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Normalizing VBAC

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Purpose: Normalizing VBACs came from my personal traumatic experiences after receiving birth interventions, and my journey to cope. During my personal research, I came across some alarming facts. Infant mortality rates in America and the application of unnecessary interventions combined with the prevalence of Cesareans. I found the career that I what passionate about and while completing my studies I started a support group for moms. Normalizing VBAC today has grown from that passion to educate and promote change while supporting expecting mothers.

Methods: I have four Normalizing VBAC Groups. Our goal is to reverse VBAC bans and education about VBACs. A lot of people do not realize that they can have a VBAC they think it is an automatic R/ C. Even with ACOGs Guidelines, many hospitals still have VBAC bans. Along with physical trauma, we focus on the Psychology of child bearing. Facilitating support for mothers who react. Some have a sense of failure and disappointment, grieving the loss of the birth they had desired. Emergency caesareans are most traumatic to mothers. We also advocate for informed consent. We believe that if mother consents to a cesarean, she should do so after hearing the facts and not the distorted reality presented by a medical culture that shuns the knowledge gained from generations of midwives across the globe.

Results: Our main goal is to create knowledgeable mothers and families who are educated with VBAC facts. We have (changed hospital policy). We hope to improve the birth community and protocols so that more women can experience a healthy and empowering birth.

Conclusions: With the new ACOG guidelines, TOLAC/VBAC is an appropriate option for most women with a previous cesarean birth. Birth by caesarean is an emotional experience, not just a medical procedure. Having doctors and hospitals follow the ACOG guidelines. Vbac is the safer options for most moms and babies.

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