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## POST-TEST

### ICEA POSITION STATEMENT AND REVIEW: CESAREAN BIRTH AND VBAC

1. *The optimal rate of cesarean section*
  - a. is 10% for low-risk women and 15% for high-risk women
  - b. should not exceed 15%
  - c. is 15.5% for nulliparous women at term with singleton fetuses and vertex presentations
  - d. has yet to be determined
  
2. *The increase in the cesarean birth rate is related to*
  - a. advancing maternal age
  - b. increased use of electronic fetal monitoring, labor stimulation, and epidural anesthesia
  - c. fear of malpractice litigation
  - d. a combination of many factors
  
3. *The most frequently reported indication for cesarean section is*
  - a. dystocia
  - b. placenta praevia
  - c. prior cesarean section
  - d. fetal distress
  - e. breech presentation
  
4. *The most common problem associated with cesarean section is*
  - a. hemorrhage
  - b. aspiration of acidic stomach contents
  - c. post-operative infection
  - d. wound dehiscence
  - e. embolism
  
5. *The overall cesarean birth rate can be reduced safely and effectively*
  - a. when the indications for primary cesarean section are addressed
  - b. through education and support of all women who are candidates for VBAC
  - c. by protecting the normal process of birth
  - d. all of the above
  
6. *A cesarean section can potentially be prevented by focusing on all of the following except*
  - a. frequent movement and position changes during labor
  - b. working with a doula or birth companion
  - c. using directed pushing to minimize the length of second stage
  - d. using nonpharmacological pain management techniques
  - e. providing one-to-one nursing care

7. *Vaginal birth after a previous cesarean is associated with*
  - a. a small but significant risk of uterine rupture
  - b. a uterine rupture rate of approximately 0.2-1.5% in women with a previous low transverse incision
  - c. reduced morbidity than repeat cesarean section
  - d. a 60-80% success rate
  - e. all of the above
  
8. *Vaginal birth after a previous cesarean is contraindicated*
  - a. when there was a previous diagnosis of labor dystocia or cephalopelvic disproportion
  - b. for women with a previous vertical incision within the lower segment of the uterus
  - c. for women with a previous incision extending into the fundus
  - d. for women who have one or more previous low transverse incision(s)
  - e. all of the above
  
9. *The care of a woman in labor after a previous cesarean*
  - a. requires careful monitoring of the mother and fetus
  - b. should only take place in large tertiary settings that can provide immediate emergency management
  - c. should include a special consent form for vaginal birth after cesarean.
  - d. all of the above
  
10. *In discussing cesarean birth in childbirth classes the childbirth educator's overall goal is to*
  - a. help expectants find ways of avoiding unnecessary cesareans
  - b. help reduce the cesarean birth rate
  - c. prepare parents for cesarean birth in case they have one
  - d. provide parents with the skills and knowledge they need in order to become active participants in making informed decisions for themselves and their babies

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