**Cesarean and VBAC**

National Midwifery Institute, Inc.

Study Group Coursework

*Syllabus*

Description:

This module explores cesareans and VBAC including a historical perspective and necessary cesareans as well as safe care for a VBAC out of hospital. It includes recommended reading materials in print and online, and asks students to complete short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects to deepen your hands-on direct application of key concepts.

Learning Objectives:

* Identify the national statistics on cesarean section.
* Identify the cesarean rate prior to 1970, and the causes for its increase.
* Identify the surgical procedure of cesarean section.
* Understand how to advocate for your client in a transport situation.
* Review CPD and “failure to progress.”
* Review fetal heart rate patterns and fetal distress.
* Make a transport plan for addressing cord prolapse.
* Understand the anger and emotional healing clients may experience after a cesarean section.
* Identify the importance of continuity of midwifery care in a complicated birth experience.
* Define VBAC and HBAC.
* Identify the risks and benefits of vaginal birth after cesarean section.
* Identify the importance of reviewing the previous OB cesarean records.
* Define scar dehiscence.
* Identify the incidence and symptoms of uterine rupture.
* Identify instances when cesarean sections are indicated.
* Identify the recommendations made by WHO regarding cesarean rates.
* Identify the recommendations made by ACOG regarding VBAC.
* Identify local community standards regarding VBAC.
* Determine your own practice guidelines for VBAC/HBAC.
* Review Pharmacology for Midwives
* Identify specific postpartum care and support for women/gestational parents recovering from cesarean section.
* Identify national and community resources for VBAC support.

Learning Activities:

* Research and read appropriate study sources, seeking out additional study sources where needed
* Complete short answer questions in attached module document for assessment
* Complete long answer questions for deeper reflection in attached module document for assessment
* Complete learning activities listed in attached module document for assessment
	+ Create a postpartum care plan for clients recovering from cesarean section
	+ Create a list of local resources for clients recovering from cesarean
	+ Choose and review a book about cesareans to recommend to your clients
	+ Draft practice guidelines for VBACs
	+ Create an VBAC informed choice/informed consent document for your charts
	+ Draft practice guidelines for clients who require cesarean sections in your own practice
* Submit work to Study Group Course Coordinator
* Reflect on feedback from Study Group Course Coordinator and re-submit work as needed

Study Sources (print):

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using keywords from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

* Human Labor and Birth, Oxorne and Foote
* Varney’s Midwifery
* Myles Textbook for Midwives
* Holistic Midwifery, Vol. I, II; III when available, Frye
* Homebirth Cesarean, Jarecki

Study Sources (online):

See NMI website Cesarean and VBAC module web resources section for current online study sources for this module.

Related Modules:

* Fetal Heart Rate Patterns
* Grief and Self-Care
* Breastfeeding / Chestfeeding
* Perinatal Mood Disorders
* Second Stage
* Breech Birth
* Twins and Multiples
* Apnea / Hypoxia / Respiratory Distress
* Postpartum care
* Gender and Sexuality
* Transporting
* Charting and Practice Guidelines
* Pharmacology for Midwives

Submitting Module for Assessment:

Study Group modules are accepted electronically in PDF format *only*. We encourage you to submit modules as you complete them throughout each quarter of enrollment.

Please email your completed Study Group module to:

Study Group Course Work Instructor nmistudygroup@nationalmidwiferyinstitute.com

Once your module has been emailed to us, you will receive an email confirmation that we have received it. Study Group modules are reviewed and returned in digital format as PDF documents. Modules can take up to 1 month from submission to be reviewed and returned to you. We will return your module as an e-mail attachment. Each module includes an Evaluation Sheet at the end of the pdf. The module’s page on the student portal also includes a link to a fillable online module evaluation sheet. Please take the time to fill out the module evaluation sheet and return it to us for each module, it helps us to improve our course work.

Please follow these formatting guidelines when submitting modules:

* Your first initial and last name in title of PDF, along with name of module. Example: “ERyanFirstStage.pdf”
* Title of module on the document’s front page
* Your name on the document’s front page
* Provide the text of each question, followed by a blank line and then your thoughtful answer (without the question, you have commentary without context)
* Blank line between the answer for a question and the next question: question, blank line, answer, blank line, question, blank line, answer…
* Please leave margin space for our comments!
* Don’t use script or cursive writing style text
* Font size not smaller than 12
* Credit sources of direct quotes

Completion Requirements and Feedback:

In order to complete this module for graduation purposes from National Midwifery Institute you must review all resources, complete the attached short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects, and submit them as detailed above. Upon return to you, your coursework may have feedback or ask for additional information or exploration on certain topics. Your work will be evaluated n the following Rubric (pasted below). You must achieve a minimum score of **7.5** in order to move on to your next module, though we encourage all students to strive for a **10.**

|  | **Level 1** **(0 Points)** **Not Adequate** | **Level 2** **(1 Point) Developing Adequacy** | **Level 3** **(1.5 points)** **Meets Basic Expectations** | **Level 3** **(2 points) Exceeds Expectations** | **Student Score** |
| --- | --- | --- | --- | --- | --- |
| **Completion of module prompts and elements** | -Module not completed  | -Major Elements of module are missing  | -All aspects of module elements present, with some minor questions unanswered or missing | -All aspects of module elements present and answered completely |  |
| **Demonstrates Comprehension of module content and concepts** | - Lack of comprehension | - Responses are unclear and do not reflect basic comprehension of module concepts | - Responses are clear and reflect basic comprehension of module content and concepts | - Responses are clear, well written, and reflect in-depth comprehension of module content and concepts. Added subpoints and additional reflections demonstrate a deeper knowledge and curiosity.  |  |
| **Analysis** | - Key terms not defined | -Inaccurate definitions of key items -Limited connections made between evidence, subtopics and clinical experience  | -Accurate definitions of key items       -Connections made between evidence, subtopics and clinical experience -Incorporation of original ideas and incorporates some clinical experiencein responses where possible | - Accurate definitions of key items       -Strong connections made between evidence, subtopics and clinical experience  |  |
| **Evidence** | - No research evidence used  | -Research not used -Research not clearly connected to questions asked in module  | -Research is present but limited -Research presented is weak or not relevant to communities served by midwives | -Research is abundant -Research is compelling and relevant to communities served by midwives |  |
| **Engagement with Learning Resources** | -Evident study sources were not utilized  | -Evident study sources were partially utilized  | -Evident that study sources were fully utilized | -Evident that study sources were fully utilized and independent research was undertaken -Full incorporation of original ideas, personal analysis and incorporates relevant clinical experience in all areas possible |  |

Skills

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI forms *Form 52 - Assessment of Student’s Midwifery Skills* and *Form 53 - Student* 1. Midwifery Counseling, Education and Communication:

A. Provides interactive support and counseling and/or referral services to the

mother regarding her relationships with her significant others and other health

care providers

B. Provides education, support, counseling and/or referral for the possibility of

less-than-optimal pregnancy outcomes

 C. Provides education and counseling based on maternal

health/reproductive/family history and on-going risk assessment

 D. Facilitates the mother's decision of where to give birth

 1. The advantages and the risks of different birth sites

 2. The requirements of the birth site

 3. How to prepare, equip ad supply birth site

 E. Educates the mother and her family/support unit to share responsibility for

 optimal pregnancy outcome

 F. Educates the mother concerning the natural physical and emotional

 processes of pregnancy, labor, birth and postpartum

 G. Applies the principles of informed consent

 H. Provides individualized care

 I. Advocates for the mother during pregnancy, birth and postpartum

 J. Provides education, counseling and/or referral, where appropriate for:

 1. Sexually transmitted diseases

 2. Complications

 3. Postpartum care concerning complications and self-care

2. Maternal Health Assessment:

 A. Evaluates laboratory and medical records from other practitioners

 B. Obtains assistance evaluating laboratory and medical records from other

 practitioners

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*Short Answer Questions*

Short Answer Questions:

1. What are the national cesarean statistics in the country you live in?

2. What is the cesarean rate in your state/province?

3. What are the cesarean rates at the hospitals where you transport? (see link in Online Resources)

4. What is the leading “reason”/cause given for cesarean sections in the United States?

5. What was the cesarean rate prior to 1970?

6. What single major medical intervention accounts for much of this increase? (read History of Cesarean article in online resources)

7. What additional factors have contributed to increasing the cesarean rate in the U.S.?

8. What does the World Health Organization estimate the rate of necessary cesarean to be? (WHO Challenge to global obstetrics)

9. In what instances are cesarean sections indicated?

10. What are the risks and benefits associated with cesarean sections? With multiple cesarean sections?

11. When are clients reunited with their babies after cesarean?

12. How does the classical cesarean differ from the low transverse cesarean as a

surgical procedure, and how does the incision relate to safety of future births?

13. How does “single layer closure” differ from “double layer closure” in terms of surgical history and safety of future births?

14. What does a diagnosis of CPD in a previous birth apply to subsequent births? Consider the “true incidence of CPD” vs. percentage CPD is used as the reason for a cesarean.

15. What does “failure to progress” mean?

16. What is most important to achieve when advocating for your client in a hospital transport situation?

17. How do hospital policies regarding an emergency cesarean differ from a

non-emergency cesarean?

18. What is a “gentle cesarean” or “family-centered cesarean”? What do you think about it?

19. Cesarean section is major abdominal surgery. List the physical effects that a person recovering from a c-section is likely to experience. Begin with the immediate postpartum and continue through 6 weeks.

20. What are the usual medical treatments in the 48 hours following a cesarean?

21. What is the current research about the microbiome of the baby following a cesarean?

22. As a midwife, what can you do to help a client after a cesarean section while the client is still in the hospital and once the client is home?

23. Which homeopathic remedies may be helpful for someone recovering from a cesarean?

24. What herbal support can you offer after the client is discharged from the hospital?

25. What is the treatment for an abdominal cesarean incision that is not healing well?

26. Define the following:

1. what is a VBAC?
2. what is a VBA2C?
3. what is a HBAC?

27. What are the the risks and benefits of vaginal birth after cesarean section?

28. What questions are critical to helping a client make a decision about where to have their baby by VBAC?

29. What inclusion criteria is used to screen appropriate VBAC candidates in a hospital setting? In a home setting?

30. What percentage of clients seeking a VBAC in a hospital setting end up having a VBAC? Does this differ in a home setting?

31. What are the ACOG recommendations for VBAC?

32. What is the availability of anesthesia in the local hospitals that receive midwife transports? Why is it important to know this and how does it impact your decision-making as a midwife?

33. What is the rate of placenta accreta and other abnormal placental implantation after a cesarean section? After 2? After 3? Is it reliably identified in a prenatal ultrasound?

34. What is scar dehiscence?

35. What are the symptoms of uterine rupture?

36. What is the incidence of uterine rupture for VBAC, VBA2C and births with NO previous cesarean section?

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*Long Answer Questions for Deeper Reflection*

Questions Requiring Longer, More Thoughtful Answers:

(number continued from previous section).

37. Describe the surgical procedure for a low transverse incision cesarean section.

38. What are the long term effects of a cesarean on both birth parent and baby?

39. Give detailed instructions for managing a cord prolapse, including transport.

40. What is the safety of induction (hospital and home) with VBAC clients? VBA2C?

41. What are some possible emotional responses a client may have following a cesarean section?

42. What is the local community standard for VBAC? Is attending home VBAC within the scope of licensed midwifery in your area?

43. Do the Cesarean rates and attempted VBAC rates differ in your region due to:

1. different races?
2. clients with high BMI, average BMI, and low BMI?
3. poverty and income levels?
4. literacy and education level?

 Continued

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*Projects/Learning Activities*

Projects(send completed projects with the rest of your course work for this module)

(number continued from previous section).

44. Create a postpartum care plan for clients recovering from cesarean section. Include details of care.

45. Create a list of local resources for clients recovering from cesarean, and for clients choosing VBAC. Include local contacts for regional or national organizations, as well as online resources.

46. Choose a book about cesareans to recommend to your clients. Write a review about your recommendation and include title, author, publisher and date of publication.

47. If you attend home VBACs, draft practice guidelines for VBACs in your own practice. Include reference to your transport plan in response to need for labor augmentation, maternal exhaustion, fetal distress. Submit this draft along with this module, and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)

48. If your practice guidelines include attending home VBACs, create an VBAC informed choice/informed consent document for your charts.

49. Draft practice guidelines for clients who require cesarean sections in your own practice. Include reference to your transport plan in response to need for labor augmentation, maternal exhaustion, fetal distress, advocacy in the hospital and specific immediate postpartum care for client and baby. Submit this draft along with this module, and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)