

## Creating Healthy Work Environments 2019

### Do Women Have a Choice? Nurse's Role in Decision Making Regarding Vaginal Birth After Cesarean

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**Objective:** Review of the current literature on the nurse's role in women's decision-making process, when deciding to have a vaginal birth after cesarean (VBAC) or a trial of labor after cesarean (TOLAC) is reviewed. BSN students, RNs' play a significant role in educating and reviewing labor options, providing evidence of best outcomes for each mode of labor and risks involved when a pregnant woman is deciding on VBAC or TOLAC after a cesarean. Often a woman's choice to undergo VBAC is not supported by their obstetric provider due to increased risk to the fetus and laboring mother. The nurse's role is to support and advocate for the pregnant women's selected mode of labor based on their medical history and prior deliveries. The research poster presentation briefly reviews two evidence-based guidelines supporting VBAC, nursing implications and recommended future research on this topic.

**Background:** One reason cesarean deliveries have increased over the last ten years is due to increased recommendations for repeat cesareans instead of a VBAC or a TOLAC. Thus, the rate of VBACS has declined due to obstetric providers' apprehension of medical complications and risk to the fetus and laboring mother. Women who choose to have a TOLAC or a VBAC are at increased risk of uterine rupture and other outcomes. Even when their obstetrician or midwife may not agree to VBAC a nurse can educate the patient about labor options. Obstetric providers' decision to not provide this procedure to women who have had a prior cesarean may be due to the high risk for lawsuits if there is a negative outcome for either the fetus or the mother. One recently published clinical guideline released by the American Academy of Family Physicians, *Planning for Labor and Vaginal Birth after Cesarean*, suggested alternative ways to appropriately care for women considering a VBAC. A nurse can make an impact in the planning process for women wanting a VBAC by providing education, support, identification of barriers, and seeking out an obstetric provider who supports this method of labor.

**Methods:** A review of literature was conducted on the term VBAC or TOLAC and women's decision making about labor mode and the role of the nurse when seeking out a healthcare provider who supports this procedure. Research studies and literature were identified and reviewed on the population and variables as stated above. An integrated review of literature is presented with graphs and diagrams as appropriate and a case is made for positive labor outcomes with VBAC and supportive interventions for the women going through the process of planning for VBAC. Peer-reviewed journal articles selected were rigorous and published between 2013 and 2018.

**Procedures:** Identification of research design and data collection methods used in studies to evaluate the influence of care providers in decision making, the knowledge, and confidence of the women before choosing VBAC or TOLAC. In addition, positive and negative potential labor outcomes were presented on this poster.

**Results:** The findings from several studies indicate that women benefit from the support of an RN in the outpatient setting in evaluating their desired mode of labor after a cesarean. The nurse is an advocate, educator, and counselor for women making this important healthcare decision. Women who select a VBAC after thoroughly reviewing the risk and benefits of this procedure can make an educated and research-based decision are more pleased with their healthcare provider and quality of care.

**Conclusion:** Overall, the review of literature amplified the importance of supporting a woman's decision in selecting to have VBAC or TOLAC. A nurse can make a significant contribution to the woman's ability to make an informed decision about their delivery mode of choice.

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**Title:**

Do Women Have a Choice? Nurse's Role in Decision Making Regarding Vaginal Birth After Cesarean

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**Abstract Summary:**

This presentation introduced women's decision making for vaginal birth after cesarean (VBAC). The review of literature provides data that highlights the importance of allowing women to verbalize their preference of delivery. Nurses provide knowledge and support for pregnant women about birthing preferences and advocate for their autonomous decision.

**Content Outline:**

I. Introduction

This presentation introduced women's decision making for vaginal birth after cesarean (VBAC). The review of the literature provides data that highlights the importance of allowing women to verbalize their preference of delivery. Nurses provide knowledge and support for pregnant women about birthing preferences and advocate for their autonomous decision.

## II. Body

### A. Evidence-Based Guideline

#### 1. American Academy of Family Physicians, *Planning for Labor and Vaginal Birth after Cesarean*.

a) Recommendations to assist women to better understand their decision making regarding vaginal birth after cesarean (VBAC) and their potential health care outcomes.

b) VBAC rates are influenced based on care professional's support, concerns about liability and physician or patient preference.

#### 2. American College of Obstetricians and Gynecologists, *Vaginal Birth After Cesarean Delivery*.

a) The best outcome in the labor process occurs when there is a balance of risks and chances of success that are acceptable by both the patient and physician.

b) Further awareness is needed regarding Labor and Delivery units, staff including nurses and hospitals to be appropriately prepared to help women in their choice of VBAC.

### B. Review of Literature

#### 1. Do Women Have A Choice? Care Providers' and Decision Makers' Perspectives on Barriers To Access of Health Services for Birth and Previous Cesarean.

a) This article includes a qualitative grounded theory study done to explore the maternity care providers' and decision-makers' attitudes towards and experiences with providing and planning services for women with a previous cesarean.

b) Three additional themes highlighted the barriers and facilitators to care providers' perceived ability to support women to make a choice: being an information provider, listening to the woman's voice, and making it work if there is limited access to services.

#### 2. The Relationship Between Personal Knowledge and Decision Self Efficacy in Choosing Trial of Labor after Cesarean.

a) This article includes a cross-sectional study using a group of women. One scale was used to measure the women's knowledge of risks and benefits for the trial of labor after cesarean (TOLAC) and another scale was used to measure each of the woman's self-efficacy regarding decision making for the mode of birth.

b) The scores from the scales used, determined the number of women who had more positive knowledge regarding TOLAC.

#### 3. Association Between Prior Vaginal Birth After Cesarean and Subsequent Labor Outcome.

a) This article used a retrospective cohort study designed to evaluate the effect of prior successful vaginal birth after cesarean (VBAC) on the rate of uterine rupture (the highest risk) and the possible outcomes in delivery.

b) The deliveries assessed over time indicated that women who have had a history of a prior VBAC, regardless if it was right before the current pregnancy or if it was in a prior pregnancy, was associated with a lower rate of uterine rupture and dehiscence.

### C. Nursing Implications

#### 1. Advocating

a) A nurse can advocate for the women wanting a VBAC by providing them with resources, healthcare providers willing to accept the option of VBAC and appropriate facilities.

b) A nurse should always respect a woman's autonomous decision and refrain from any judgment during their planning for VBAC.

#### 2. Education

a) Nurses should educate women with appropriate, evidence-based information of the risks and benefits to VBAC, based on their individual evaluation.

b) The staff and nurses supporting these women during their VBAC journey should be properly trained, educated and certified to support and manage any potential situation in which the woman might have to divert to a different plan for labor instead of a planned VBAC.

### III. Conclusion

Overall, the review of literature amplified the importance of supporting a woman's decision in selecting to have VBAC or TOLAC. A nurse can make a significant contribution to the woman's ability to make an informed decision about their delivery mode of choice.

First Primary Presenting Author

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**Author Summary:** Emilse Sanchez SN, is currently a senior nursing student in a baccalaureate of nursing program at Nova Southeastern University. She is an excellent and inquisitive student who has demonstrated interest in nursing research and the research process. She has worked on various

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**Author Summary:** Linda McCash PhD, APRN-BC is a nursing faculty and researcher at Nova Southeastern University who has mentored and participated with BSN nursing students on conceptualization, review of literature and development of research posters on a topic of interest. Dr. McCash teaches Nursing Research at the Baccalaureate level and has been an active member of the Assaf College of Nursing (ACON) Research Council for the past 5 years at Nova Southeastern University.