

## ICAN Position Statement - Hospital VBAC Bans

*VBAC bans are unethical and enforcing them is a form of obstetric violence. The right to informed refusal is a human right, which includes declining a cesarean.*

The International Cesarean Awareness Network's [mission](#) includes reducing preventable cesareans and advocating for vaginal birth after cesarean (VBAC) to improve maternal-child health. Forced repeat cesareans due to hospital policy are a violation of patients' bodily autonomy and the right to informed consent or refusal. We believe these actions are a form of obstetric violence.

VBAC is not a procedure that a maternity care provider can choose not to offer, but is instead the biological normal physical outcome of a pregnancy after cesarean(s) in the absence of surgical delivery or medical abnormality. ICAN encourages childbearing families to get all of the facts about VBAC and elective repeat cesarean before making a choice.

The basic and fundamental human right to make decisions about what happens to one's body is legally protected in most countries. [Pregnant people are considered decisionally capable](#) and [acting on another's body without consent can be considered assault or battery](#). Neither the physician, hospital, the state, nor the courts have a greater vested interest in the wellbeing of the fetus than the person who has chosen to carry it to term and give birth to it.

Maternity care providers have a [fiduciary duty](#) to [give complete and true information about every test, procedure, drug and plan of treatment recommended without an element of coercion](#). Every patient then has the right and responsibility to make decisions based on this information. Conceding this responsibility to another party that has [their own motivations for recommending a cesarean can be to the detriment of individuals and population level maternal-child health](#).

We feel that in the current cultural climate in obstetrics, becoming educated on human rights in childbirth and the current evidence and guidelines regarding VBAC and repeat cesarean can be protective against coercion and obstetric violence. During prenatal counseling regarding pregnancy after cesarean(s) patients should hear risks, benefits, and alternatives to both VBAC and repeat cesarean based on current guidelines and evidence as soon as possible during the pregnancy. Opportunities for questions or clarifications should be made available to the patient. And finally, the patient makes a *voluntary* choice about the plan for the intended mode of delivery. Consent requires free will.