

VBAC: Access to Care and Autonomy in the North Country of New York Demands Persistence

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Autonomy in birth is key to achieving healthy outcomes for mothers and babies. For birthing people in the North Country, there is a gap between what evidence-based ethical care looks like in theory and access to that care in reality. VBAC (Vaginal Birth After Cesarean) bans, or de facto bans, fall within this gap and leave birthing people without choice and autonomy over their bodies. When barriers such as VBAC bans are in place, people in rural areas do not have a choice as to how they birth and are forced into surgical birth. There are risks and benefits with VBAC and with repeat cesarean. The WHO (World Health Association), NIH (National Institutes of Health) & ACOG (American College of Obstetricians and Gynecologist) provide evidence-based recommendations for VBAC. It is a birthing person's right to be presented with all the information and to be given the opportunity to make informed consent or informed refusal. This paper provides insight into lack of access to VBAC in the North Country of New York, specifically St. Lawrence County, and examines why this is an important community health issue that demands persistence. *[Article copies available for a fee from The Transformative Studies Institute. E-mail address: journal@transformativestudies.org Website: <http://www.transformativestudies.org> ©2019 by The Transformative Studies Institute. All rights reserved.]*

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