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**Reclaiming birth after caesarean through continuity of midwifery care**

Caesarean section rates are rising, as well as increased associated maternal and neonatal morbidity, placing pressure on maternity units. In Australia, the leading indicator for caesarean section is a repeat cesarean. Research tells us most women are suitable candidates for a vaginal birth after cesarean (VBAC), however only a small number birth vaginally, many do not feel supported to pursue a VBAC and VBAC rates have decreased.

The benefits of continuity of midwifery care (CoC) and birth centre births, compared with fragmented care and hospital settings, are widely documented. Women planning a VBAC are often excluded from low-risk CoC and birth centre models due to hospital policy and concerns about uterine rupture.

This proposal, which will be a group oral presentation, would fund a 3-year trial for all women planning a VBAC in the ACT to receive CoC via a known primary midwife. The trial will also offer eligible women planning a VBAC with the option to birth in a birth centre setting. Success will be measured using clearly defined, measurable outcomes and qualitative data on women’s experiences.

The trial will contribute to emerging evidence that women receiving CoC while planning a VBAC will decrease repeat caesarean rates and reduce cesarean-related pressures. It also aims to fill a gap in research to understand the impact of place of birth on spontaneous labour, VBAC rates and birth satisfaction. More women will have access to the ‘gold standard’ CoC through this trial.

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