

Chapter 6-C: STANDARDS FOR VAGINAL BIRTH AFTER CESAREAN SECTION (VBAC)

Summary: This chapter describes standards for Certified Professional Midwives and Certified Midwives providing birth services to VBAC clients in a home or freestanding birth center in order to safeguard the client's welfare.

1. Client Eligibility

1. A Certified Professional Midwife or Certified Midwife may provide birth services in a home or a freestanding birth center for clients who have had a previous cesarean section only if all of the following conditions are met:
 - A. The due date of the client's current pregnancy is at least 18 months after the client's prior cesarean delivery;
 - B. The client has had no more than one prior cesarean delivery; and
 - C. The client's single cesarean was through a low transverse uterine incision and the client has had no additional uterine incisions. Previous cervical procedures do not preclude a trial of labor after cesarean (TOLAC) for vaginal birth after cesarean.

2. Records and responsibilities of the Certified Professional Midwife or Certified Midwife

1. Prior to providing birth services in a home or a freestanding birth center, the Certified Professional Midwife or Certified Midwife shall obtain prior operative reports and written records from the client's previous cesarean delivery and shall analyze the indication for the previous cesarean.

A Certified Professional Midwife or Certified Midwife may not provide birth services in a home or a freestanding birth center if prior operative reports and written records cannot be obtained unless the uterine scar location can be determined by other methods.
2. Records or reports that show a previous classical uterine/vertical incision or any previous uterine surgery which required an incision into the uterus is a contraindication to VBAC at home or freestanding birth center.
3. The Certified Professional Midwife or Certified Midwife must document the client's blood group and type in the current pregnancy.
4. The Certified Professional Midwife or Certified Midwife must require a prenatal ultrasound for determination of placental location in the second or third trimester.
5. The Certified Professional Midwife or Certified Midwife may not offer or use any means of botanical or pharmacological induction for the VBAC client.
6. Fetal heart tones must be monitored and documented every 15 minutes in active labor and every 5 minutes during second stage labor.

7. The client must be monitored for signs of possible uterine rupture, including but not limited to: change in vital signs; abdominal pain; vaginal bleeding in labor; loss of fetal station; loss of engagement of fetal vertex; inability to auscultate fetal heart tones; and inability to palpate the uterine fundus. This monitoring must be documented in the client's record.
8. Labor progression during active labor and the second stage of labor must be monitored and documented. The Certified Professional Midwife or Certified Midwife must assess for adequate labor progression.
9. A licensed midwife and at least one other provider trained in the identification and management of obstetrical emergencies who holds current Neonatal Resuscitation Program certification and Basic Life Support certification must be present during active labor and VBAC birth.
10. A Certified Professional Midwife or Certified Midwife shall, after the effective date of these rules, for a period of one year on a quarterly basis, provide the Board with a written brief outcome report of each planned out-of-hospital VBAC including, weeks' gestation at delivery, whether transfer to a hospital was needed, whether delivery was accomplished out of hospital, weight and Apgar scores of the infant, and whether any maternal or neonatal morbidity or mortality occurred.

Thereafter, the data shall be reported once annually with the required data collection and reporting pursuant to 32 M.R.S. §12539 (J).

3. Informed Consent

The Certified Professional Midwife or Certified Midwife shall provide the client with a written informed consent form as prescribed by the Board, which shall be documented in the client's midwifery record. The informed consent shall include, but is not limited to, all of the following:

1. Description of the Certified Professional Midwife or Certified Midwife's level of clinical experience and history with VBACs and any advanced training or education in the clinical management of VBACs;
2. Up to date resources for data comparing VBAC safety versus planned cesarean section. This data should include, but is not limited to, TOLAC for planned home delivery versus TOLAC for planned hospital-based delivery;
3. Signed copy of the VBAC informed consent; and
4. Copy of the hospital transport plan.

STATUTORY AUTHORITY:

32 MRS §§ 12503, 12536 (2)

EFFECTIVE DATE:

September 4, 2021 – filing 2021-175

Informed Consent for Out-of-Hospital Vaginal Birth After Cesarean

Client's Name _____

Midwife's Name _____

Parents planning a Vaginal Birth after Cesarean (VBAC) with a Certified Professional Midwife or Certified Midwife will complete the following informed consent; in the presence of their Certified Professional Midwife or Certified Midwife. It is the responsibility of the client to voice all questions and concerns regarding their out of hospital VBAC choice; and it is the responsibility of their midwife to address their questions and provide up to date data and research on the risks of out of hospital VBAC choice.

Client Initials

- I have read my midwife's informed consent for out of hospital VBAC, discussed the topic in depth, and have had all of my questions and concerns addressed.
- I am aware of the risks associated with planned Vaginal Birth after Cesarean, including the risk of uterine rupture. I understand that if my uterus were to rupture in labor this could result in serious damage to myself and my baby, and there is an increased risk that my baby could die.
- I understand that being a greater distance from emergency services could increase the risk to myself and my baby. I have discussed the distance from hospital of my intended place of birth with my midwife.
- I understand that I have the option to attempt a VBAC at a hospital, or to plan a repeat Cesarean at a hospital.
- I agree that if my Certified Professional Midwife or Certified Midwife recommends a transfer I will comply with their recommendation.

Licensed Certified Professional Midwives and Certified Midwives in Maine are required by law to confirm the following information regarding your pregnancy; please confirm:

- I have had only one previous Cesarean and the scar is in the lower part of my uterus.
- My single previous Cesarean occurred 18 months or more before the due date of my current pregnancy.
- I will give permission for the release of the operative records of my previous Cesarean birth to my midwife.
- I agree to having at least one prenatal ultrasound in the second or third trimester of this pregnancy to determine the location of my placenta.
- I agree to having lab work done in this pregnancy that determines my blood group and type.
- I understand that my midwife will not induce or augment my labor by any botanical or pharmacological means.

I understand that my midwife will monitor my baby’s heart tones in labor often, at least every 15 minutes in active labor and every 5 minutes during pushing.

I understand that my midwife will be monitoring my vital signs and be assessing for signs of uterine rupture during my labor, as well as, monitoring for normal labor progression.

I agree to there being an additional provider assisting my midwife at my labor and birth.

I understand that I must agree with all of the above provisions in order to have an out of hospital planned VBAC with a Certified Professional Midwife or Certified Midwife.

Affirmation

I understand that these measures are required to improve the safety of my care. Given the increased risks associated with planning an out of hospital VBAC, I agree that if my midwife recommends a transfer of care or emergency transport in labor I will promptly comply with this recommendation. Having received adequate information and resources, and having had my questions addressed, I express my understanding of the risks and my desire to initiate care with –

Certified Professional Midwife’s or Certified Midwife’s Name (print legibly)

Certified Professional Midwife’s or Certified Midwife’s Signature

On (date)

Client’s Name (print legibly)

Client’s Signature

On (date)

Disclosure Statement: This form is prescribed by the Maine Board of Health Care Providers and adopted under Board Rule Chapter 6-C on August 18, 2021. Any tampering, modifications, or alteration of the content of this form is prohibited. Exception: A licensee may insert this form, in whole, onto their business letterhead if desired.