than 10% of women who have had previous cesareans deliver vaginally in subsequent pregnancies, leading to significant and preventable illness and death."

The NIH made clear that the major driving factors behind this are non-medical reasons including but not limited to perceived convenience, insurance and liability concerns. Proper execution of the informed consent and refusal process is not routine, and would be one factor in addressing non-medical concerns.



“NIH took the American Congress of Obstetricians and Gynecologists (ACOG) and anesthesiologists to task, calling on them to change the language in their official recommendations on VBAC. ICAN has understood for years that this language plays a large role in the lack of access to VBAC in the U.S.” continues Ms. Andrews. “We hope ACOG rises to the challenge and also hope they will finally be willing to work with ICAN and other advocacy organizations to improve maternal and fetal safety.”

A survey conducted by ICAN in 2009 showed approximately 45% of hospitals in the United States formally [ban VBACs](#) either explicitly or through unsupportive policies and procedures. Many women are never counseled that they are good candidates for VBAC and thus undergo more risky and expensive repeat cesareans. The NIH report acknowledges that this represents a serious breach of medical ethics. ICAN supports every woman’s right to select the care provider, birth setting and birth plan of her choice.

Lacking in the NIH statement is support for a woman’s right to refuse a cesarean section as this was felt to be beyond the scope of the current mandate. It was acknowledged, however, by many expert presenters that forcing a pregnant woman to undergo an unwanted surgery is medically indefensible, unethical and immoral. ACOG’s own statement on ethics states that a woman should neither be coerced nor punished for not following a recommendation. Further exploration of the issue of patient autonomy in the pregnant woman will require vigilance by all concerned parties to make sure the discussion is an informed one.

ICAN encourages health organizations, care providers and consumers to continue to work towards improving the model of maternity care in our country to better reflect evidence-based practices and respect towards consumer rights of informed consent and refusal. The NIH VBAC statement is available at <http://consensus.nih.gov/2010/vbacstatement.htm>.

International Cesarean Awareness Network



The International Cesarean Awareness Network (ICAN) is a non-profit organization that works to improve outcomes for mothers and babies by preventing unnecessary cesareans through education, supporting those recovering from birth and promoting access to vaginal birth after cesarean (VBAC).