

My name is Sara Fariss Krivanec and I am a mother of three children and co-leader for ICAN of Richmond. ICAN stands for the International Cesarean Awareness Network. ICAN is an international nonprofit organization whose mission is to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery, and promoting Vaginal Birth After Cesarean (VBAC).

ICAN provides the latest evidence-based research for mothers pursuing VBAC. We also provide emotional support for those healing from cesareans and traumatic birth experiences.

The notion that home VBAC could be restricted undermines women and babies, providing a lack of options. The safety of VBAC in general and homebirth with a licensed CPM are both well documented. Here are some important points to consider:

- As consumers, women want access to VBAC. Many hospitals and doctors in our state have official policies against VBAC. They are not based on evidence but in the context of liability concerns, financial benefit and time management issues. Nevertheless, the only safe option for some women is home VBAC.
- As consumers, women want access to their choice of birthplace. When you take away this option, you are forcing women to choose between no care and the ultimate intervention- an unassisted VBAC.
- Women have the right to informed consent and informed refusal of care. VBAC is not a procedure but a physiological end of a pregnancy. A cesarean is a procedure.
- The medical model of birth has not been conducive to normal VBAC birth. There are more interventions in this model that lead to cesareans and uterine ruptures.
- Women in midwifery care have a VBAC rate of 80-90% compared to obstetrical rates of 40-50%.
- The safety of VBAC has been well documented. The British Medical Journal in 2004 stated a uterine rupture rate of .2% for a spontaneous VBAC. The rupture rate more than doubles when obstetricians induce and augment mothers in the hospital.
- Professional midwives do not induce or augment labors. They are with women for their entire labor and are trained to recognize signs of risk and the need for transfer. Their training and care is optimal for VBACs.
- Risks are accepted with out questions in other situations. Amniocentesis for example, has a 1-1.5% miscarriage rate and a 1% rate for complications that include infection, premature labor, and injury to the fetus, cord or placenta. Yet obstetricians advocate for this test for all women over 35.
- The risks of cesarean for both mother and baby are well documented. They include blood clots, infection, and complications with anesthesia. The baby risks respiratory complications and NICU admittance.

To conclude, this topic is an important and emotionally charged issue for our members. Cesarean and VBAC mothers will be outraged and ready to make their voice heard on this issue. You may not have realized that these are not the peaceful homebirth women who only want a gentle birth for their baby because they believe it's right. These women

are those that have been mistreated by the medical system, they feel traumatized by the lack of care they have received in the hospital setting and home VBAC is the only way they can get the quality of care they deserve. Not only will they speak up, you will also hear from hundreds of educators, doulas, obstetrical nurses, and advocates for evidence-based care. Licensed CPMs are serving women according to their standards of care and protocols. Women and families are making informed choices and preparing to have the safest birth possible in their communities. I hope a healthy dialogue can begin here between all types of care providers about what is best for the women and families of Virginia.

Thank You.