

## VBAC *tolerant*

- Must go in to labor by 40/41 weeks
- Won't induce or augment under any circumstances
- Baby must be under X pounds
- Must progress X cm/hour
- Must come to the 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 a 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

## VBAC *friendly*

- No arbitrary restrictions on length of gestation
- Induction or augmentation are options if medically necessary or advisable
- No weight guesstimates (especially based on ultrasounds late in pregnancy) used to discourage you from going for your VBAC
- As long as mom and baby are doing well, labor does not have time limits
- Encourages laboring outside of the hospital longer to avoid unnecessary interventions
- Low cesarean and high VBAC rate
- When discussing your options with you, risks of repeat cesareans are discussed right alongside the risks of VBAC as part of the informed consent process
- Supports VBAmC
- Can guarantee that they, or an equally supportive provider, will be the one to attend your birth