



Contact: Berna Diehl
202-591-4045
Berna@JonesPA.com

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**Lamaze's Statement on the
NIH Consensus Meeting on Vaginal Birth After Cesarean**

The National Institutes of Health (NIH) meeting on vaginal birth after cesarean (VBAC) affirmed that existing medical research shows risks in VBAC are low, similar to that of all other laboring women and that exposing women to repeated cesareans can pose significant harms in both the short and long-term. It is clear that, unless there is a compelling medical reason for a cesarean, all women should be offered the option for a VBAC and be given unbiased information to support shared decision-making with their healthcare providers.

Based on this consensus, it is clearly time for the American Congress of Obstetrics and Gynecology (ACOG) to revisit their VBAC guidelines to more accurately reflect the evidence on VBAC and do not unduly inhibit women's access to VBAC.

Lamaze International is encouraged by the NIH panel's focus on an unbiased informed consent process that would include, at minimum, a model of shared decision-making between women and their healthcare providers. The panel acknowledged not only the pressure exerted on women to agree to unnecessary cesareans by their providers, but the conflicts physicians have in providing unbiased information to their patients. Physicians have financial incentives to perform more cesareans, see performing cesareans as protective against lawsuits and liability fears, and cesareans are more convenient for physicians with busy practices.

Physicians' conflict of interest when counseling women about their options underscores the **need for unbiased patient education, like Lamaze childbirth education classes.**

Lamaze is also encouraged that the panel identified the need for more research into the labor and birthing care practices that can either contribute to unnecessary cesarean sections or promote the likelihood that a woman will have a VBAC. **Research has consistently shown that when women are given the opportunity, they have a 60-80 percent likelihood of delivering vaginally and avoiding the risks of multiple repeat cesarean sections. Lowering the number of cesarean sections reduces both short and long-term risks to both women and their babies.** The panel highlighted research that shows the risks of a VBAC can be reduced by employing healthy birth practices, such as allowing labor to start and progress on its own, which reflects one of Lamaze's Six Healthy Birth Practices. Using medications to artificially start or speed up labor can double or triple the risks of uterine rupture.

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Lamaze's Six Healthy Birth Practices could play a significant role in supporting VBAC candidates.

Additional research will lead to new insights on existing studies that suggest women, including VBAC candidates, can have their outcomes positively influenced by choosing healthcare providers who routinely use Healthy Birth Practices, like midwives or physicians who support "low-tech" care.

To learn more about Lamaze's Six Healthy Birth Practices, please enroll in a Lamaze childbirth education class and visit <http://www.lamaze.org/Default.aspx?tabid=251>

About Lamaze International

Lamaze International promotes a natural, healthy and safe approach to pregnancy, childbirth and early parenting practices. Knowing that pregnancy and childbirth can be demanding on a woman's body and mind, Lamaze serves as a resource for information about what to expect and what choices are available during the childbearing years. Lamaze education and practices are based on the best and most current medical evidence available. Working closely with their families, health care providers and Lamaze educators, millions of pregnant women have achieved their desired childbirth outcomes using Lamaze practices. The best way to learn about Lamaze's steps to a safe and healthy birth is to take a class with a Lamaze certified instructor. To find classes in your area, or for more information, visit www.lamaze.org.

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