Here’s some questions to ask your Doctor to make sure you discuss certain things that are important to you. Please do not print this out and take it to your doctor’s office. Any OB would feel like you were being overzealous if you did that. Just read through the questions, pick a handful that mean a lot to you, and memorize them to ask at your appointment. If the responses you get are surprising to you, call me! This is great place to start in finding evidence based care, or standing up for yourself by requesting it.

Specific to VBAC moms:

1. If it helped me avoid a cesarean, would you consider trying a very small dose of Pitocin if the situation called for it? (good answer: yes)
2. How do you determine that a uterine rupture is happening? (Good answer: you would likely feel a very strong sharp pain in your abdomen, a lot more blood coming from your vagina then what is normally seen in a birth, significant decelerations in baby’s heart rate. Sometimes acute pain in the shoulder. Conservative answer: decelerations in baby’s heart rate)
3. If the situation called for it, for safety’s sake, could I have an epidural placed without yet using the medication in the epidural; that way, if there was an emergency, I could easily be given the numbing drugs and still be awake for a belly birth. (good answer: yes)
4. Must I have an epidural placed if I don’t want one? (good answer: no)
5. Must I go into labor by 41 weeks or show cervical progress prior to labor? (good answer: no)
6. I realize that in a hospital setting, constant monitoring is required during TOLAC; however, what if I wanted to get into the shower? Do you have a water proof Doppler? (Good answer: we have water proof Doppler or external monitors OR yes you could take a break from the monitoring for a short time in the shower as long as there was no sign of distress for baby prior)
7. If there was a medically necessary induction arising for me, which would normally result in a scheduled cesarean; instead, could I try a foley bulb induction alongside alternative induction methods (like acupuncture, or things my doula would use like acupressure, herbs/oils/and teas). What about castor oil? (good answer: yes to foley bulb at least)
8. Would you attempt an External Celphalic Version for me if needed? (good answer: yes)

(note: The current ACOG guidelines for VBAC state that an external cephalic version (ECV) is an option for low risk women with a low transverse uterine scar. If the ECV is successful women can labor for a VBAC rather than schedule a repeat cesarean.)

For any mom:

1. How long past my due date do you feel comfortable allow me to wait for labor to start naturally?

(good answer: unless there’s a medical indication of a need, 42 weeks)

1. Have you ever changed someone’s due date based on a knowledge of conception date and/or short or long cycles?

(good answer: yes as long as the early ultra sound matches the mom’s idea of conception)

1. How comfortable are you with catching outside of the bed? On a birth stool? In the shower?

(good answer: push where ever you want as long as I can physically get under you to catch and provide perineal support)

1. Do you have a hand-held Doppler? A water proof one? If I wanted to stay in the shower or away from the bed and you needed to monitor baby’s heart rate.

(good answer: yes)

1. Can I eat during labor in the hospital?

(good answer: yes as long as you don’t have an epidural)

1. Do you have a lot of experience feel the baby’s fontanels to check which way baby is facing? (good answer: yes, I am very confident in figuring out position by feeling)
2. Do you have experience manually helping the baby’s position to me more ideal? (good answer: yes)
3. Have you ever successfully pushed a lip of cervix out of the way if it seemed necessary? (good answer: yes)
4. If I want to wait until the cord stops pulsating how many minutes is that usually? (good answer: usually less than 5 or until the cord turns white)
5. If my water is broken (and I’m GBS negative and the water is clear) how long would you allow me to wait for labor to start at home before coming in? (good answer: 98% of women will begin labor on their own within 48 hours of their water breaking on its own, but because of the risk of infection after 24 hours, we try not to wait more than 24 hours before we augment aka”induce”labor and we’d rather you stay home to avoid bacteria introduced from vaginal exams).
6. If my water is broken for more than 24 hours, but there is no sign of infection, how do you approach the plan to continue to wait for a vaginal birth (providing I’m already in labor spontaneously or using induction methods to labor)?

(good answer: as long as there is no sign of infection and we can minimize vaginal exams to little or none, we can wait until there is a medical need to intervene)

1. If I want to wait for my placenta to deliver on its own time without pressure on my abdomen or any cord traction, about how long are you comfortable waiting? I will do nipple stimulation or get baby latched for oxytocin. (good answer: 20-30 mins)
2. What kinds of things do you do to protect my perineum? (good answer: warm compress, sometimes gentle perineal massage depending on how it’s going, helping you slow your pushing at crowning)
3. Is Pitocin after delivery standard or given only if and when needed? (good answer: it’s preventative to give it to everyone, which does decrease your chance of hemorrhaging; however, if you want to wait to use it only if there is a significant loss of blood or continuing blood loss (500cc’s +), then that’s fine.)
4. I understand different things warrant a medically necessary induction, but specifically to low fluid, how low is too low to continue to stay pregnant and wait for spontaneous labor? (good answer: 5cm or see if you can’t get it to raise over a 24 hour period as long as baby’s heart rate looks good)
5. When it comes to inductions, how do you feel about Foley Bulbs? When would you not use one, when would you use one? (good answer: I’ve used them many times as long as your cervix is this and at least at little bit open)