



Vaginal Birth After Caesarean Quality Standard Indicators

BORN Conference

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April 24-25th, 2017

Objectives

- To introduce the Vaginal Birth After Caesarean (VBAC) Quality Standard;
- To review the structural, process, and outcome indicators contained in the document; and
- To provide tips on how the BORN data can be used to monitor the implementation of the VBAC Quality Standard over time.

Background

- In 2016, the Provincial Council for Maternal and Child Health (PCMCH) and Health Quality Ontario (HQO) partnered to develop a VBAC Quality Standard.
- Quality standards are concise sets of evidence-based, measurable quality statements that provide guidance on important elements of high-quality health care in a specific topic area. Quality standards focus on areas where experts, patients, caregivers, and the public have identified a need for improvement in Ontario.

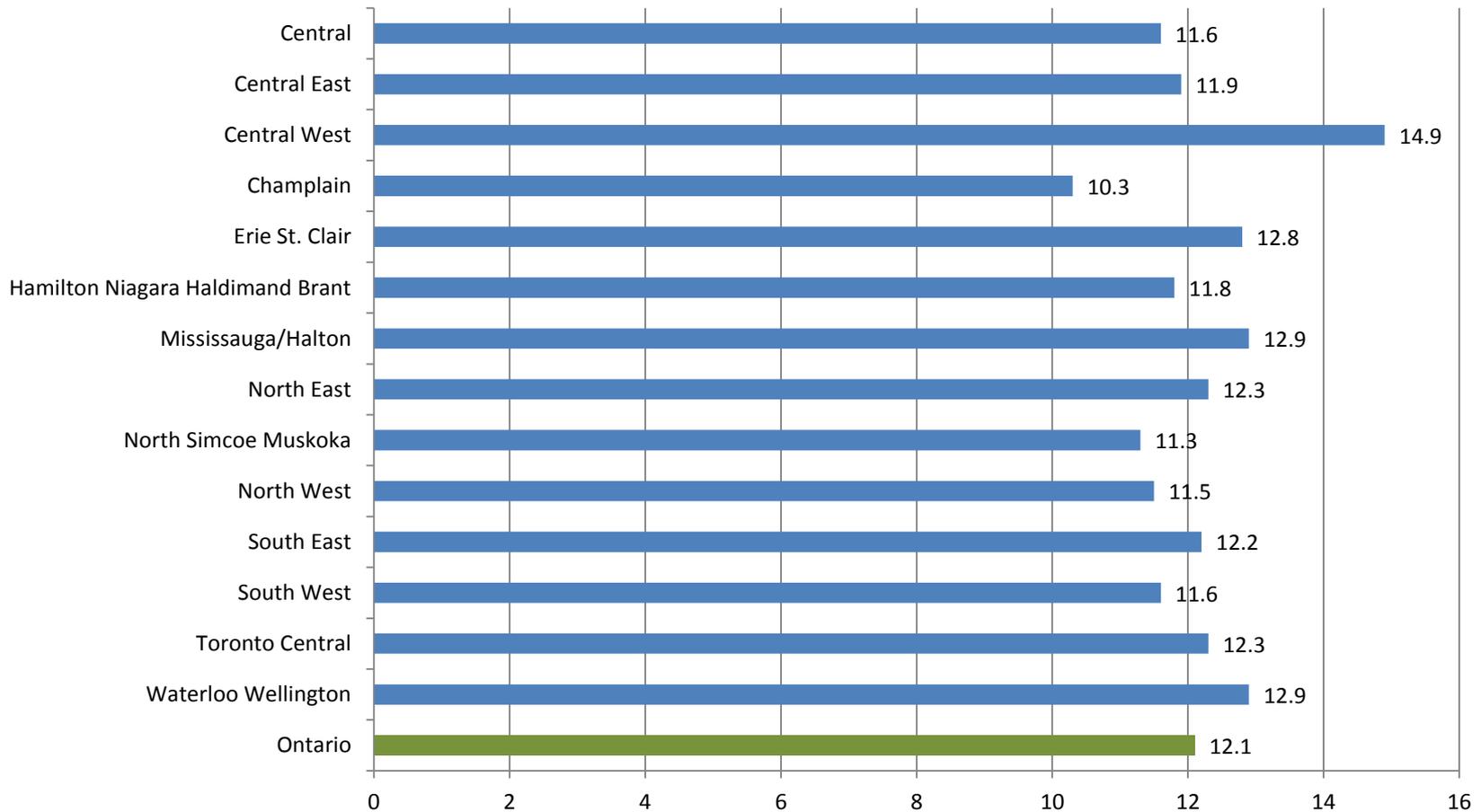
Scope

- **Target population:**
 - Robson 5 criteria or people who have had a Caesarean birth and are planning their next birth.
- **Primary goals:**
 - Improve access to safe vaginal birth after Caesarean delivery
 - Promote informed shared decision-making

Rationale

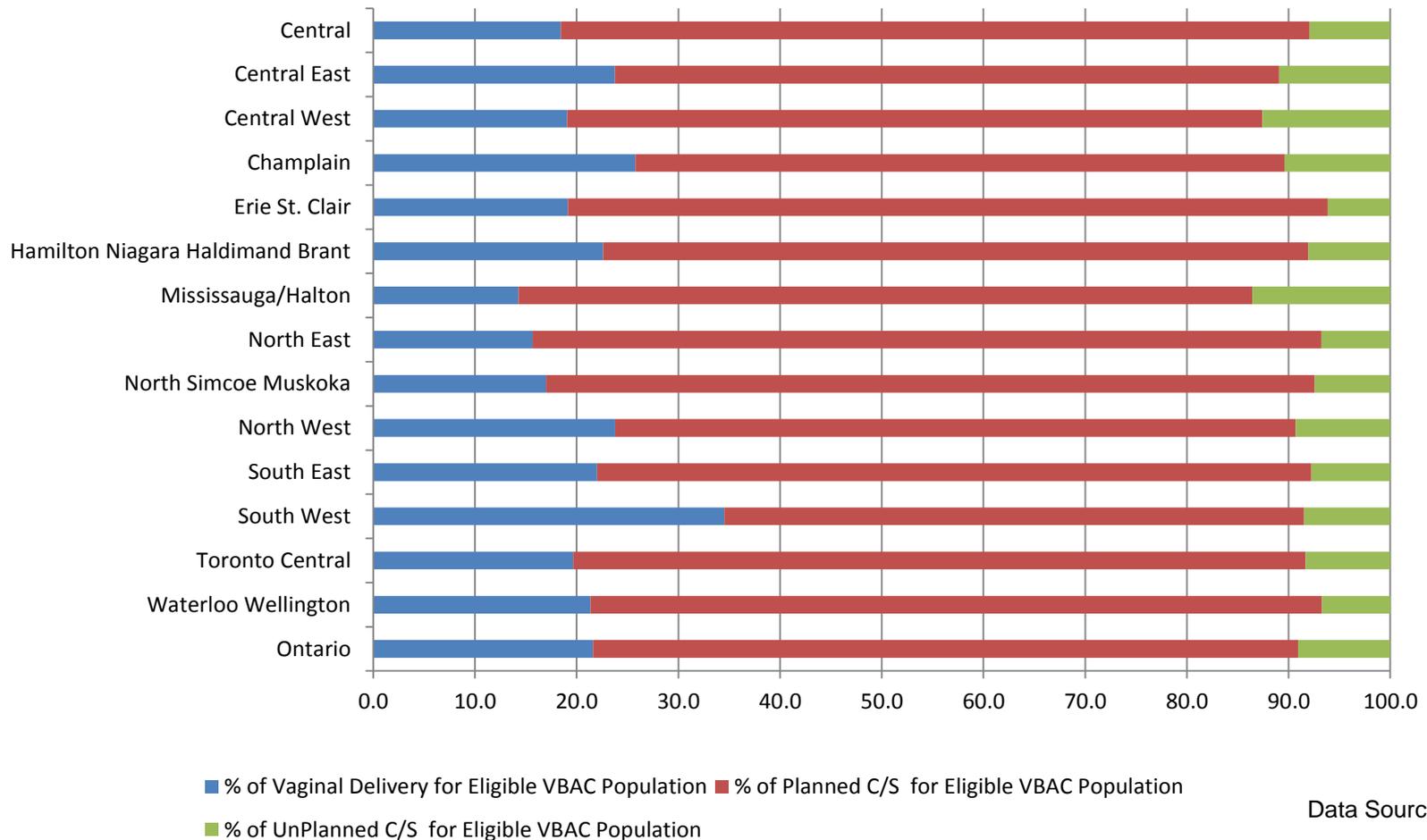
- A large body of evidence suggests that VBAC is safe for most people
- ~75% success rate
- Ontario's VBAC rates have decreased over time
- In the 2014/2015 fiscal year, the rate of repeat Caesarean births for Ontario was 83.3%

~12% of people who have hospital deliveries in Ontario are eligible for VBAC



Data Source: BORN

69% of people who were eligible for VBAC in Ontario had a planned Caesarean section



Quality statements

- **Quality Statement 1:** Access to Vaginal Birth After Caesarean Pregnant people who have had a previous Caesarean birth have access to a physician or midwife and facilities that support vaginal birth after Caesarean.
- **Quality Statement 2:** Discussion After Caesarean Birth After a Caesarean birth, people have a discussion with their physician or midwife and receive written information about the reasons for their Caesarean birth and their options for future births.
- ***Quality Statement 3:** Antenatal Counselling Pregnant people who have had a previous Caesarean birth participate in shared decision making with their physician or midwife. The discussion and planned mode of birth is documented in the perinatal record.
- ***Quality Statement 4:** Previous Vaginal Birth People who have had both a previous Caesarean birth and a previous vaginal birth are informed that they have a high likelihood of successful VBAC if no contraindication is present.
- **Quality Statement 5:** Operative Reports and Incision Type Physicians and midwives obtain an operative report from any previous Caesarean births whenever possible. Pregnant people who have had a previous Caesarean birth with an unknown type of uterine incision have an individualized assessment by their physician or midwife.

Quality statements cont'd

- **Quality Statement 6:** Timely Access to Caesarean Birth Pregnant people planning a vaginal birth after Caesarean are aware of the resources available at their planned place of birth in case they need timely access to Caesarean birth, including access to qualified obstetric, anesthesiology, and neonatal care.
- **Quality Statement 7:** Unplanned Labour Pregnant people planning an elective repeat Caesarean section should have a documented discussion with their physician or midwife about the feasibility of vaginal birth after Caesarean if they go into unplanned labour. This discussion should take place during antenatal care and again if the person arrives at the hospital in labour.
- **Quality Statement 8:** Induction and Augmentation of Labour Pregnant people who have had a previous Caesarean birth are offered induction and/or oxytocin augmentation of labour when medically indicated, and are informed by their physician or midwife about the benefits and potential harms associated with the method proposed. Discussion about this should begin in the antenatal period.
- ***Quality Statement 9:** Signs and Symptoms of Uterine Rupture During active labour, pregnant people who have had a previous Caesarean birth are closely monitored for signs or symptoms of uterine rupture.

Outcome Measures

Overall outcome measures

- Percentage of eligible pregnant people who plan VBAC
- Percentage of eligible pregnant people who have a successful VBAC
- Rate of uterine rupture per 1,000 planned VBACs
- Percentage of neonates who remain in the neonatal intensive care unit for >4 hours among those born to people who planned a VBAC compared to those who planned an elective repeat Caesarean section
- Composite rate of neonatal adverse outcomes

Indicators

Indicators in brief

1. Pregnant people who have had a previous Caesarean birth have access to a physician or midwife and facilities that support vaginal birth after Caesarean.
2. After a Caesarean birth, people have a discussion with their physician or midwife and receive written information about the reasons for their Caesarean birth and their options for future births.
3. ***Pregnant people who have had a previous Caesarean birth participate in shared decision making with their physician or midwife. The discussion and planned mode of birth is documented in the perinatal record.**

Indicators in brief cont'd

4. ***People who have had both a previous Caesarean birth and a previous vaginal birth are informed that they have a high likelihood of successful VBAC if no contraindication is present.**
5. Physicians and midwives obtain an operative report from any previous Caesarean births whenever possible. Pregnant people who have had a previous Caesarean birth with an unknown type of uterine incision have an individualized assessment by their physician or midwife.
6. Pregnant people planning a vaginal birth after Caesarean are aware of the resources available at their planned place of birth in case they need timely access to Caesarean birth, including access to qualified obstetric, anesthesiology, and neonatal care.

Indicators in brief cont'd

7. Pregnant people planning an elective repeat Caesarean section should have a documented discussion with their physician or midwife about the feasibility of vaginal birth after Caesarean if they go into unplanned labour. This discussion should take place during antenatal care and again if the person arrives at the hospital in labour.
8. Pregnant people who have had a previous Caesarean birth are offered induction and/or oxytocin augmentation of labour when medically indicated, and are informed by their physician or midwife about the benefits and potential harms associated with the method proposed. Discussion about this should begin in the antenatal period.
9. ***During active labour, pregnant people who have had a previous Caesarean birth are closely monitored for signs or symptoms of uterine rupture.**

Next steps

- Finalize VBAC Quality Standard, including quality statements and indicators, and publish online this year
- Finalize VBAC implementation plan and tools e.g. data and information brief
- 2017 Ontario Hospitals Maternal-Child Services Report
 - Reports on maternal-child indicators at the institution and LHIN level
 - 2017 report may include VBAC indicators you can use to monitor VBAC implementation over time (stay tuned!)

Questions?

Please contact Diana An at
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