



## Physician Vaginal Birth After Cesarean (VBAC) Questionnaire

This questionnaire is to be completed by physicians, other than obstetricians, who perform vaginal birth after Cesarean.

### APPLICANT INFORMATION

Name of Applicant (First, Middle, Last):

MMIC Policy Number:

1. List all hospitals in which you perform VBACs:

2. Are you credentialed to perform VBACs in each of these facilities?  Yes  No

3. Does the facility in which VBACs are performed meet all ACOG standards for VBACs for emergency surgical response team (surgeon, anesthesia, surgical team)?  Yes  No

4. Do you perform VBACs in any facilities designated as critical access hospitals?  Yes  No

5. What type of newborn nursery care is provided in the facility(ies) in which VBACs are performed?

6. Do you, as the attending physician, discuss the risks, advantages and probability of poor outcome with respect to VBACs prior to the onset of labor?  Yes  No

7. Are you credentialed to perform c-sections?  Yes  No  
If not, do you have an agreement for emergency c-section coverage with a physician who is credentialed?  Yes  No

8. Is an informed consent form signed and dated and kept in the file prior to the onset of labor?  Yes  No

9. How many VBACs or emergency c-section procedures have you been involved with on an annual basis that resulted in the use of emergency backup surgical staff?

10. Have you ever been involved in a VBAC that resulted in a claim?  Yes  No  
If yes, were you named in that suit?  Yes  No

Applicant Signature

Date