

**Comparison of American College of Obstetricians and Gynecologists
VBAC Practice Bulletin 115 (2010) with VBAC Practice Bulletin 54 (2004) and
Induction of Labor for VBAC Committee Opinion 342 (2006)**

Changes in Policy

Topic	Previous Recommendation*	2010 Recommendation
<i>What resources are recommended for offering labor after cesarean?</i>		
Lack of immediate access to emergency cesarean	Level C: only in hospital with immediate access to emergency cesarean	Level C: informed woman can choose VBAC; woman who wants VBAC should not be forced to have cesarean or denied care; if her preference conflicts with provider and/or facility policy, refer her to facility with immediate access
<i>Who is candidate?</i>		
2 prior low transverse incision cesarean births	Contraindication to VBAC	Level B: may be candidate for VBAC
Twins (with one prior low transverse incision cesarean birth)	No previous recommendation	Level B: may be candidate for VBAC
Gestation beyond 40 weeks	No previous recommendation	Alone does not preclude planned VBAC
Suspected macrosomia	No previous recommendation	Alone does not preclude planned VBAC
Prior low vertical incision	No previous recommendation	Alone does not preclude planned VBAC (data limited)
Unknown type of previous scar	No previous recommendation	Level B: does not preclude planned VBAC unless high suspicion of classical incision
Previous classical or T-shaped incision	Contraindication to labor after cesarean	Not generally candidate for planned VBAC
Previous uterine rupture	Contraindication to labor after cesarean	Not generally candidate for planned VBAC
<i>What kind of care is appropriate for labor after cesarean?</i>		
External cephalic version (with one prior low transverse incision cesarean birth)	No previous recommendation	Level B: may be candidate if woman is at low risk for adverse outcomes of version and labor after cesarean
Augmentation	No previous recommendation	Ok, with labor after cesarean but counsel woman that may increase risk of uterine rupture and reduce likelihood of VBAC

Continuation of Policy

Topic	Previous Recommendation*	2010 Recommendation
<i>What resources are recommended for offering labor after cesarean?</i>		
Lack of immediate access to emergency cesarean	Level C: labor after cesarean in facility with immediate access to emergency cesarean	Level C: labor after cesarean in facility with immediate access to emergency cesarean
<i>Who is candidate?</i>		
1 previous low-transverse incision	Level A: counsel and offer labor after cesarean to most	Level A: counsel and offer labor after cesarean to most
3 or more previous cesarean births	Limited data; no recommendation	Limited data; no recommendation
Previous vertical incision in lower uterine	Level B: yes	Limited data: may choose labor after cesarean
<i>What kind of care is appropriate for labor after cesarean?</i>		
Epidural	Level A: yes	Level A: yes
Labor induction	Yes, but may increase likelihood of rupture (recommendation was in Committee Opinion 342) and reduces likelihood of achieving VBAC	Level B: yes, but may increase likelihood of rupture and reduces likelihood of achieving VBAC; inform women about both
Misoprostol for cervical ripening or labor induction with previous cesarean or major uterine surgery	Do not use (recommendation in Committee Opinion 342; prostaglandins were “discouraged” in Practice Bulletin 54, Level B)	Level A: do not use in third trimester

* Unless specified as from Committee Opinion 342 (2006), the previous recommendation appeared in Practice Bulletin 54 (2004).

Note: Level A recommendations are “based on good and consistent scientific evidence,” Level B recommendations are “based on limited or inconsistent scientific evidence,” and Level C recommendations are “based primarily on consensus and expert opinion.”