

AAFP advocates for planned vaginal birth after cesarean

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(HealthDay)—A planned labor and vaginal birth after cesarean (LAC/VBAC) is an appropriate option for most women with a history of prior cesarean birth, according to a clinical practice guideline published in the January/February issue of the *Annals of Family Medicine*.

Valerie J. King, M.D., M.P.H., from the Oregon Health & Science University in Portland, and colleagues developed evidence-based guidelines to facilitate planning for LAC/VBAC. The guidelines were developed by a multidisciplinary group which used a high quality systematic review as the primary evidence source.

The authors note that clinicians should counsel, encourage, and facilitate planned VBAC, including offering referral to a facility or clinician that can offer the service if not available locally. Clinicians should inform

women who have had a previous [vaginal birth](#) that they have a high likelihood of VBAC; these women should be encouraged to plan LAC/VBAC unless there are specific contraindications to vaginal birth. For women who have a medical indication for induction of [labor](#) and who are planning a LAC/VBAC, induction of labor after cesarean is appropriate. For women with a prior cesarean birth, misoprostol should not be used for cervical preparation or induction of labor after cesarean in the third trimester of pregnancy.

"The AAFP recommends that clinicians counsel, encourage, and facilitate planned vaginal birth after cesarean so that women can make informed decisions," the authors write. "The AAFP strongly recommends that clinicians inform women who have had a prior vaginal birth that they have a high likelihood of vaginal birth after cesarean. Unless there are specific contraindications to a vaginal birth, these [women](#) should be encouraged to plan LAC/VBAC and should be offered referral to clinicians and facilities capable of providing this service if not available locally."

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