Educational Handouts for Parents

Deciding if a VBAC is Right for You:

A Parent's Guide

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Deciding If a VBAC Is Right For You: A Parent's Guide is a comprehensive, evidence-based visual guide developed to help mothers and their partners make an informed decision about vaginal birth after a cesarean (VBAC).

It was also developed to be used as a classroom curriculum. The guide includes an Introduction and 14 Modules. The Educational Handouts for Parents correspond to each of the 14 Modules.

Refer to the Handouts that are important and relevant to you. Use the information to generate a discussion with your caregivers, partner, or doula.

Hopefully, this will give you the strength and confidence to labor for a VBAC if that is what you want to do.

Module 1
VBAC: The Benefits and Risks for Mothers and Babies

- What information do you have now that may make you consider a VBAC?
- What additional information would you like to have?
- The majority of women who labor for a VBAC have a safe birth. Does that encourage you to think about planning a VBAC?
- How do you feel about planning a VBAC given what you learned about the risks for babies?
- If you are pregnant, have you started talking with your caregiver about your options?
- Make a list of questions or concerns you would like to discuss with your caregiver.
- Look at the additional resources for this section and discuss them with your partner and caregiver.
- Do you and your partner agree about the best way to give birth this time?
- If you feel that you are not being fully supported in your decision to labor for a VBAC, you may ultimately need to change care providers.

Module 2
What Is the Main Concern When Laboring for A VBAC?

- The majority of uterine scars are low transverse (side-to-side).
- If you are considering laboring for a VBAC, and are not sure what type of uterine scar you may have, try to obtain your operative records (documentation of your surgery only).
- Go over your operative record with your caregiver to see what kind of incision was made in your uterus.
- Find out if your uterine incision was closed with a single-layer or double layer closure. With a single layer closure you may need closer monitoring during labor.
- During your prenatal visits talk with your caregiver about your specific medical history and your concerns for a uterine rupture. How can these be reduced?
- Ask your caregiver about how you will be cared for while laboring for a VBAC.
- Ask your caregiver if the hospital staff is specifically trained to care for women laboring for a VBAC.

General Information About Uterine Scar Ruptures

The main safety concern with VBAC is fear of the prior cesarean scar giving way. Remember that the risk is less than 1%. A true uterine rupture is a tear through the entire thickness of the uterine wall. It may be a partial or complete separation. This is a potentially life-threatening condition for mother and baby.

A uterine rupture requires immediate intervention with a rapid ("crash") cesarean. These cesareans are usually done under general anesthetic because they take effect more rapidly than epidurals or spinals. Delay in performing an emergency cesarean can have serious consequences for the mother and the baby.

With rapid treatment, mothers and babies usually have favorable outcomes. However, (as with scheduled repeat cesareans) there are sometimes serious complications. Overall more women die from a scheduled repeat cesarean than from laboring for a VBAC.

Risks to the mother

When the uterine scar separates, maternal complications may include bleeding, a blood transfusion or a hysterectomy if the bleeding can't be stopped or if the uterus is too damaged to be repaired. Damage to the mother's bladder or other organs, and infection or serious problems caused by blood clots may also occur.

To keep things in perspective, remember that mothers who labor without a prior cesarean are also at risk for complications that require an immediate cesarean and which occur more frequently than a uterine rupture.

Risks to the baby

The baby may be deprived of oxygen and experience a sudden drop in blood pressure. In a very small percentage of ruptures babies do not survive: about two babies out of 10,000 women laboring for a VBAC. The U.S. National Institutes of Health has stated that the risks of laboring for a VBAC are the same as for any other woman giving birth for the first time.

Identifying ruptures

Ruptures cannot be detected before they actually happen. Mothers usually ask how ruptures are detected when they do happen.

The *most consistent* association that has been found is abnormal fetal heart tones, detected by electronic fetal monitoring.

Other symptoms that *sometimes* occur with a rupture include vaginal bleeding, sharp pain between contractions, a dramatic increase in pain at the scar site, recession of the fetal head if the baby has already moved down, or the baby's head causing a bulge over the mother's pubic bone.

Speed of treatment

Although ruptures are very rare, they need to be treated rapidly when they happen. Unfortunately, we don't have enough information to tell exactly how quickly a "crash" cesarean needs to be done when a physician suspects a uterine rupture may have occurred. But we do know that the baby is less likely to suffer serious complications from lack of oxygen and less likely to be displaced outside of the uterus and into the mother's abdominal cavity the more rapid the response.

A 30 minute response time is the generally accepted lead time for any complication of labor that requires a rapid cesarean such as a cord prolapse, a placental abruption, or fetal distress. Any hospital that has a maternity unit must be able to provide anesthesia and personnel for a rapid cesarean in 30 minutes or less. A tertiary hospital (Level III) can usually respond much more quickly than a community hospital where the anesthesiologist may have to be called in.

Some mothers may prefer to labor in a tertiary hospital. Others may look at the 99% probability of not experiencing a uterine rupture and decide to give birth in a facility that is closer to home or one that offers more choices for how they want to give birth.

What is a dehiscence, or a "window"?

Sometimes the scar stretches thin enough to cause a dehiscence or window. This is also known as a silent or incomplete rupture or an asymptomatic separation. A dehiscence does not usually cause harm to the mother or the baby and does not require a medical response.

Dehiscences have been found in women who had elective repeat cesareans prior to the onset of labor, in women who had cesareans after laboring for some hours, and after delivery in women who had uneventful vaginal births. Dehiscences occur in 1-2% of low transverse scars. They cause no symptoms and are not correlated with any increase in risk of rupture. They heal on their own, and are not treated medically.

Non-scar ruptures

Complete uterine ruptures have occurred in women who have never had a cesarean, but have had other surgical procedures done on the uterus. They have occurred in women given too much oxytocin to speed up labor, or as a result of some obstetric procedure such as a mid-forceps delivery.

Module 3
A Closer Look at Repeat Cesarean, Benefits and Risks

If you will have a cesarean

- Wait until the end of your pregnancy. Babies need the time to fully develop. Scheduling a cesarean before term increases the risk for prematurity and health complications for your baby.

Here are some options that may be important to you during the delivery.

- Ask to have your arms free so you can touch and hold your baby skin-to-skin when he is born. Having your baby on your chest helps to regulate his temperature and heart rate, comfort him and make breastfeeding easier.
- Ask to have the surgical drape lowered so you can see your baby when it is born.
- Ask to have your partner and/or your doula present at the birth.
- Ask if music can be played and if you can take pictures.
- Ask the anesthesiologist to give you pain medication that does not make you drowsy after the birth so you can enjoy being with your baby.
- Try to breastfeed within the first hour or two after birth if you and the baby are stable.
- Ask for your partner, doula, and baby to stay with you during recovery and in your postpartum room.
- Ask for a breastfeeding specialist if you need a little extra help.
- You may need to take time to rest, sleep, or be alone before you are ready to be with your baby.

Module 4
What Are the Odds of My Having a VBAC?

- How do you feel about laboring for a VBAC?
- Do you have the support and encouragement of your caregiver?
- How do you feel about having a minimum of medical interventions?
- What values and preferences are important to you?
- Do you think you would want an epidural for pain? Would you consider non-drug methods of pain relief?
- How does your caregiver plan to monitor your labor and your baby?
- What fears or anxieties do you have about laboring for a VBAC? What would help you to deal with those issues?
- Would you consider staying home until you are in active labor if your bag of waters has not broken?
- Birth is physically and emotionally challenging. What would make laboring for a VBAC easier, safer, and more satisfying for you?
- Talk to your caregivers about these issues. Are they willing to work with you while still maintaining a safe environment for you and your baby.

What to do to increase your chances of having a VBAC.

Before Labor Begins

- Think about your VBAC as any other normal labor and remember that the majority of women who plan a VBAC give birth naturally.
- If you have never labored before or labored and had your cesarean before active labor, the pattern of your labor will most likely be like laboring for the first time. So you will need more time to complete labor.
- Make sure that you have discussed all of your concerns with your partner, caregiver, and your doula.
- Find out if your hospital has an "early labor" lounge where you can be observed but not formally admitted to the labor and delivery unit. This will avoid your chances of having routine procedures and limiting your ability to walk and move around in the early part of labor.
- Avoid an induction of labor unless it's medically necessary.

During Labor

- Keep yourself as relaxed as possible, particularly during contractions.
- Drink clear liquids and easy-to-digest carbohydrates in the early part of labor.
- Move about (walk, sit, kneel forward and rest your arms on a birth ball, the back of a bed, etc., lay on your side) according to your level of comfort and using gravity to help your labor progress.
- Try using non-drug options for pain relief such as massage, visualization, deep breathing, prayer, hypnotherapy, sitting in warm water, using the shower, hot socks, a birth ball etc. before taking drugs.
- Try to delay an epidural until your cervix has dilated to 5 cm.
- Remind yourself to handle contractions one-at-a-time and rest in between rather than worrying about how long it will take for your baby to be born.
- Try to think of pain as a normal sign that your labor is progressing.
- Ask your caregivers to avoid interventions (such as breaking your bag of waters) unless it's medically necessary.
- Remember to move and change positions even if you have continuous fetal monitoring.

During the Pushing Stage

- Many women do not feel the urge to push immediately after complete dilation. Sometimes there is a resting phase before feeling the urge to push. Delay pushing until you feel ready.
- If you have an epidural you may want to let the epidural wear off so you can feel the urge to push. You will need additional time for pushing until your baby is born.
- Use positions that make use of gravity to help your baby move down.
- It is usually safe to continue your pushing efforts as long as you and the baby are stable.

If You Feel Overwhelmed

- Remind yourself that the process of birth is ancient and that millions of women before you have made this journey safely.

Module 5
Four Main Reasons for A First Cesarean

Failure to Progress

Failure to progress is sometimes called "failure to wait." Failure to progress may also result from a failed induction or may be simply due to the position of the baby in your pelvis.

- Two leading maternity care professional associations have found that many caregivers don't give women enough time to complete the first stage of labor (when the cervix dilates to 10 cm) or enough time to push their baby out.
- To help your labor progress, wait until you go into labor on your own.
- When labor begins on its own your natural hormones make labor more efficient and provide you with natural pain relief. Baby experiences less stress.
- Avoid non-medically necessary interventions which can slow or complicate labor.
- You may not reach the active phase of labor (when contractions get closer together and more intense) until 6 cm.
- With an epidural you will need additional time to push your baby out.

Questions you may want to ask if cesarean is recommended during labor.

- Is this an emergency, or do we have time to talk about it?
- What might be the benefits if we go forward with your recommendation?
- What would the risks be?
- What other procedures might I need?
- What other options can we try first, or instead?
- What is likely to happen if we waited an hour or two?
- What is likely to happen if we didn't go ahead with the surgery?

Fetal heart problems

During labor and birth the baby's heart rate changes frequently. Often, it's just a sign that the baby is coping with the normal stress of being born. Sometimes external stressors can make it more difficult for the baby. Try to avoid them if possible.

- Don't lie down flat on your back during labor or birth. It reduces blood flow and oxygen to the baby.
- Avoid an induction or augmentation of labor. Artificial oxytocin can affect your baby's heart rate.
- Avoid having your membranes broken. The umbilical cord may drop through the cervix before the baby and cause fetal heart rate problems (cord prolapse).
- Avoid an epidural for pain relief, drugs in the epidural can lower your blood pressure and affect your baby's heart rate.

Breech

Turning a breech baby is a safe option for women with a prior cesarean birth. Women with a prior cesarean have about a 67% chance of having a successful ECV.

- If your baby is breech during your 35th or 36th week of pregnancy, ask your care provider about an external breech version (ECV), a way to turn the baby to a head-down position. If the ECV is successful you will avoid another cesarean.
- If an epidural or medication to reduce uterine contractions is suggested with the ECV find out about the benefits and risks of the procedures to help you make an informed decision.
- Find out more about the benefits and risks of non-medical options for turning a breech (breech tilt, fetal positioning, the chiropractic Webster technique).
- With a vaginal breech birth complications and the risk for the baby not surviving are higher than with a cesarean. If your caregiver is skilled and experienced with vaginal breech birth after a prior cesarean, ask him/her about those potential risks and how he/she is likely to respond if complications develop.

"Big" Baby

Many mothers have given birth to heavier babies vaginally after a cesarean for a "big" baby. How you are cared for during labor and birth can make a big difference.

- ACOG discourages care providers from recommending an ultrasound in the third trimester to estimate the size of the baby or recommending a cesarean because the baby is "too big." Discuss this issue with your caregiver if an ultrasound is recommended to estimate the weight of your baby in your third trimester.
- Try to stay home in the early part of labor if your bag of waters has not broken.
- Walk, move about and stay upright during labor.
- Change positions to make yourself more comfortable.
- Use pillows to support every part of your body.
- Avoid an epidural in early labor which can make it more difficult for your baby to move through your pelvis and turn into a favorable position for birth.
- Try a shower or a bath.
- Ask your childbirth educator or doula about movements and positions for labor and birth that can help to widen your pelvis.

Module 6
Helpful Strategies for Labor and Birth

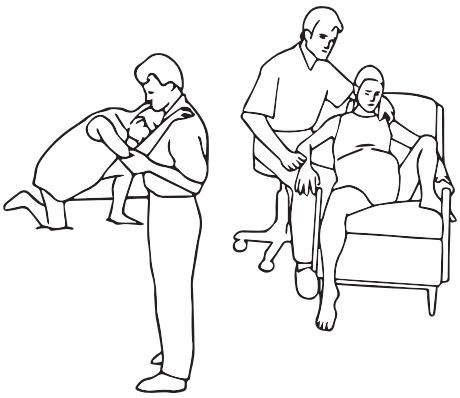
A woman's body changes to prepare her for pregnancy and birth. Connective tissues soften the joints. The pelvis, cervix, and vaginal tissues expand to accommodate the baby. The baby's head molds as it moves through the mother's body. Knowing how to move your body and change positions during labor and birth can reduce your pain and help labor progress.

- Stay upright and walk during labor.
- Lie on your side to help with back pain.
- Sway side-to-side on a birth ball to relieve back pain and help labor to progress.
- Squat for birth to widen your pelvis by 20% to 30%.

Positions to Help with "Back" Labor

Sometimes the baby's head presses against the pelvis giving the mother back pain. Certain positions help to stretch ligaments between the pelvic bones giving more room on one side of the pelvis for the baby to move to a more favorable position.

- Raising one leg helps to open the pelvis a little more.



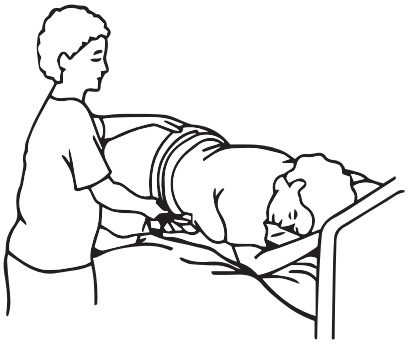
- Try doing the lunge. Make sure the chair or arm chair won't slide. Put one foot on the seat of the chair with toes pointed toward the back of the chair and point your hips to the front. Then lean toward the back of the chair and be careful to maintain your balance. Try one leg and then the other to decide which one feels better.

- Leaning forward helps the baby to rotate and reduces back pain.

- If you have the energy you can try going up and down stairs slowly with your partner or doula, resting when you need to.

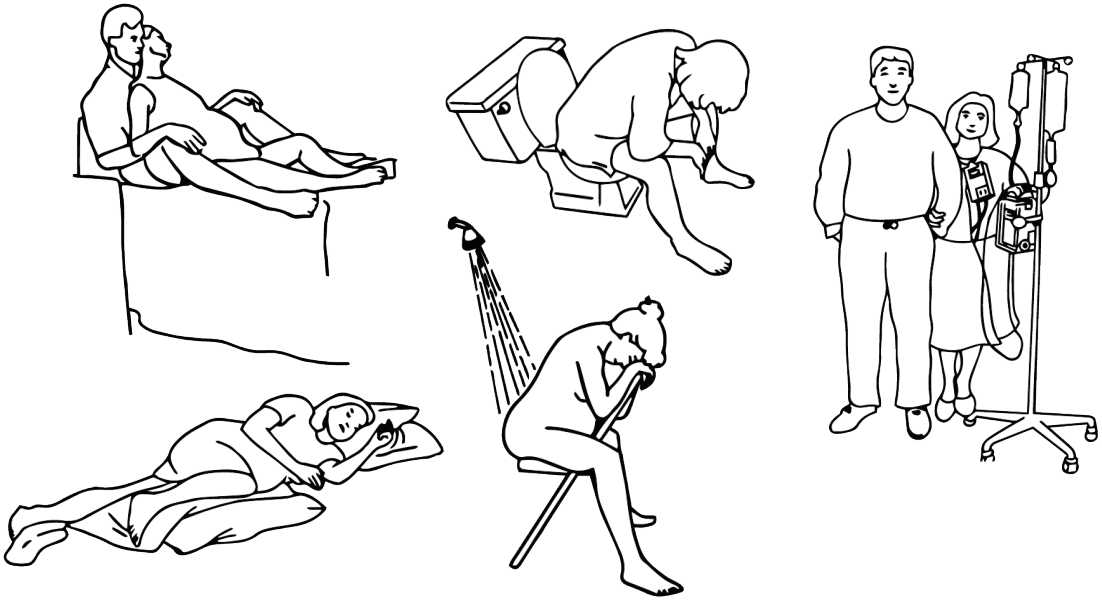
How Partners Can Help with "Back" Labor

- Hold the fetal monitor in place so she can use a variety of positions.
- Use counter pressure by pressing on the part of her back that hurts.
- Put a cold or hot compress on her back.



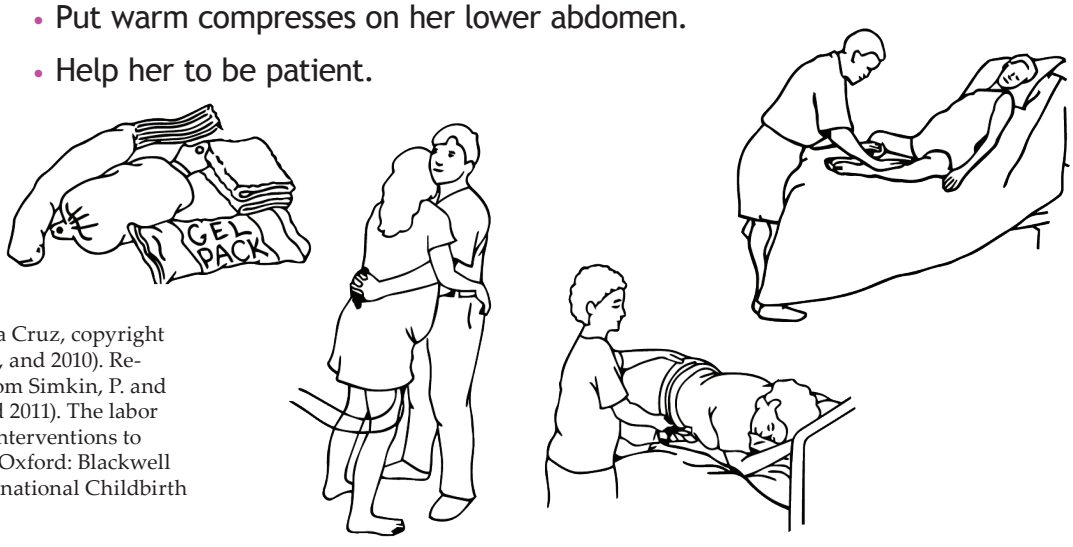
Positions for "Big Baby" or "Small Pelvis"

- You may be told that your baby is "too big" or that your pelvis is "too small" and that you should have a cesarean.
- Ask your caregivers for more time so you can try different positions to move your baby down.
- Vertical positions help babies move down. Often they reduce pain as well.
- Use pillows to support every part of your body.
- Hydrotherapy can reduce pain and help labor progress.



How Partners Can Help

- If continuous electronic fetal monitoring is being used, hold the monitor in place so she can use a variety of positions.
- Slow Dancing- Hold her up so that she can be vertical without spending too much energy. Sway slowly from side to side. Massage her back if it is helpful.
- Put warm compresses on her lower abdomen.
- Help her to be patient.



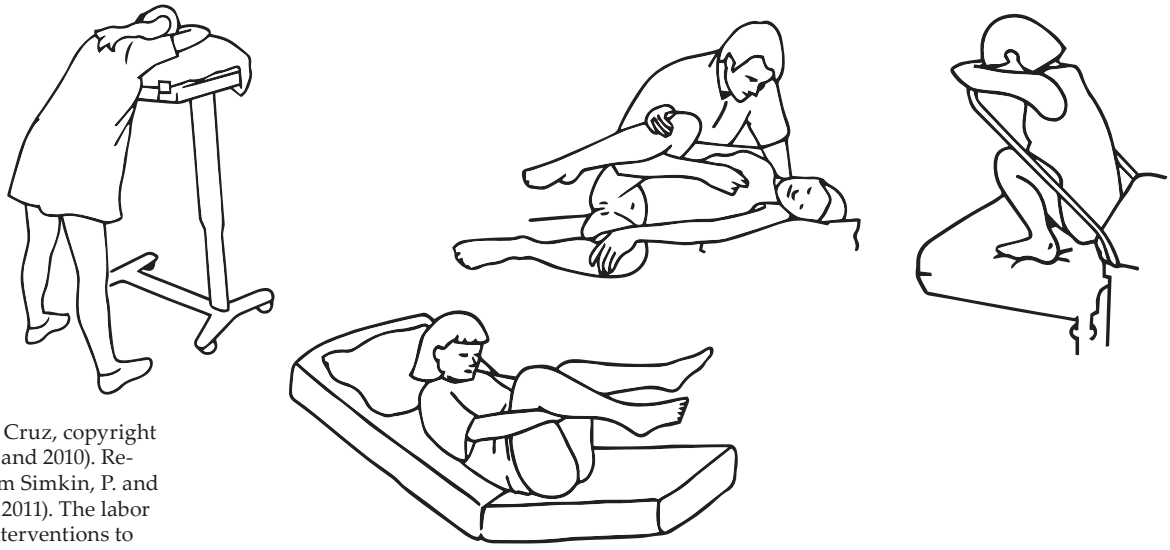
Positions for Pushing

Sometimes a mother will reach full dilation and then have difficulties progressing with the second stage of labor. Using specific positions for second stage can help to widen your pelvis and help your labor to progress.

These positions are especially helpful for mothers who experience a lot of back pain.

These positions are helpful for "big baby/small pelvis" situations.

- Standing is helpful before the baby moves down deep into the pelvis.
- Lying on your side is useful for pushing without exerting too much energy holding your body up.
- Squatting is especially helpful when the baby has reached "0" station or lower.
- Semi-reclining and holding your legs back towards your chest may be helpful for your caregiver to delivery your baby, but it reduces the size of your pelvic outlet and may make it harder for the baby to "fit" through your pelvis.



Module 7
Coping With the Pain of Labor

Non-drug methods of pain relief including continuous emotional support from a doula are beneficial for mothers and babies and do not cause harm.

- What options for pain relief are you considering?
- Do you think you'd like to try non-drug methods of pain relief?
- Try to use non-drug methods of pain relief and comfort measures before using drugs for pain relief.
- You may want to use music, aromatherapy, visualisation, rhythmic breathing and relaxation, yoga or hypnobirthing techniques.
- Find out about touch therapy, massage, acupressure or acupuncture, water injections, and TENS (electrical stimulation).

If you want an epidural:

- Try to wait until your cervix is dilated to 4-5 centimeters before it is given to you.
- To help the baby move through your pelvis and rotate for birth, try changing positions slowly while in bed every 20 to 30 minutes during labor. You may need some help.
- When you are fully dilated, you may need to wait an hour or more before you feel you're ready for active pushing.
- You may want to rest or sleep until you feel rectal pressure strong enough to push on your own.
- You may want to wait until the numbness of the epidural wears off before pushing.
- With an epidural you may need up to three hours to push your baby out.

Module 8
Psychological and Emotional Issues After a Cesarean

For Mothers

Some mothers recover quickly, resolve and integrate their birth experience as one step towards becoming a mother. Some mothers who have had an unexpected cesarean after a long and painful labor may experience disappointment, loss, sadness, grief, guilt or anger. Often the emotional impact of a cesarean is misunderstood, dismissed, or overlooked.

When you are ready, it is important to take the time to process your feelings about your cesarean before you give birth.

- Find the right time.
- Find a safe place.
- Find someone you trust.
- Begin to share your cesarean experience.
- What are the positive things you can think of?
- Think about what you would like to have done differently.
- Think about what you need to feel empowered and ready to labor for a VBAC.
- Talk to your partner about how you feel.
- Share your experience with other mothers who are likely to understand.
- Reach out to a cesarean/VBAC support group.
- Write or draw your feelings in a journal.
- Hold your baby in your arms and share the positive feelings of your birth experience.
- Gather as much information as you need to help you understand your cesarean birth and how to make the changes that you want this time

Resolving Issues About Your Cesarean Birth

Sometimes mothers have unresolved issues about their cesarean births. It is normal to experience a combination of positive and negative emotions. If you have had feelings like the ones listed below, you are not alone. Try to talk to your partner about them or find someone you can trust and talk to, to get these feelings off your chest.

Some mothers have expressed these thoughts and feelings:

I'm still not sure why I had to have a cesarean.

I would have done anything to make sure my baby was all right, but I don't think that my cesarean was really necessary.

I feel guilty because I was tired and groggy from the surgery and couldn't spend time with my baby right away. At home I had so much difficulty breastfeeding that I had to give up, and I feel guilty about that too.

I felt angry at my baby for needing a cesarean birth.

Although I hade my cesarean a few years ago, at my baby's birthdays I am still reminded of everything that went wrong and I still feel sad.

I really wanted a natural birth and ended up with all the interventions that I wanted to avoid. What did I do wrong?

I still have bad dreams about what happened to me in the operating room.

I was so terrified of having another cesarean that I was afraid to get pregnant again.

I have a healthy pregnancy and I don't want to repeat my cesarean. But my partner thinks I'm crazy for wanting a VBAC. He thinks I would be putting my self and this baby in danger. I think that he really doesn't want to coach me again.

I would feel more confident to labor if I had a labor doula for my VBAC, but my partner feels he'll be left out of the birth experience. He doesn't understand how much support I need. A doula can help both of us.

For Partners

A cesarean can be emotionally difficult or traumatic for partners. After a long and difficult birth that ended with a cesarean, partners may feel that a repeat cesarean would be safer than planning a VBAC. Some partners may not be sure they can meet the challenge of another possibly long birth.

Each partner is different and needs to prepare in his or her own way for the coming birth. Partners should take the time to talk about the prior cesarean and define for themselves how they can best support their partners for a VBAC.

- What advantages do you see for your partner, yourself, and your family if you plan a VBAC?
- What are the disadvantages?
- What issues do both of you agree and disagree on?
- Can you think of ways of working through these issues?
- Have you thought about accompanying your partner to a prenatal appointment?
- Would you consider going with her to a VBAC support group?
- Supporting a woman in childbirth is hard work. Are you worried you won't be able to give her what she needs?
- How do you feel about advocating for your partner during labor?
- Have you thought about having a doula that can guide and support you both during labor and birth?
- What information or resources do you need to make you feel comfortable about planning a VBAC?
- You feel strongly that a scheduled repeat cesarean is the safest and easiest way to have this baby. Can you understand why your partner feels strongly about planning a VBAC?

Module 9
Where Can I Give Birth?

Planning a Hospital VBAC

There are advantages and disadvantages to planning a hospital VBAC. You can benefit from the availability of an epidural for pain relief and access to a cesarean section if you need it. However, your caregiver or hospital protocols may make it more difficult for your labor to progress. It's to your advantage to discuss these issues with your care provider during pregnancy.

- Look for a supportive maternity care team.
- Look for a supportive environment in which to give birth.
- Find out what guidelines are in place for mothers who plan a VBAC.

Questions to ask for a VBAC in a hospital:

- What is your cesarean and VBAC rate?
- What are your intervention rates (induction, routine use of IV, continuous fetal monitoring)?
- Do you support non-drug methods of pain relief?
- Does your facility have VBAC guidelines? What are they?
- What protocols are left up to the doctor's or midwife's preference?
- Do you have a time limit for labor or birth?
- Can I have my family members with me?
- Can I have my baby with me, skin-to-skin after birth?
- Do you have a lactation specialist to help me with breastfeeding?

Questions to ask if a hospital does not support VBAC:

- How do you respond to a potential non-vbac emergency such as a placental abruption (placenta separates from the uterine wall before the baby is born), fetal distress, shoulder dystocia or an umbilical cord prolapse?
- Can you refer me to another hospital that does support VBAC?

Module 10
Planning a VBAC In a Birth Center

There are advantages and disadvantages of planning a birth center VBAC. You may feel strongly about having the freedom to make your own informed decisions, you feel secure with the low intervention rates, and the supportive midwifery model of care. Or you may want a water birth. However, if during labor you may want an epidural or if complications arise you will need to be transferred to a nearby hospital.

- Is there a birth center in your community?
- Is it licensed? (Some states do not require licensing.)
- Is it accredited?
- Will your health insurance cover the costs of the caregivers' services (midwives) and the facility charges?
- Is there a formal transfer agreement between the birth center and nearby hospital to which you may be transferred?
- What circumstances or conditions would require a transfer to a hospital?
- How far is the hospital?
- Do you feel comfortable knowing that if you need a medical intervention it may not be available on site?
- Make a list of the advantages and disadvantages you see in planning a VBAC in a birth center. Discuss them with your partner.

Module 11
Planning a Home VBAC

More and more women in the U.S. are faced with the denial of hospital-based maternity care for VBAC. Planned home VBACs have been increasing at the same time that hospital VBACs have been decreasing. Access to a birth center is not always available and some women are choosing a home VBAC rather than having an unnecessary repeat cesarean or repeating a previously traumatic surgical birth.

Although some U.S. women have had a safe home VBAC, we don't have enough information to know if overall home VBAC is safe or not safe. Collaboration of care with hospital staff and a formal agreement to accept a home birth transfer if needed is very important. But, in the United States some hospitals refuse to care for parents who have planned a home birth.

The majority of caregivers who attend home births in the United States are midwives. Midwifery is practiced by certified nurse-midwives (CNM), certified midwives (CM), Licensed Midwives (LM), and certified professional midwives (CPM). You can find out more about their training and scope of practice by checking the **Resources for VBAC and Physiologic Birth.**

Parents who are considering a home VBAC may want to ask their caregiver the following questions:

- Are you licensed? Certified?
- What educational background do you have?
- How long have you been attending home births?
- Do you work with other midwives? Physician?
- Are there health issues that may come up during pregnancy or labor that may mean I need to be transferred to a physician's care? What are they?
- How many home VBACs have you attended? What were the outcomes?
- Do you have a formal agreement with a nearby hospital in case there is a need for transfer?
- During labor, what circumstances would require me or my baby to be transferred to the hospital?
- How long will it take to get there? Who will go with me?
- How will I and my baby be cared for until we arrive?
- Are you on staff at this hospital? If not, can you still accompany me and stay with me during my care?
- Will the staff be ready to care for me or my baby?
- Will there be an obstetrician and a pediatrician available?
- Will there be an operating room and staff available if I need surgery?

Module 12
It's Your Decision

The decision to have a repeat cesarean or labor for a VBAC is yours and should be respected. The same is true for are any other tests, treatments or procedures recommended for you or your baby. No provider should frighten or coerce you into having a repeat cesarean.

Prenatal visits give you the opportunity to have a frank discussion with your caregiver about your concerns and how you will be cared for. It is your right to participate in all decisions regarding your health and the health of your baby. Care providers have an obligation to share information with you about your care and the procedures or tests they recommend.

- Ask your caregiver about your rights to informed consent and informed refusal.
- During your pregnancy you should have several discussions about the benefits and risks of VBAC and repeat cesarean.
- Ask your caregiver about his/her VBAC rate, repeat cesarean rate, and VBAC success rate.
- Discuss your personal medical condition with regard to VBAC and repeat cesarean. You may need to review your operative record (the surgery.)
- Ask what safety measures are in place to respond to an obstetric emergency including a uterine rupture.
- Try to get the hospital informed consent forms for procedures that you may want or need (for induction, an epidural, pain medications, amniotomy, etc.) during your pregnancy so that you have the time to read and understand them.
- Make a list of advantages and disadvantages of planning a VBAC and discuss them with your partner.

Module 13
What You Can Do to Have a Safe & Satisfying Birth

For any birth, parents have decision-making responsibilities.

- Where will you give birth?
- Who will you choose as a medical caregiver?
- Would you and your partner be comfortable having a doula at your birth?
- Would you feel safer in a hospital, but are concerned about unnecessary routine interventions?
- If you are planning a low-tech birth, do you have an effective back-up system available?

You will need answers to these and many more questions during your pregnancy.

- Build good communication with your caregiver.
- Build a relationship of mutual respect.
- Try to explain your needs.
- Ask, "Can you work with me on that? It's really important to me."
- Sometimes parents discover they and their caregivers disagree about things that are important to them. Although both want a safe birth, they may not have the same beliefs about how to achieve that goal. You may need to change your caregiver.
- Having access to the latest technology does not guarantee you a perfect outcome. Avoiding technology completely does not guarantee you a perfect outcome.
- Try to keep a balanced, open-minded attitude, and remember that most births turn out safely, no matter how a baby is born.
- Birth is usually safe, but every birth is different. It's important to be flexible and consider all your options because different situations call for different actions.

Module 14
Trust Yourself to Give Birth Safely

Every woman is different and needs to make her own decisions about how she wants to give birth.

- Look for the answers you need to help you feel safe and confident to labor for a VBAC.
- Take the time to choose your caregivers and place of birth.
- Take the time to address any difficult emotional issues you may have.
- Know that your body cared for and nourished your baby throughout your pregnancy.
- Know that you will have the support that you need.
- Know that your baby will move down through your pelvis safely and easily.
- Know that you will have the strength you need when it's time for you to give birth.
- There is no one right way to give birth. Do what you need to help you through it. It's your labor.
- Do it your way and be proud of what you will have accomplished.
- Only you can give birth to this particular baby, so whatever way you do that is a major accomplishment.
- Every birth has an adjustment period afterward.
- As you look back on this coming birth there will probably be aspects of this birth that are a delight to remember, and others you wish had gone differently.
- It's normal to grieve over the things that didn't happen the way you wanted them to. Talk to someone you trust about those feelings. This is how we integrate our birth experiences in our lives.