

## Preparing for Birth Can Be a Lot Harder Than It Seems

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[Mom fights, gets the delivery she wants](#) was the headline on CNN.com just a few days ago. I was disheartened to read about Joy Szabo's dilemma. She changed her doctor and hospital just three weeks before her due date because the hospital refused to allow her to have a vaginal birth after having had a prior C-section (a VBAC). The VBAC runs a slightly higher risk of complications, but is commonly done across the country by trained physicians.

Joy did get the vaginal birth she wanted in the end, but they had to move six hours away from Page, Arizona to Phoenix to give birth at a hospital that permits VBACs.

This article got me thinking about how Joy discovered this no-VBAC policy *seven months into her pregnancy*. I'm surprised she didn't ask about this when picking her doctor for this pregnancy.

**But, even if she didn't ask, isn't this the kind of information that an OB-GYN should be required to share with his or her patients who've had a prior caesarian?**

When a hospital has a policy against VBACs, shouldn't that be in their literature and promotional material for their maternity ward?

### **Answer this!**

Then, the lawyer part of my head started thinking, if these hospitals receive state and/or federal funding in any way, isn't there a way the government could require that the VBAC service be offered in hospitals of a certain size? It's relatively easy for a pregnant woman to find the right doctor and hospital if she lives in a big city like New York, Chicago or Denver, but what about smaller cities and towns? Should pregnant women be denied important services and options just because there is only one hospital in town? Shouldn't there be at least one hospital within an hour drive that offers a VBAC?

If certain hospitals refuse VBACs because of fear of lawsuits from complications, shouldn't this be discussed and confronted by our legislators and women's organizations? How much do lawsuits from VBACs really cost hospitals? I've never seen those numbers and I would like to. How serious and frequent do the complications from a particular procedure need to be before it is justifiable to categorically deny the procedure to all women?

I'm pleased that this mother's story is getting headlines, but I hope the anger it has sparked creates more than a fleeting interest.

***Do you think it is wrong to deny a woman a VBAC? When you picked your obstetrician, did you ask him/her about the C-section rates for his/her practice and hospital? Did the answer affect your decisions?***

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