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Hospital VBAC Bans Push Record-High Cesarean Rates Bans Force Women Into Unnecessary Surgery

Hospital policies are contributing to the alarming increase in the number of cesareans in the United States. The International Cesarean Awareness Network, Inc. (ICAN), has documented more than 300 hospitals that deny women with a previous cesarean a trial of labor and offer surgical delivery as their only option. This ban on normal/vaginal birth after cesarean (VBAC) coincides with an all-time high cesarean rate.

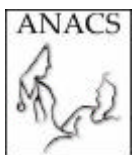
According to the World Health Organization (WHO), cesarean rates above 10-15 percent represent a danger to women and babies because of risks for life-threatening complications. Today, the CDC reports a 2003 cesarean rate of 27.6 percent, which is a six percent increase in cesareans from 2002 and an overall rise for the seventh year in a row. Because this year's CDC report does not include state-by-state cesarean rates, it is unclear how many additional states have joined Mississippi, New Jersey and Louisiana, which in 2002 posted rates above 30 percent. In 1970, the U.S. cesarean rate was 5.5 percent. The rising cesarean rate has not resulted in improved outcomes for mothers and babies.

"This is more than a women's health issue; it is a civil rights issue with thousands of women denied VBAC and forced into risky major surgery each year under the guise of 'patient safety,'" said Tonya Jamois, ICAN president. "Dwindling support for normal birth has much more to do with concern over lawsuits and liability insurance. Women and babies are caught in the crossfire between doctors, lawyers and insurers."

ICAN has conducted a nationwide poll of labor and delivery nurses and found VBAC bans in all 50 states. Based on this poll, ICAN has compiled a list of more than 300 hospitals with policies banning VBAC, a major factor in the 16 percent decline in VBAC from 2002-2003.

"This is not a comprehensive list," Jamois said. "We believe there are more no-VBAC hospitals to be identified. But this list shows a disturbing national trend of shrinking choices for pregnant women."

For Interviews: Contact ICAN President Tonya Jamois at 760-744-5260 (home) or 760-207-1260 (cell). She is a licensed attorney who practiced family law before becoming a full-time mom. Her first child was delivered surgically by cesarean and her second child naturally by VBAC.



BACKGROUND INFORMATION

In July 1999, the American College of Obstetricians and Gynecologists (ACOG) changed its VBAC guidelines recommending a surgeon be "readily available" when a woman with a prior cesarean is in labor to say "immediately available throughout active labor." Because of ACOG's change in guidelines, many hospitals have banned VBAC in the face of escalating health care costs and the inability to staff a hospital around the clock for emergency cesareans.

In May, ACOG recognized its Vermont and New Hampshire Sections for a VBAC Project, which developed guidelines for VBAC management. The guidelines are now being used to re-institute VBACs in some New England hospitals.

http://www.acog.com/from_home/publications/press_releases/nr05-02-04.cfm

In the July 2004 Practice Bulletin Number 54, recommendations limit the option of VBAC to women with only one prior cesarean. It recommends that women with multiple previous cesareans and no vaginal births undergo surgical delivery without a trial of labor.

Cesarean Risks: ICAN recognizes that when a cesarean is necessary, it can be a lifesaving technique for both mother and baby, and worth the risks involved. Potential risks to babies include: low birth weight; prematurity; respiratory problems; and lacerations. Potential risks to women include: hemorrhage; infection; hysterectomy; surgical mistakes; re-hospitalization; dangerous placental abnormalities in future pregnancies; unexplained stillbirth in future pregnancies and increased percentage of maternal death. http://www.ican-online.org/resources/white_papers/index.html

Mission statement: ICAN is a nonprofit organization whose mission is to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery and promoting vaginal birth after cesarean. There are 48 ICAN Chapters across North America, which hold education and support meetings for people interested in cesarean prevention and recovery.

Latest Research: ICAN endorses the new booklet "What Every Pregnant Woman Should Know About Cesarean Section," published by The Maternity Center Association, www.maternitywise.org.

SUPPORTING ORGANIZATIONS

The following organizations have also expressed concern that lack of access to VBAC and the rising incidence of cesarean section have not resulted in improved pregnancy outcomes and may be placing women at risk for more complications that could last a lifetime:

- ? Association of Nurse Advocates for Childbirth Solutions (www.anacs.org),
- ? American College of Nurse-Midwives (www.midwife.org)
- ? birthNETWORK (www.birthnetwork.org)
- ? California Nurse-Midwives Association (www.cnma.net)
- ? Citizens For Midwifery (www.cfmidwifery.org)
- ? Coalition For Improving Maternity Services (www.motherfriendly.org)
- ? Midwifery Education Accreditation Council
- ? Midwives Alliance of North America (www.mana.org)

NOTE: The upside-down burgundy ribbon is part of our ongoing campaign to raise awareness of the issues regarding cesarean birth. The ribbon debuted in April 2004 as part of Cesarean Awareness Month.

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