

**Appendix 1: Referral Criteria for Midwife-Led VBAC/ birth Options Clinic**

Name.....

Unit Number/NHS.....

EDD..... Parity.....

Referring Midwife.....

<u>Refer to VBAC/ Birth Options Clinic</u>	<u>Exclusion Criteria</u>
Women who have had one previous uncomplicated lower segment Caesarean section <input type="checkbox"/>	Two or more previous Caesarean Sections <input type="checkbox"/>
Maternal request for an elective caesarean section without indication <input type="checkbox"/>	Pre-existing co-morbidities/risk factors <input type="checkbox"/>
Other reasons for referral <input type="checkbox"/> ..... ..... .....	A previous classical uterine incision or T incision <input type="checkbox"/>  Placenta Praevia <input type="checkbox"/>