PROGENY

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RESULTS OF VBAC SURVEY IN IOWA'S COMMUNITY HOSPITALS

Surveys were sent to community hospitals in Iowa that perform less than 500 deliveries per year. Sixty-four surveys were mailed and 57 hospitals responded (89%). Below are findings from the survey.

Does your hospital do VBACs? Yes 18 (32%) No 38 (68%)
(One non-responder is included in the "No" category)

Who does cesarean sections in your hospital?

(More than one response could be given)	**Yes**	**No**
Local surgeon on your staff only	8	7
Local surgeon, operates at other hospitals as well	9	17
General surgeon from another town	4	17
Obstetrician	4	6
Local family physician	7	10
Family physician from another town	1	10

Who provides anesthesia for cesarean sections?

(More than one response could be given)	**Yes**	**No**
Local nurse anesthetist	16	23
Nurse anesthetist from another town	7	18
Local anesthesiologist	2	3
Anesthesiologist from another town	0	0
Physician, not an anesthesiologist	0	1

How long does it take (in minutes) until the following are available once the decision has been made to do a cesarean section? (*Fifteen minutes or less was used as the dividing time factor for purposes of tabulation)*

	Less than 15 minutes		***More than 15 minutes***	
	Yes	**No**	**Yes**	**No**
Anesthesia	9	10	9	29
Surgeon	11	11	8	28
Personnel	8	16	10	23

What are major limiting factors in initiating cesarean section within 30-45 min. in your hospital?

The theme was similar in both response categories. Factors most often mentioned by both groups dealt with weather conditions, health care providers not being in-house, time of day, and surgeon being unavailable due to surgery in another hospital. Two factors mentioned only in the "Yes" category were 1) availability of operating room due to surgery in progress, and 2) having to transfer the patient from obstetrics to the operating room for the procedure.

What single factor would improve the capability to do timely cesarean sections in your hospital? Please list only one. (*Some respondents did not answer because they do not perform VBACs)*

Factors listed by those doing VBACs	
In-house requirement of everyone	8
OR suite in obstetrics	3
Anesthesia availability	2
More MDs able to perform c/s	2
More staff	1

Factors listed by those not doing VBACs	
Availability of surgeon/anesthesia	18
In-house requirement	12
OR suite in obstetrics	1
Delivering MD able to perform c/s	1

According to the Annual Summary of Vital Statistics for 2001, the total cesarean delivery rate increased 7% from 2000 to 2001. At 24.4%, cesarean delivery is at the highest level reported since this data became available on birth certificates in 1989. This increase is partly due to the declining VBAC rates.

In 1999, ACOG revised its criteria, restricting VBAC attempts to patients with only one prior low transverse cesarean delivery in a hospital setting that has the capability for immediate response to a maternal or fetal emergency. The most critical issue regarding trial of labor after a previous cesarean delivery is that of a catastrophic complication such as uterine rupture with serious maternal and perinatal morbidity or death. There are many studies researching these problems and the outcome for the mother and baby. They all put the overall risk of uterine rupture at less than 1%, but acknowledge there is increased risk of major complication for women who have a trial of labor vs elective repeat cesarean section.

The main issue appears to be what "immediately available" means in length of time. ACOG does not state a definitive time frame in their recommendations, but in my opinion, if "readily available" is interpreted to mean 30 minutes, then "immediately available" would mean less than 30 minutes. Each institution must evaluate all factors and then decide whether to provide VBAC or not. The results of this survey indicate that the majority of Level 1 hospitals in Iowa do not offer this option to their patients. It is interesting that half of respondents offering VBAC are not able to perform cesarean section in less than 15 minutes. Is VBAC safe? It can be; however we may have to reset our priorities. "Once a cesarean, always a cesarean" may still be the safest delivery approach for both infant and mother in some institutions.

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