Developing a consultant midwife's VBAC (vaginal birth after caesarean) clinic

East Kent Hospitals NHS Trust

A consultant midwife's clinic has been developed to give pregnant women who are requesting a caesarean section with no medical indication and pregnant women who have had a previous caesarean section, the opportunity to discuss the:

- Benefits and risks of caesarean section
- Option for vaginal birth after a previous caesarean section (VBAC)
- Normal birth process

The first clinic was held in late December 2005 and has continued on a weekly basis thereafter. All women who have had a previous caesarean section are referred to the clinic by their community midwives or obstetricians.

The clinic appointments provide the opportunity for the consultant midwife to:

- Listen to the woman’s story, finding out what is important to her and her family
- Discuss fears, clarify misconceptions and review the notes of the previous birth where possible
- Provide evidence-based information giving relating to the risks and benefits of caesarean sections and VBAC
- Provide health education particularly with regard to the normal birth process, but also in other aspects such as in stopping smoking
- Provide support to the woman in her decision making process
- Refer the woman to other health professionals as appropriate, obstetricians, anaesthetists, counsellors, mental health team etc.

Related developments

The consultant midwife was initially unprepared for the extent of emotional distress that was unleashed in many women when talking about their previous birth experiences. This highlighted the need to provide a postnatal ‘listening’ service to enable women to discuss their birth events/trauma. ‘Birthafterthoughts’, a listening service was set up in 2007, a year after the VBAC clinic began.

The lack of time to discuss strategies for normal birth during the VBAC consultations resulted in the development of a VBAC workshop on alternate months specifically for women and their partners planning VBAC. The two hour workshop includes a tour of the delivery suite, a brief review of the labour process, when to attend the hospital, a discussion around coping strategies, explaining the differences in care after having a previous caesarean birth and some breathing and massage techniques for labour.

The need to improve midwives’ knowledge of VBAC was evident from the stories that women told and so a session on VBAC was provided on the mandatory in house training updates. The aim was to increase awareness of the availability of VBAC and enable midwives to discuss the benefits and risks
confidently and be able to support women more effectively in pregnancy and labour. The session has been very well evaluated by midwives.

An in-house information leaflet has been produced which is given out at the booking interview (usually done between 8-10 weeks of pregnancy) by the community midwife setting out a woman’s options for birth after a caesarean in their next pregnancy. It also became clear that information to women on the next birth after the primary caesarean was needed and a postnatal letter was developed to be given to women at discharge from hospital to the community. This letter explains the reasons for their caesarean but makes it explicit that in the majority of cases VBAC is possible in a future pregnancy.

**Evaluation**

A questionnaire has been developed to evaluate the clinic from the perspective of the women who have attended considering the information that they received and its value in relation to making future birth choices. The evaluation process is currently underway.