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Natural Birth After Caesarean

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Debbie Chippington Derrick describes the reaction of midwives to her VBAC presentation

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I was invited to speak about 'Natural Birth after Caesarean' at the Primary Care 2007 Conference held at the NEC in Birmingham in May 2007.The audience numbered around 700 people, mainly midwives.

I chose to focus on informed decision-making with respect to common management policies that are often imposed on VBAC labours. (The presentation is available onwww.caesarean.org.uk under presentations.) The rights of women to choose a VBAC are covered as well as their rights to accept or reject commonly 'offered' interventions, many of which have no evidence base.

I was expecting a mixed reaction with some midwives feeling that I was teaching them to suck eggs, and others believing I was being unreasonable. However I was unprepared for the extent of the polarisation of feelings in the room. Several questions were asked, and it was clear from the audience reaction that many were not happy with many of the points I had made.

One spoke of an HBAC (homebirth after a caesarean) that she had attended, where there was a shoulder dystocia. The baby had been unwell afterwards, but had recovered well and was meeting all its milestones. I replied I could not see how that this situation was related to VBAC as it could have happened at any birth.

This was then followed by a midwife who asked whether I had ever seen a rupture - I replied that I had not; it is a shame that I failed to say that I have spoken to several women who have had a rupture though. She went on to describe how dreadful they are, and after a request from me said that she had seen six, and that one of them had been a life and death situation. (Apparently the other five had not which is interesting.)

Her initial question was in support of her argument that all VBAC women should have a venflon fitted in case of rupture as I had questioned its routine use. I did not get the opportunity to find out was how she had come to see so many ruptures; and I am left wondering. Unless she had been very unlucky she would have needed to attend around 1700 VBACs to encounter this number of ruptures, unless of course many of these women had been induced.

I had considered excluding use of a venflon from my list of interventions as I had not expected it to be controversial. Continuous electronic fetal monitoring is generally much more of an area for heated

debate. In the late 80s and early 90s VBAC women faced a major battle if they wanted to labour without a venflon, but things had improved. However, recently I have again heard from a few women having to fight to avoid one. I am glad that I did include this as it is obviously still a very current issue in some places.

I was told by this same midwife that women were always asked permission to fit one, but I was left wondering about the quality of information they were given about the risks and benefits of the intervention, and how free women could be make an informed choice under the care of a midwife who reacted so hostilely to the suggestion that it was the woman's decision.

What was then interesting was the stream of midwives and some others who came to apologise for the behaviour of others in their profession or to make sure that I was alright after what they saw as an attack on me. I was actually not feeling any more under attack than I had at many other times, but I did feel that it showed just how much VBAC women are still up against when trying to get their needs and wishes met.