



## QUESTIONS TO ASK PROSPECTIVE CARE PROVIDERS

A great resource to have when you are interviewing your Obstetricians for your VBAC is to have a list of questions ready and make sure you take notes. These questions were written by Jen Kamel from VBAC Facts who I trained with as a VBAC Educator, and I have added to this list with some of my own thoughts and suggestions.

- 1. How do you feel about VBAC?**  
Listen for any negative language or red flags - take notes.
- 2. What is your policy on going past 40 weeks?**  
Going overdue should not prevent women from having a VBAC.
- 3. What is your policy on “big baby?”**  
There is no value in inducing for big babies since it simply increases the risk of caesareans and does not prevent shoulder dystocia or reduce newborn morbidity.
- 4. How many VBAC’s have you attended?**  
Word of mouth is a good indicator as well on a “supportive” VBAC provider.
- 5. On the last 10 planned VBAC women you have worked with, how many of them had a successful VBAC?**  
If it is less than 7 I would ask what happened to the rest of those labours that ended in a caesarean. This will give you a good indicator of how this provider manages a woman in labour.
- 6. How many uterine ruptures have they witnessed?**  
This could be an indicator of their induction rate or simply how many VBAC’s they have attended. It’s a numbers game – the more births you attend, the more complications you see.
- 7. What are their policies and procedures for VBAC mums?**  
Your care provider should be able to give you a handout of their policies and procedures on what they recommend for VBAC and should include when they do blood pressure and vital signs, cannula for IV fluids / drugs, monitoring, water immersion / shower, restricted to bed, foetal monitoring.
- 8. Are their policies and procedures different for non-VBAC mums?**  
If so, how are they different and why? Ask for the evidence.  
How is having a VBAC different to any other birth where the risk of cord prolapse, shoulder dystocia and placenta abruption are actually higher than uterine rupture?
- 9. Under what circumstances would they recommend an induction?**  
It is a myth that VBAC’s should never be induced.  
If mum and baby present with a valid reason for induction as opposed to caesarean how will they respond?

**10. What methods do they use for induction?**

Stretch and sweep, foley catheter and synthetic oxytocin are not contraindicated for VBAC women. Prostaglandins are contraindicated as they have been linked to higher rates of uterine rupture.

**11. Do they attend vaginal breech births?**

3% - 4% of babies are breech at term, so it's good to know what would happen if you were that statistic.

**12. What are their thoughts on monitoring and do they have wireless monitoring available (telemetry)?** The most common symptom of uterine rupture is foetal heart rate abnormalities.

**13. What are the policies around release of membranes for more than 24 hours?**

Is this an indicator for immediate caesarean? Even if there is evidence of infection, and mum and baby are fine then there are other procedures that could happen before caesarean, such as induction and antibiotics.

**14. Do they have a time limit on how long you can labour for before recommending a caesarean?** Generally, if mum and baby are fine and mum is happy to continue then she should be permitted to continue.

**15. What is their caesarean rate?**

This simple statistic is quite complicated, because we also have to take into consideration elective caesareans, where mums have wanted a caesarean.

**16. What are their views on epidural during VBAC?**

Pain medication for labour may be used as part of a planned VBAC and adequate pain relief may encourage more women to choose a VBAC. Epidurals do not inhibit a woman's ability to feel a uterine rupture related abdominal pain.

Is it possible to have a "walking epidural" rather than a full epidural?

<https://www.verywell.com/walking-epidurals-2752787>

**17. What are their views on cannula being inserted on arrival?**

Some women find them distracting and others don't so you need to decide what feels right for you. There is little to no evidence for the use of cannula's during an unmedicated labour.

**18. How do they feel about movement during labour or do they prefer you to be on the bed?** We know that movement during labour is associated with shorter labours, more efficient contractions, greater comfort and less need for pain medication in labour.

**19. What positions do they suggest you birth in?**

Women should be able to birth their baby in any position that makes them feel comfortable, not the position that is more comfortable for the practitioner or midwife.

**20. When do you go on holidays and who is your back-up Obstetrician?**

This can give you an idea of when you are likely to be more pressured into a repeat caesarean or induction based on time restraints. Also consider holidays such as Christmas, New Years, Easter and other public holidays.

**Ask all the right questions, to get all the information you need to make an informed choice, not only about your caregiver but your birth choices.**

<https://vbacfacts.com/2009/06/06/interviewing-care-providers-questions-to-ask/>