



INTERNATIONAL CESAREAN AWARENESS NETWORK
OF NORTHERN VIRGINIA

EDUCATION. SUPPORT. ADVOCACY.

Is your healthcare provider VBAC friendly?

The answers to the statements below should be mostly (or all) YES

| Statement | YES | NO |
|--|-----|----|
| Attends VBAC births regularly (at least 10 per year, depending on number of births attended annually) | | |
| Success for VBAC clients is 80% or better | | |
| Will induce VBAC clients with gentle pitocin if medically necessary | | |
| Will let labor progress naturally and without intervention so long as baby is doing fine | | |
| Can articulate accurate information about the relative risks of VBAC versus repeat cesarean | | |
| Suggests a non-stress test at 41 weeks rather than scheduling an induction | | |
| Articulates the warning signs/symptoms of uterine rupture so that the mother knows what to look for while laboring at home | | |

The answers to the statements below should be most (or all) NO

| Statement | YES | NO |
|---|-----|----|
| Believes that older/overweight/diabetic moms are generally unable to VBAC | | |
| Wants to check estimated fetal weight in third trimester to make sure the baby isn't too big | | |
| Recommends scheduling a repeat cesarean up front "just in case" | | |
| Recommends that mom heads to the hospital at the first sign of labor for monitoring | | |
| Won't let mom go past 40 or 41 weeks gestation | | |
| Requires epidural for VBAC labor | | |
| Requires internal fetal monitoring | | |
| Recommends ultrasound measurement of scar thickness but does not have clear cut-off values for the test | | |
| Requires an IV drip for an uncomplicated VBAC labor | | |

