

Kristy de Gregory
5159 Log Wagon Road
Ocoee, FL 34761
407-492-1211

April 29, 2007

To Whom It May Concern:

My son was delivered via c-section due to breech presentation. Given the environment in the Central Florida birthing community I am discouraged and frustrated to find very few, if no, options for discussing a vaginal birth after cesarean (VBAC) for subsequent children. I do not understand why, with most doctors, I cannot even discuss VBAC with them to determine if this is an option for our family.

Although we knew my son was breech, I still went into labor naturally and I have a low transverse incision. These three factors (breech presentation, natural labor and incision location) make me a wonderful candidate for VBAC.(1) Yet everywhere I turn in Central Florida doctors are refusing to allow me to even discuss my birth options as they relate to VBAC.

The big topic when discussing VBAC is uterine rupture yet the statistics show that the risk of uterine rupture is quite low. "Overall, fewer than 1 in 100 women who labor after a cesarean experiences the scar giving way during labor, which generally leads to an urgent c-section. Researchers have found that some factors increase this likelihood. None of these factors raises this risk higher than 4 out of 100, and most do not raise it higher than 2 out of 100. In other words, 96 to 98 out of 100 women who have these factors will labor without any problem with the scar."(2)

Many women are being denied the opportunity for a VBAC despite the odds that they will most likely deliver without experiencing uterine rupture. "As you consider th(is), keep in mind that on average, 3 out of 4 women who labor after a c-section will give birth vaginally with care that encourages and supports VBAC (and fewer than 1 in 100 will experience the scar giving way). Even in cases where women scored 0 to 2 on a scale where 10 indicated greatest likelihood of vaginal birth, half gave birth vaginally."(3)

The other thing that is almost never discussed is the risks associated with surgical birth via c-section. "Compared with vaginal birth, cesarean section increases a woman's risk for a number of physical problems. These range from less common but potentially life-threatening problems, including *hemorrhage* (severe bleeding), blood clots, and bowel obstruction (due to scarring and *adhesions* from the surgery), to much more common problems such as longer-lasting and more severe pain and infection. Even after recovery from surgery, scarring and *adhesion* tissue increase risk for ongoing pelvic pain and for twisted bowel."(4)

Along with the risks mentioned above, there are many other problems associated with the c-section including extended hospital stays, interference with the breastfeeding relationship, and possible emotional side effects. There are also risks to the baby experiencing the birth via c-section and an impact on future pregnancies due to scarring in the uterus.

At the very least I think a family should have the right to discuss their options, outline the risk factors for both a repeat c-section and a VBAC and determine with their care provider if they are a good candidate for a VBAC. Having a blanket statement that “we do not do VBACs” deprives many families of this opportunity and forces many women into surgery who may be the perfect candidate for vaginal birth.

Please be open to discussing VBAC with your patients. I for one am just a mother wanting to have her child without it being a huge fight or medical event. Thank you for your time and consideration.

Sincerely,

Kristy de Gregory

Sources:

1. <http://www.phyins.com/pi/risk/minimize/vbacs.html>
<http://www.drspock.com/article/0,1510,4848,00.html>
<http://www.babyzone.com/loadpage/article.asp?contentid=338>
2. <http://www.childbirthconnection.org/article.asp?ck=10211#planning>
3. <http://www.childbirthconnection.org/article.asp?ck=10210#c-section>
4. <http://www.childbirthconnection.org/article.asp?ck=10210#c-section>