

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Healthcare Provider's Name]
[Hospital/Clinic Name]
[Address]
[City, State, ZIP Code]

Dear [Healthcare Provider's Name],
Subject: Request for VBAC Approval

I hope this letter finds you well. I am writing to formally request approval for a Vaginal Birth After Cesarean (VBAC) for my upcoming delivery, [insert due date].

I have previously undergone a cesarean delivery on [insert date] due to [briefly explain reason, e.g., fetal distress, failure to progress]. Since that time, I have taken the opportunity to research VBAC and have considered my options thoroughly.

I understand the potential risks associated with VBAC, and I am committed to following all recommended guidelines and protocols. I have also been monitoring my health closely and can confirm that I have had a healthy pregnancy thus far.

I would appreciate the opportunity to discuss this option further with you and address any concerns that may arise. Thank you for considering my request, and I look forward to your favorable response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]