

The Provincial Council for Maternal and Child Health

Vaginal Birth After Caesarean

Education Toolkit

Updated October 2020

The best practice recommendations are in the *Vaginal Birth after Caesarean Section* Quality Standard and support tools can be downloaded from www.pcmch.on.ca

Please read the Quality Standard prior to implementing the tools in this document.

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Provincial Council *for* Maternal *and* Child Health

555 University Avenue

Toronto, ON, M5G 1X8

info@pcmch.on.ca

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Introduction

During the development of the Vaginal Birth after Cesarean (VBAC) Quality Standard (QS) and the [Recommendations for Adoption](#) there was recognition of the gaps in the area of education and training and an expressed need for practical tools that can help providers and organizations. This collection of educational tools is designed to address some of the gaps and recommendations identified in the area of Education and Training by providing tools that can to support organizations, health care providers and eligible pregnant individuals increase their knowledge, skills and comfort in the implementing the quality care for people who have had a Caesarean birth and are planning their next birth.

How to use this toolkit

This toolkit contains an alphabetical list of education materials with a brief description of the tool and the intended audience. The three main audiences for the education materials are patients, health care providers and decision makers. Some tools will only apply to one audience, while other tools may be applicable to all three. The title of the resource is hyperlinked to the primary source for all tools that are available electronically. The tools included in this toolkit are examples that are in use in other organizations. If your organization is considering using or adapting any of the tools, please ensure that your organization specific copyright procedures are followed. Acknowledgements have been made throughout.

Audiences

Patient Education

The patient education tools are aimed at helping pregnant people to be confident with their decision making process and ultimately their decision to have an Elective Repeat Cesarean Section (ERCS) or planned VBAC. The tools can be used throughout the antenatal period to support the pregnant person to participate in shared decision making and inform their birth plan.

Clinician Education

The Clinician tools are designed for use by health care provider to improve access to safe vaginal birth after Caesarean delivery and promote informed shared decision-making. Both clinical practice and implementation support tools are included. Familiarity with the patient education tools is also recommended as part of the education for this group.

Organizations/ Decision Makers

These tools can be used by health services organizations and decision makers to support the implementation of the VBAC QS and ultimately increasing the rate of planned vaginal births after caesarean over time. Familiarity with the patient and health care provider education tools is also recommended as part of the education for this group.

Content Updates

PCMCH is committed to maintaining the content of this tool. If you would like to submit additional content or suggest a revision to the education toolkit, please contact PCMCH via email:

info@pcmch.on.ca. To contribute content to the toolkit, please include the necessary copyright permissions.

Educational Tools

Alphabetized List & Descriptions	Audience		
	Pregnant People	Clinicians	Decision Makers
1. A User Guide to the Ontario Perinatal Record (OPR) and OPR -the standard form and user guide that shows how to document perinatal care in Ontario. For VBAC specific sections – see counselling p. 28, consent p. 29, type of birth p. 29, review of birth p. 32		x	
2. Birth after Caesarean: Consent Form -sample consent form that is used in BC Women’s Hospital and Health Centre		x	
3. BORN Indicators - VBAC Eligibility Criteria and Indicators that will be available in the BORN Information System (BIS) for hospitals – Appendix A		x	x
4. Caesarean Birth: Prenatal Education Key Messages for Ontario - definition, risks, preparation, skin-to-skin, recovery and post-op care information	x		
5. Clinical Practice Guideline 14: VAGINAL BIRTH after Previous Low-Segment Caesarean Section September 2011 - evidence-based clinical practice guideline (CPG) that is consistent with the midwifery philosophy and model of care		x	
6. Elective Repeat Caesarean Section (ERCS) Southern Ontario Obstetrical Network - 1 of 3 YouTube videos including benefits and risks of ERCS	x		
7. Getting Started Guide: Putting Quality Standards Into Practice - A guide designed for people who are interested or involved in using quality standards to improve care	x	x	x
8. I CAN PUSH: VBAC 101 - information slide deck is used in prenatal class; exclusively for Patients with a Prior Cesarean Section - Appendix B	x	x	
9. I CAN PUSH: Information Session for Patients with a Prior Cesarean Section - sample poster used to promote the I CAN PUSH: VBAC 101 - Appendix C	x	x	
10. I CAN PUSH: Health Care Provider Workshop - slide deck used to inform health care providers about recent literature on VBAC and the I CAN Push Campaign materials -Appendix D		x	x
11. Induction of Labour Southern Ontario Obstetrical Network - 2 of 3 YouTube video including with benefits and risks	x		
12. Information for You: Birth Options after previous caesarean section (July 2016) - Information sheet for individuals that have had one caesarean and want to know more about their birth options	x		
13. Informed Decision-Making for Labour & Birth (2019) - a review of the current evidence; existing challenges and opportunities; and promising strategies and resources for service delivery.		x	x
14. Plan of Care for Birth after a Previous Caesarean - information booklet for pregnant individual with a previous Cesarean birth to help them inform that document their birth plan	x		
15. Recommendations for Adoption: Vaginal Birth after Caesarean - a summary of recommendations at local practice and system-wide levels to support the adoption of the quality standard for vaginal birth after Caesarean (VBAC).		x	x

16. Risk Reference Sheet: Mismanagement of Informed Choice Discussions – Vaginal Birth After C-Section (VBAC) (2018) - reviews themes from past incidents and opportunities to avoid similar incidents in the future including risk case study and reflective questions about VBAC		x	x
17. Sample Protocols - samples submitted by midwifery practices, are available on VBAC for practices to download and adapt. Be sure to tailor the template to reflect current evidence, best practices and practice group / community specific info before use		AOM Members only	x
18. Thinking about VBAC: Deciding what’s right for me (2015) - information about birth options after a previous C-section. Available in English, French, Spanish, Farsi, Arabic, & Simplified Chinese	x		
19. TOLAC Clinical Practice Guideline by SOGC (2019) – full text available to JOGN members		x	x
20. Trial of Labor after Caesarean Section (TOLAC) by Southern Ontario Obstetrical Network - 3 of 3 YouTube video including with benefits and risks		x	x
21. Trial of Labour after Caesarean Section – What you need to know - information about risks and benefits and birth options	x		
22. VBAC 101: Session Survey – evaluation tool for VBAC 101 patient education session; includes information about patients eligibility and birth plan information –Appendix E		x	x
23. VBAC Infographic -helps patients to know what to ask for in their care	x		
24. VBAC Quality Standard (EN/FR) – (2018) addresses care for people who have had a Caesarean birth and are planning their next birth. Focuses on care for people who are pregnant with one baby who is head-down and at full term		x	x
25. Vaginal Birth after Caesarean (VBAC)- OMAMA webpage definition and links to other website with additional information including an opportunity to subscribe for updates	x		
26. Vaginal birth after Caesarean (VBAC)-Pregnancy INFO - webpage including risks and benefits produced by SOGC	x		
27. Vaginal Birth after Caesarean (VBAC): Prenatal Education Key Messages for Ontario - definition, risks, discussion tips, after care information	x		
28. Vaginal Birth after Caesarean: Care for People Who Have Had a Caesarean Birth and Are Planning Their Next Birth. Measurement Guide (2018) - intended for use by those looking to adopt the quality standard; dedicated sections for local and provincial measurement		x	x
29. Vaginal Birth After Caesarean Care for People Who Have Had a Caesarean Birth and Are Planning Their Next Birth - Patient Reference Guide-(2018) (EN/FR) - guide is for people who have had a Caesarean birth and are planning their next birth. Includes information about treatment options and receiving high-quality care.	x		
30. Vaginal Birth after Caesarean Mobile App for Midwives -information on the risks, benefits and other relevant considerations for clients considering VBAC. Available on the App Store and Google Play .		RM only	
31. PCMCH VBAC Webinar – An overview of the quality standards, accompanying implementation supports, and shared decision making tools and other educational tools		x	x

VBAC Quality Standard Data Report

Report information:

- Name of report - “VBAC Quality Standard Report”
- Available in the BORN Information System (BIS) “Clinical Reports” to hospitals and BORN users
- Hospitals can review their Vaginal Birth after Cesarean Birth (VBAC) rates through 7 indicators defined by the Provincial Council for Maternal Child Health (PCMCH), Ontario Health (Quality), and BORN Ontario.
- Each indicator report will contain your hospital rate plus three comparators:
 - Same level of care;
 - Same birth volume;
 - Provincial rate.

Eligibility Criteria for VBAC	
Include	Exclude
≥ 37 weeks gestation	Placental issues: Placenta accreta/ increta/ percreta; placenta previa
Cephalic (head down)	
Multiparous pregnant patients	Previous uterine rupture
1 previous Cesarean birth	Previous T/classical incision/ uterine surgery
Singleton only	Other maternal or fetal complications that is a contraindication to a vaginal birth

Indicator 1:

Percentage of pregnant individuals who are eligible for a VBAC among all pregnant individuals who have had one previous Cesarean birth

- Numerator: Number of pregnant individuals who are eligible for a VBAC
- Denominator: Number of pregnant individuals who have had one previous Cesarean birth

Indicator 2:

Percentage of eligible pregnant individuals who plan a VBAC

- Numerator: Number of pregnant individuals plan a VBAC
- Denominator: Number of pregnant individuals that are eligible for VBAC

Indicator 3:

Percentage of eligible pregnant individuals who plan an elective repeat Cesaren birth

- Numerator: Number of pregnant individuals who plan a repeat Cesarean birth
- Denominator: Number of pregnant individuals eligible for VBAC

Indicator 4:

Percentage of eligible pregnant individuals who attempt a VBAC

- Numerator: Number of pregnant individuals attempt a VBAC
- Denominator: Number of pregnant individuals that are eligible for VBAC

Indicator 5:

Percentage of pregnant individuals who have a successful VBAC among eligible pregnant individuals who attempted a VBAC

- Numerator: Number of pregnant individuals whom have a successful VBAC
- Denominator: Number of pregnant individuals that are eligible and attempt a VBAC

Indicator 6:

Rate of uterine rupture per 1,000 attempted VBAC's

- Numerator: Number of pregnant individuals who experience a uterine rupture
- Denominator: Number of pregnant individuals who are eligible and attempt a VBAC

Indicator 7:

Percentage of neonates who are admitted to SCN/NICU among infants born to people who were eligible and attempted a VBAC compared to those who were eligible and did not attempt a VBAC

- Numerator: Number of infants admitted to SCN/NICU
- Denominator:
 - 7a: Number of infants (admitted to SCN/NICU) born to people who were eligible and attempted a VBAC
 - 7b: Number of infants (admitted to SCN/NICU) born to people who were eligible and did not attempt a VBAC

Additional Data Elements

This information is included as FYI only, not for inclusion in the VBAC Quality Standard Report in BIS. These are additional data elements that BORN collects that are related to cesarean section. Definition of the element in italics:

- Primary indication for cesarean: *Primary medical or non-medical reason for cesarean section.*
- All indications for cesarean: *Indicate all medical and non-medical indications for cesarean section.*
- CS dilation (cm): *If cesarean section decision made in first stage of labour, measurement of cervical dilation during active labour in centimeters.*
- CS stage: *Stage during labour just prior to decision for cesarean section.*
- Type of CS: *Indicate if cesarean was planned (as scheduled), planned (not as scheduled), or unplanned.*

Appendix B: I CAN PUSH: VBAC 101- Patient Power Point



VBAC 101_pdf.pdf

Sample slide

Welcome to VBAC 101!

A prenatal class focused on birth options after a previous Cesarean birth.

Acknowledgements to The Department of Obstetrics and Gynecology at the University of Ottawa.

Information Sessions for Patients with a Prior Cesarean Section



**Informed Choice for Women
After a Prior Cesarean**

Visit our **Facebook** page:
<http://on.fb.me/1Hbk6jk>



Please contact the study
coordinator at
613-798-5555 x16869
or
[informedmomma@
gmail.com](mailto:informedmomma@gmail.com) to register

Next VBAC 101 Session:

Wednesday, June 5th
From 6:00-7:30 pm
Monarch Centre West
152 Cleopatra Drive
Suite 108, Ottawa




This research study has been approved by the Ottawa Health Science Network Research Ethics Board.

Acknowledgements to The Department of Obstetrics and Gynecology at the University of Ottawa for sharing this poster.

Sample slide

Health Care Providers' Workshop



**I CAN
PUSH**

**Informed Choice for Women
After a Prior Cesarean**

April 25, 2016 and May 11, 2016

Acknowledgments to The Department of Obstetrics and Gynecology at the University of Ottawa.

Vaginal Birth after Caesarean (VBAC)



Is this right for me? Things you need to know.

DID YOU KNOW...?

Most pregnant people can safely have a vaginal birth after a Caesarean (VBAC). You can plan a vaginal birth for your next pregnancy as long as it's medically safe.



Only 1 in 5 eligible pregnant people have a VBAC at North York General Hospital.



Having a VBAC has benefits for you and your baby. Everyone's body is different and some options may not apply for your situation.



It's important to speak with your health care provider about whether VBAC is the right choice for you and your baby.

Helpful resources: Watch our informational videos on YouTube, titled "Southern Ontario Obstetrical Network." You can also scan the QR code with your mobile phone
*iPhone users can open their camera and hover over the QR code →



Acknowledgements to Southern Ontario Obstetrical Network.

Appendix F: Discussion Sheet Decision-Aid Tool

NORTH YORK GENERAL
Making a World of Difference

TRIAL OF LABOUR AFTER C/S (TOLAC) AND ELECTIVE REPEAT C/S (ERCS) DISCUSSION SHEET

FORM SF0064 Page 1 of 2 Rev. 01/2019

Patient LABEL / Identification Area

Trial of Labour after Cesarean Section (TOLAC) and Elective Repeat Cesarean Section (ERCS) Discussion Sheet

Date _____ MRP _____ G T P A L

Age _____ BMI _____

ELIGIBILITY/CANDIDACY FOR TOLAC (circle all that apply)

	Optimal	Intermediate	Caution	Absolute Contraindication
Time interval from C/S to EDC	>24mo	18-24mo	<18mo	
# previous c/s	1		≥2	
OR note	LSCS, 2 Layers, Unknown (likely LSCS)			Classical/ T-incision Unknown (unlikely LSCS) Previous myomectomy entering uterine cavity Other _____
Reason for previous c/s	Malpresentation NRFHR Placenta Previa Elective Other _____	FTP Failed IOL CPD (estimated birth wt _____)		Uterine Rupture
Other Factors	Previous vaginal delivery Previous VBAC	Age >40 BMI > 30 EFW > 4000g PET		Precluding vaginal delivery, ie. placenta previa

DISCUSSION

Chances of Success – 74% overall, 82% if previous vaginal delivery. Calculate patient's chance of VBAC success using this link: <https://mfmunetwork.bsc.gwu.edu/PublicBSC/MFMU/VGBirthCalc/vagbirth.html>

Patient's chance of successful VBAC: _____ **VBAC risks**– 0.5% risk of rupture with spontaneous labour (less if previous vaginal delivery). Complications of rupture: fetal demise 3/10,000 TOLACs, hysterectomy 15-30% in rupture, blood transfusion, surgical complications (injury to bowel, ureters, bladder).

Vaginal birth risks: 3rd/4th degree tear, pelvic organ prolapse **VBAC benefits** if successful- less blood loss, shorter hospital stay/faster recovery, no lifting restriction, less infection, future pregnancies (decreased rupture risk and decreased risk of repeat cesarean sections), future surgeries (less adhesions, less surgical complications)



TRIAL OF LABOUR AFTER C/S
(TOLAC) AND ELECTIVE REPEAT C/S
(ERCS) DISCUSSION SHEET

FORM SF0064

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Rev. 01/2019

Patient LABEL / Identification Area

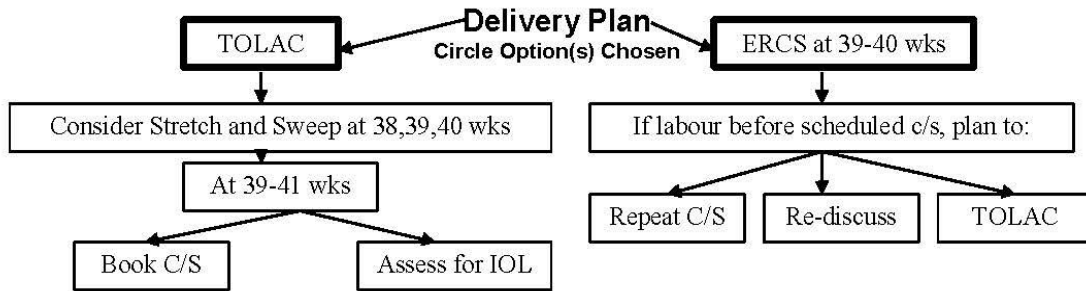
Repeat Cesarean risk- 0.02-0.03% rupture risk, infection, bleeding, visceral injury, blood clots. Future pregnancy risks: will need cesarean section, risk of invasive placenta (accreta) and hysterectomy increased.

Baby risk- both are generally low risk, however if a complication occurs with a TOLAC, risks to the baby are higher than with an elective repeat CS

Induction- 0.7-1.5% rupture risk with Foley and/or rupture of membranes with oxytocin
Approved By: Maternal Patient Care and Quality Committee, Approval Date: 12/2018 (archive: N/A)

Augmentation- no increased risk with augmentation of spontaneous labour

Monitoring- in Hospital, continuous fetal monitoring when active, cesarean sections indications in labour (failure to progress, abnormal fetal heart tracing), epidural okay



Acknowledgement of Discussion about TOLAC versus ERCS

1. I understand I have the following choices for my birth:
 - a. Planning a Trial of Labour After Cesarean Section (TOLAC) or
 - b. Planning an elective repeat Cesarean section
2. I understand the risks and benefits of these options. I have reviewed them with my obstetrical care provider. I understand the risks reviewed above and have had my questions answered regarding mode of delivery.
3. I understand I have the choice to decline a TOLAC and request a cesarean section at any point during my pregnancy or labour.
4. I understand not all risks of either an elective repeat cesarean or a VBAC are known at this point. Therefore, it is not certain what the overall effect is likely to be for my health or my baby's health.

Acknowledgements to North York General Hospital for sharing their discussion sheet on VBAC.

5. I declare I have read or have had read to me the contents of this form. I have had an opportunity to review it with my health care provider and to ask questions. All of my questions have been answered to my satisfaction.
6. After discussing the matter with my health care provider, I understand overall the risks for both VBAC and elective repeat cesarean are low.
7. I acknowledge the final decision is mine to make as to the mode of delivery.
8. I agree to additional or alternative treatments or operative procedures which are immediately necessary in the opinion of my Physician/Midwife.

MRP Name

Patient Name

Signature, Date

Patient Signature, Date

MRP

Approved By: Maternal Patient Care and Quality Committee, Approval Date: 12/2018 (archive: N/A)

Acknowledgements to North York General Hospital for sharing their discussion sheet on VBAC.

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Appendix G: VBAC 101: Session Survey

VBAC 101: Session Survey

Thank you for taking the time to complete this survey, your feedback is essential in helping us improve the quality of our sessions. Please note that all responses are voluntary and anonymous, you are welcome to skip any questions that you prefer not to answer.

1. Prior to completing this session, which birth option did you prefer? Please check one.

- Elective repeat caesarean birth
- Vaginal birth after Cesarean (VBAC)
- Unsure

2. Age: _____

3. Gestational age (i.e. how many weeks along are you in your pregnancy?) _____ weeks

4. Who is your primary care provider? Please circle one:

- Midwife - Obstetrician - Family doctor - Other

5. How many times have you been pregnant in total, including your current pregnancy? _____

6. How many babies have you given birth to at or after 37 weeks? _____

7. How many babies have you given birth to before 37 weeks? _____

8. How many babies have you given birth to? _____

9. How many previous vaginal deliveries have you had? _____

10. How many previous Cesarean births have you had? _____

11. After completing this session, which birth option do you prefer? Please check one:

- Elective repeat caesarean birth
- Vaginal birth after Cesarean (VBAC)
- Unsure

12. Please provide any comments/feedback on the session:

Acknowledgements to the Department of Obstetrics and Gynecology at the University of Ottawa.