AIMS For a better birth...

Editorial: Breaking Down the Barriers to VBAC

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By Emma Ashworth

It is estimated that 29.7 million births occurred globally by caesarean section in 2015 which is around double the number in 2000. This shows an alarming increase in the use of caesarean section worldwide.[1] In the UK, caesarean births have increased from 19.7% of births in 2000 to 26.2% in 2015[2] and some hospitals have a much higher rate than this.[3]

A large proportion of caesarean births are due to repeat surgeries after previous births by caesarean section. While these are commonly called 'elective', this does not necessarily mean that it was elected by the mother as the option that she wished to choose – although for some, it will be, and this must be supported. For many pregnant women, little or no support is given to them if they want to give birth vaginally after previously having had one or more caesareans and even though the word 'elective' may be used, this refers to the fact that the caesarean was planned, not that it was chosen by the woman.

With more than 1 in 4 births in the UK now being by caesarean there are some pressing medical and ethical concerns about the current status quo. While it is extremely important to work on reducing the numbers of women having a first caesarean (unless that's the right decision for that mother), improvements to how women are supported to have a VBAC are desperately needed.

With all of this awareness of a caesarean "epidemic" why are so many women left unsupported and scared if they want to attempt a vaginal birth after a caesarean? Women are commonly and actively discouraged from giving birth in a midwife led setting (home or birth centre) when preparing for a VBAC despite the research showing that home VBAC has a much higher chance of spontaneous vaginal birth

(82.6%) when compared to birth in an obstetric unit (53.7%).[4] The same research also showed the proportions of women having ventouse, forceps or caesarean births in the planned home VBAC group were lower than in planned obstetric unit VBAC group.

While it is never possible to cover all aspects of a topic as wide as birth after caesarean, we have done our best to cram in as much as we can. We also hope to explore the topic further in forthcoming Journals.

This Journal focuses on VBAC from some of the possible different perspectives and experiences, in order to offer pregnant women and people who are considering the option of VBAC support and information, and to raise awareness among birth campaigners of the barriers to VBAC which still remain.

As it is AIMS' 60th anniversary year, we are starting with a reflective look at AIMS' influence on the support available in the UK for pregnant women and people who want to have a VBAC. Debbie Chippington Derrick, AIMS' Chair of Trustees and Volunteer and AIMS member for over 30 years, who has herself experienced a home birth after 3 caesareans, walks us through some of this history. Sarah Le Quang Sang shares her very personal reflections on her plans for a home birth after a previous caesarean (HBAC), which she has developed into a powerful performance piece.

Our research reviewer, Gemma McKenzie, has looked at a rare piece of research which evaluates women's experience of planning a VBAC. What we hope is that this research will help to inform midwives and doctors on the importance of their interaction with women because, so often, how medical staff do interact and support women planning a birth after a caesarean, and how this affects outcomes for mother and baby, is given low importance compared to medical interventions.

We were very disappointed to read the report from Leeds, in Yorkshire, where the NHS Trust there is putting serious barriers up for women who want to have a VBAC. We hope that raising awareness of the situation will give them cause to reflect and change.

Finally in the last of our themed articles we have the powerful birth story of Eden, shared by her mother, Katie Hickey, whose experience of planning Eden's birth led her to being instrumental in the production of this edition of the AIMS Journal.

We are grateful to Katie Olliffe for her article on compassionate communication, which continues our ongoing efforts to help everyone involved in maternity to communicate more effectively with one another – a key principle, we feel, in improving the experience for everyone.

Maddie McMahon has opened her heart to us describing how being believed when abuse or an assault occurs is essential to the person who was hurt – both inside and outside the birth room, and Verina Henchy and I have looked at how we might communicate better to health care providers what abuse looks and feels like so that they can work to change normal practices which are actually abusive.

England's first Chief Midwifery Officer, Professor Jacqueline Dunkley-Bent, has kindly agreed to be interviewed by AIMS for this Journal, and she gives us her thoughts on how the implementation of Better

Births is going. Thanks to Jo Dagustun for arranging this interview with Jacqueline.

Jo Dagustun has a top tip on how to freely access newspaper articles which are hidden behind a paywall – hugely helpful to those of us who just want to read the occasional article from particular outlets without necessarily supporting them financially! Jo has also been busy with book reviews, and this time it's the fabulous 'Give Birth Like a Feminist' by Milli Hill.

So all in all, this is definitely a more-than-one-cuppa Journal. There's certainly something for everybody so please, do share it, talk about it and make sure that as many people as possible benefit from the information in it! And don't forget, the Journal is only possible thanks to those of you who have joined AIMS as members. If you are able to, your financial support makes all the difference to us being able to continue to produce this amazing content – that and our wonderful authors.

Until next time,

Emma Ashworth

Journal Editor

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1. Lancet, Volume 392, Issue 10155, 13–19 October 2018, Pages 1341-1348: Global epidemiology of use of and disparities in caesarean sections. Boerma, Ties. Et al. https://doi.org/10.1016/S0140-6736(18)31928-7

2. BMJ 2018, Vol 363, 12 October 2018;363:k4319: Alarming global rise in caesarean births, figures show. Wise, J. https://www.bmj.com/content/363/bmj.k4319

3. Maternity Services Monthly Statistics England, February 2019, Experimental Statistics Published: Thursday May 30 2019:

4. Rowe R, Li Y, Knight M, Brocklehurst P, Hollowell J. Maternal and perinatal outcomes in women planning vaginal birth after caesarean (VBAC) at home in England: secondary analysis of the Birthplace national prospective cohort study. BJOG 2016;123:1123–1132. https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.13546?fbclid=IwAR2KBIg5NV7tGIbrt1QpOAjHE6HdvcjYEzfWWjZdNxxejWzEdKrZ8EUguM0