

# **An Amateur Guide for Attempting a Vaginal Birth after Cesarean (VBAC)**

## **1. Be self-motivated**

- a. This pregnancy is a new start, don't let the previous c-section hang over your head- despite how doctors might make you feel
- b. Consider that it is important to preserve the integrity of your uterus if you plan to have future pregnancies
- c. Make the VBAC your goal, but never forget the objective is to have a healthy baby in the end- even if it turns out that you need another c-section

## **2. Consider what type of provider you want to use.**

- a. This includes considering what your insurance will cover. Many midwives, for example, do not accept insurance and so you need to have out of network benefits for the insurance company to pay any of the cost.
- b. However, midwives generally have the highest VBAC rates. Also, for VBACs, midwives usually work under the license of a high-risk doctor in the event of an emergency.
- c. Consider working with a doctor/labor coach combination if you are uncertain of hiring a midwife

## **3. Tap into a network of friends/friends of friends for advice**

- a. Ask around for women who have tried VBACing including successful and failed attempts
- b. Ask around for names of labor coaches (doulas), midwives, or doctors. If you find a labor coach just starting out it might cost just a few hundred dollars, others can charge upwards of that.
- c. Check online for midwives if you are unable to look them up through your insurance

## **4. Research hospitals in your area**

- a. What is their c-section rate?
- b. How does it compare to the national average?
- c. Do they allow water-birth, birthing balls, midwives, etc.?
- d. Do they have wireless fetal monitors so you can walk during labor?

## **5. Research care providers' (certified nurse midwives, OB/GYNs) ratings & reviews**

- a. Start with your insurance company's website search engine
- b. Is there an OB/GYN that works with midwives or vice versa?
- c. Check online discussion boards for other women's recommendations

## **6. Make appointments with candidates to ask all your questions**

- a. What are your VBAC/c-section rates?
- b. Do you allow active labor?
- c. What methods of pain relief do you use/allow? Hypnobirthing? Showering?
- d. What is your approach to induction, including administering Pitocin? What are the risks of using Pitocin on VBAC patients?
- e. Do you mandate epidurals?
- f. What is your policy about breech babies? Are you willing to try the version or to allow trial of labor with breech presentations?
- g. Do you work with optimal fetal positioning exercises?

## **7. Find someone who you trust and are comfortable with.** Decisions made in advance of the actual labor and delivery often change during childbirth as unexpected things arise, so accept that you might lose control of the situation. Keep an open mind and rest assured that you and your care-provider share the same goals.

## **Sample Birth Plan for Mom- and Dad-to-Be**

*The following birth plan is important to us. We aim to have a natural un-medicated birth and rely on the hospital staff to help us achieve a meaningful birth experience. It is our hope that the staff will assist us in respecting our guidelines below. However, we are fully aware that in an unexpected medical emergency the safety of the mother and baby take precedence over this plan.*

### **Medical Basics**

Due Date:

Patient of:

Place of Birth:

Blood type:

Date of Last Menstrual Period:

GBS positive:

This is my second delivery. My first was a c-section delivery, and I am attempting to have a successful VBAC. I am grateful for your kind support in this important endeavor.

### **Support Team**

My support people are my husband and my doula. I want them present through my labor and delivery.

We prefer that no student interns/residents or non-essential personnel be present through my labor and delivery.

Absolutely nothing should be done without our full knowledge and consent.

### **Labor Guidelines**

I prefer to labor at home as long as safely possible for freedom and comfort.

Upon arrival to the hospital, I don't want to have a procedural IV line unless it becomes medically necessary.

I prefer to keep the number of vaginal exams during labor to a minimum; only when necessary.

I realize that I'll need continual fetal monitoring due to my VBAC status. However, I hope to use the telemetry monitor to enable me to walk around freely during my labor.

I want to be able to use a birth ball, Jacuzzi, shower, massage, acupressure, counter pressure, breathing techniques and other labor positions or pain management resources during labor.

### **Preferences Regarding Slow to Start Labor**

I need to avoid any form of medical induction.

If my water breaks at the onset of labor, I want to utilize active movement and natural induction techniques to stimulate contractions as long as the baby and I are fine.

### **Preferences regarding Pain Medication**

It is my sincere wish to avoid any type of chemical pain medication through labor and delivery. It is our intention to have as natural a childbirth as we are able.

Please suggest non chemical remedies to manage pain such as shifting positions, walking, massage etc.

Unless, I use initiate a request for medication, please do not offer or suggest to me the use of chemical medications/epidural.

I prefer the use of pain medications before considering the epidural.

### **Preferences in Delivery**

Even if I'm fully dilated (as long as the baby isn't in distress), I want to wait until I feel the urge to push. I prefer a gentle descent of the baby and passive pushing techniques.

I want to help decide which position will be the most comfortable during delivery.

I'm hopeful that guidance of breathing/pushing and stretching of the perineum are used to minimize tears.

I prefer a small tear to an episiotomy. Please discuss this issue with me if an episiotomy is being considered.

My husband wants to cut the cord after the birth of our baby.

Immediately after the birth, assuming the baby is alright, I want to place my baby on my chest/belly and breast feed her before initial procedures/evaluations if the baby is well.

### **Regarding a Cesarean Delivery**

It is my hope to avoid a cesarean unless it is absolutely medically necessary.

If a cesarean is required, I want my husband to accompany me to the operating room. We would also like our doula to accompany us if possible. This way she can stay with me during the repair.

I want to have immediate contact with the baby if the baby is in good health.

If my husband chooses to stay in the OR with me after the birth, I want the nurses to hold my baby and soothe her to offer the important bonding in addition to the required APGAR tests etc.

## Postpartum Care and Breastfeeding

I plan to breast feed our daughter and want to begin nursing as soon as possible after birth.

Please do not offer a pacifier or artificial nipples to our baby. If glucose water or formula is ordered by our pediatrician, please receive our consent first.

The routine use of erythromycin eye drops and the Vitamin K shot are fine.

If for some reason, I'm unable to care for the baby, I would like the nurses to bring the baby to me so I can nurse on demand regardless of the time day/night.

*Thank you in assisting us to make the birth of our baby a positive experience. Thank you for your efforts to protect the memory of the miracle of birth for years to come.*

*Sincerely,*

*Mom- and Dad*