

VBAC *friendly*

- *Provider has no arbitrary restrictions on length of how long baby stays inside*
- *Induction options are ONLY medically necessary*
- *They provide benefits and risks of why and let you think it over. (not pressured unless true emergency)*
- *No weight guesstimates “big baby” talk (late u/s are less accurate than earlier ones) – these can be used to discourage you from VBAC option*
- *Encourage laboring at home for as long as you can*
- *Low caesarean and high VBAC success rates for that MD*
- *Informed consent includes risks of repeat c-section plus VBAC side by side*
- *Supports VBAmC (after multiples c’s)*
- *Guarantee that they or equally supportive MD will be there to help catch your baby when you deliver*

VBAC *tolerant*

- *Must go into labor by 40/41 weeks*
- *Won’t induce or augment under any circumstance*
- *Baby must be under X pounds*
- *Must progress X cm/hour*
- *Must come to hospital early in labor*
- *Epidural placed “just in case”*
- *Internal fetal monitoring and/or intrauterine pressure catheter required*
- *Must have double layer sutures*
- *Uses a VBAC calculator on you to predict your chance of VBAC*
- *In a practice with or shares call with unsupportive providers and cannot guarantee that s/he will be the one who attends your birth*

www.thebbbcfe.com

- Taken from: www.birthblissfully.com
- Additional Reading: *The VBAC Companion* by Diana Korte