

## Want a VBAC? Ask your care provider these questions.

If you are a good candidate for VBAC, the single most important decision you can make that will have the greatest impact on your chances of VBAC success is whom you hire to attend your birth. This is why it's important to interview several care providers and ask specific questions.

You will often receive different information when speaking to the doctor or midwife directly than you would from the people who answer their phones. When calling their office, be sure to state that you want to have a consultation. Ideally, you want to meet in an office, not in an exam room.

### How to present yourself

Go to your consultations like you would a job interview. You are not hanging out with your girlfriends. You want the care provider to perceive you as an intelligent, thorough, and reasonable woman who has done her homework, collected all the info, and would really appreciate the opportunity to VBAC/VBAMC. **Trust is fundamental and flows both ways.** If you can make a human connection with the care provider, then all the better. .

- Wear your most professional looking clothes.
- Get a babysitter for your younger kids if possible so you are not distracted.
- Bring your medical records and operative reports from your prior cesarean(s).
- Read, be familiar with, and bring a copy of the 2010 ACOG VBAC guidelines.
- Google the care provider, their practice, and the hospital/birth center and note any special awards or recognition they have received. Bring this up in a complimentary way during your appointment.

Remember, a lot of care providers are concerned about being sued, so they are sizing you up as much as you are them. They want to know that you understand the risks and benefits of your options and that you have realistic expectations. Be sure that you don't repeat birth myths while speaking to them, as that will reflect poorly on you.

Once you connect with them on a human level, and they see that you are an educated, rationale, and reasonable woman, then you can determine how willing they are to negotiate on some of their terms (if necessary.) For example, if they require moms to stay in bed during the entire labor, ask if their hospital offers telemetry units (wireless fetal monitoring). Some hospitals even have them in a tube top so they don't move around as much and are less noticeable to moms.

It's very important to not come across as angry or argumentative, because that decreases the likelihood that they will attend you. Express your frustration, anger, and pain with support groups online.

### The three types of care providers

There are three types of care providers: those that are VBAC supportive, those that are not, and those that pretend to be until the last minute. When an care provider says that they are VBAC supportive, but every single one of their clients got risked out for VBAC, ask yourself what is more likely: For every single one of their patients to develop a medical condition that ruled out VBAC or that they really weren't supportive in the first place? **This is why it's a huge red flag if your care provider says; "We can wait later/ until your third trimester/ 36 weeks to talk about that."** Your care provider should be comfortable discussing their VBAC philosophy with you now. You deserve to know if they are genuinely supportive or not so that you can hire another care provider who is more in-line with your goals if needed. You don't want to be in a position where you are 36 weeks and your care provider says, "Let's schedule a cesarean at 40 weeks just in case." You can switch providers late in pregnancy, but it can prove difficult.

## **Top 18 Questions to ask a provider**

Here is a list of questions that are relevant to all birthing women, VBAC or not. (Go to <http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Obstetrics/Vaginal-Birth-After-Previous-Cesarean-Delivery> for more information and up to date research and studies)

- 1. What is their philosophy on going past 40 weeks?**
- 2. What is their philosophy on "big babies?"**
- 3. How many VBACs have they attended?**
- 4. Of the last 10 women seeking VBAC from them, how many had a VBAC? .**
- 5. Do they attend VBACs with an unknown or low vertical scar?**
- 6. Do they have any standard VBAC protocols that differ from a non-VBAC mom?**
- 7. Under what circumstances would they induce a VBAC?**
- 8. What methods do they use to induce?**
- 9. Do they attend vaginal breech births?**
- 10. Do they attend vaginal twin VBACs?**
- 11. How many uterine ruptures have they witnessed?**
- 12. What kind of monitoring do they require?**
- 13. What is their CS rate?**
- 14. Do they perform an automatic CS if waters have been broken for more than 24 hours, even if there is no evidence of infection and mom and baby are fine?**
- 15. Do they have a time limit on how long your labor can be before they C-section you?**
- 16. Do they require epidurals for VBAC? .**
- 17. Do they require an IV or Heplock?**
- 18. Are you permitted to move and deliver in your position of choice?**