

VAGINAL BIRTH AFTER CESAREAN SECTION CONSENT FORM

NOTE TO PATIENT: As you may know, there are risks in any medical/surgical procedure or treatment. Just being pregnant carries some risks, as there are risks in everyday activities, such as driving. The following check list is designed to help you to make an informed decision regarding to whether to attempt to delivery vaginally after you had a prior cesarean section. The medical name for this procedure is Vaginal Birth After Cesarean section (VBAC). Your other option is to have a repeat cesarean section. Please discuss the contents of this form with your physician, initial each section, and choose your option of attempting a VBAC or a repeat cesarean section to deliver your baby.

**Patient's
Initials**

1. I have had only one (1) previous cesarean section.
2. I understand that I have the choice of having an elective repeat cesarean section or attempting a Vaginal Birth After Cesarean section (VBAC) if I meet all criteria for VBAC at the time of delivery.
3. I understand that approximately 70% of women who undergo VBAC are able to successfully deliver vaginally.
4. I understand that VBAC carries a lower risk to me than a cesarean delivery. The benefits of a successful VBAC include decreased blood loss, decreased postdelivery complications, and shorter recuperation time.
5. I understand that the risk of a uterine rupture during VBAC in a patient who has had only one (1) prior incision in the noncontracting part of my uterus is at least 1%.
6. I understand that VBAC is associated with a higher risk of harm to my baby than to me.
7. If my uterus ruptures during my VBAC, I understand there may not be enough time to operate and prevent death or permanent brain injury to my baby.
8. The exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but it has been reported to be as high as 50%.
9. Maternal risks after rupture of the uterus include, but are not limited to: Hysterectomy (loss of the uterus), blood transfusion, infection, injury to internal organs (bowel, bladder, or ureter), blood coagulation problems, and death.
10. Contraindications to VBAC include previous classical uterine incision, multiple gestations, and breech presentation.
11. I understand that a patient will not be considered eligible for VBAC if she is unwilling to assume the additional risks associated with a trial of labor for herself and her baby.
12. I understand that the risk of uterine rupture increases in the following situations: Gestational age greater than 40 weeks, prior vertical uterine incision (classical), interval between deliveries less than 19 months, history of more than one previous C-section, need for external cephalic version, maternal obesity, and single layer closure of the uterus. Patients in these situations will be evaluated with extreme caution prior to attempting VBAC.
13. I understand that during my VBAC, it may become necessary to use Pitocin (oxytocin), a hormone that causes the uterus to contract, to assist me with my vaginal delivery. I have been advised that oxytocin increases the risk of uterine rupture during VBAC by as much as 5 fold.
14. I understand that if I choose VBAC but ultimately require a cesarean delivery during labor, I have a greater risk of problems than if I had undergone elective repeat cesarean delivery.
15. I understand that if my physician is not available at the time of my delivery, the decision whether to proceed with VBAC will be at the discretion of the on-call physician.
16. I have read the above information (or it has been read to me), and I understand it. I have discussed my options with my doctor, I have received all the information I need to make an informed choice, and all of my questions have been answered to my satisfaction.

I want to attempt VBAC

OR

I want a repeat cesarean

(Patient's Signature)

(Date)

(Time)

(Patient's Signature)

(Date)

(Time)

Patient's Printed Name

Witness
