Case study

Co-responsibility in VBAC: empowering patients and clinicians for equitable birth planning

The challenge

- The current landscape of birth planning is fraught with challenges that impact patient autonomy and contribute to disparities in care. Historically, racial biases have limited access to vaginal birth after cesarean section (VBAC). These biases have manifested in the use of racist algorithms, as well as in the implicit biases of clinicians.
- This is further complicated by systemic issues within healthcare, such as:
    - **The medical-technocratic-patriarchal model**: This model prioritizes intervention over natural birthing processes.
    - **Capitalistic pressures**: Scheduling births and performing cesareans, rather than supporting natural labor and VBAC, may be more profitable and allow for clinicians to see more patients.
    - **Historical trauma**: Clinicians' personal experiences of trauma can influence their decision-making and lead to fear and reluctance around supporting VBAC.
- These challenges often result in a lack of shared decision-making, where patients are not fully informed of their options, including the option to pursue a trial of labor after cesarean (TOLAC). This creates a situation where patients may not have the opportunity to pursue TOLAC, even if that aligns with their preferences and values.

The process

- The process to overcome these challenges is what Helena Grant terms co-responsibility, a key component of shared decision-making.
- Patients should take action and speak from a place of empowerment:
    - **Secure your records:** Request and keep your prior cesarean surgical records. As Helena Grant says, "This is your property and your surgical record."
    - **Be informed:** Inquire about your clinician's VBAC experience and the hospital's cesarean rates–both primary and repeat, VBAC rates, and VBAC success rates. Ask, "Do you do this? How often have you done this?" and "What happens if I go into labor on the day you're not there? Are your colleagues going to support me?"
    - **Seek alternatives:** If your clinician is unsupportive, find one who is. Helena notes

if a clinician is "off-put by your desire to be informed about their practice, that's problematic and a red flag into what kind of care they can and cannot offer you."

- Clinicians must also take action when planning birth with their patients:
    - **Be honest and refer out:** Helena encourages “if VBAC isn’t your thing, just say it.” Send patients to a clinician who practices in this area.
    - **Help patients:** Support patients in getting their records.
    - **Unpack and unlearn:** Recognize that you may be modeling what you learned in your residency, and be willing to change your perspective.
    - **Seek support:** Address past trauma and stress with wellness and mental health resources.

The impact

- ✔ Co-responsibility leads to more equitable, patient-centered birth planning by addressing implicit biases and empowering informed choices.
- ✔ **Shared decision-making:** Patients become active participants when they are empowered with their records and knowledge, which facilitates meaningful conversations with clinicians.
- ✔ **Overcoming biases:** Co-responsibility shifts focus from biased algorithms to individual needs.
- ✔ **Promoting TOLAC:** Informed patients may seek clinicians who support TOLAC, and honest clinicians enable patients to make birth plans aligned with their goals and values.
- ✔ **Patient empowerment:** By having their records and asking questions, patients are able to advocate for themselves.
    - As Helena Grant explains, when a patient can say, “This is my cesarean birth record...that makes me a candidate for VBAC,” that is a place of empowerment.
- ✔ Co-responsibility aims to foster a system of care where patients and clinicians are working together towards the best possible birth outcomes, aligned to patient values and preferences.

> “If you focus only on race and medicine, you miss a whole lot of stuff, which is problematic. It is critical to address the multitude of factors that limit patient autonomy and equitable access to TOLAC, going beyond just focusing on race.”
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> **— Helena Grant, MS, CNM, FACNM**
> *Senior Advisor Midwifery Initiatives, Co-Chair NYC Maternal Mortality Committee, NYC Department of Health and Mental Hygiene*
> *NYC Midwife for 3 decades, Thousands of births, Hundreds of VBACs*