



NEWS RELEASE

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American College of Nurse-Midwives Responds to ACOG's 2010 VBAC Recommendations

ACOG's revised guidelines are unlikely to increase access to trial of labor and VBAC in the U.S.

SILVER SPRING, MD— In a statement issued earlier today, the American College of Nurse-Midwives calls for concerted efforts to expand access to vaginal birth after cesarean (VBAC) in the U.S. ACNM's statement comes in response to the American College of Obstetricians and Gynecologists' (ACOG) recent revised practice bulletin on VBAC, which is likely to play a key role in continuing to limit access to VBAC in the U.S.

Over the past 14 years, access to VBACs in the U.S. has plummeted, while the cesarean section rate has climbed to more than 33% of all births—more than double World Health Organization recommendations. A recent National Institutes of Health (NIH) statement expresses concern about the limited access to trial of labor after previous cesarean delivery (TOLAC) and VBAC.

The NIH statement requested that ACOG and the American Society of Anesthesiologists reassess their 2008 joint statement requiring "immediately available" surgical and anesthesia personnel for TOLAC, noting the low level of evidence supporting the requirement as well as physician and nursing shortages. Unable to comply with these standards, many institutions, particularly community and rural hospitals, have stopped offering trial of labor and VBAC altogether, leaving women and their families without access to the full range of safe options for childbirth.

Unfortunately, ACOG's 2010 guidelines continue to recommend that TOLAC be undertaken only at facilities capable of immediate emergency delivery, despite NIH consensus panel findings. Consequently, according to today's ACNM statement, the new ACOG guidelines are unlikely to lead to expanded access to TOLAC and VBAC in the U.S. as called for by the NIH panel.

ACNM President Holly Powell Kennedy CNM, PhD, FACNM, FAAN, explained, "All women—including those who have had a prior cesarean birth—have the right to access to information, counseling and birthing options provided by vigilant, skilled clinicians within a coordinated maternity care delivery system. The benefits to mother and baby of trial of a labor and vaginal birth are often overlooked, as are the risks involved with repeat cesarean surgery. Women have the right to be fully informed of all of their options for childbirth, and the risks and benefits of those options."

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“Many women in America are being denied access to safe, evidence-based options such as VBAC,” added ACNM Executive Director Lorrie Kaplan, CAE. “Unfortunately, women with previous cesarean deliveries are often forced to choose between accepting the risks of unnecessary surgery, traveling great distances for a trial of labor, or remaining in their communities even when skilled clinicians and integrated health systems are not available.”

The NIH VBAC consensus statement recommends that hospitals, maternity care providers, and other stakeholders work together to eliminate current barriers to trial of labor. Kaplan adds, “The NIH statement underscores the importance of following evidence-based practice, and reminds us that system-wide, inter-professional collaboration is needed to improve the quality and safety of maternity care in the U.S. The NIH recognizes that health care providers, guided by their professional organizations, are strategically positioned to make these changes happen. ACNM is listening, and stands ready to lead the way.”

To read the ACNM statement in its entirety, please visit

http://www.midwife.org/documents/ACNMResponseACOGVBACRecommendations_Aug10.pdf

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With roots dating to 1929, the American College of Nurse-Midwives is one of the oldest women's health care associations in the U.S. ACNM's mission is to promote the health and well-being of women and newborns within their families and communities through the development and support of the profession of midwifery as practiced by certified nurse-midwives and certified midwives. Midwives believe every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations.

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