

Vaginal Birth after Cesarean Section Consent

Preferred Women's Healthcare

PATIENT'S NAME/SSN: _____ / _____ DATE: _____

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 checklist is designed to help you to make an informed decision as to attempt to deliver vaginally after you have had a prior cesarean section. This procedure medically is called a Vaginal Birth After Cesarean Section and is abbreviated "VBAC". Your other option is to have a repeat Cesarean section. Please discuss the contents of this form, initial each section and choose your option of attempting a VBAC or a repeat Cesarean section for delivering your baby.

Patient's Initials

1. I understand that I have had one or more prior Cesarean sections. _____
2. I understand that I have the option of an elective repeat Cesarean or to attempt a vaginal birth after Cesarean section (VBAC). _____
3. I understand that approximately 70% of women who undergo a VBAC will successfully deliver vaginally. _____
4. I understand that VBAC carries a lower risk to me than a Cesarean section. The benefits of a successful VBAC include decreased blood loss, decreased post delivery complications and a shorter recuperative period. _____
5. I understand that the risk of a uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is a 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 sufficient time to operate and prevent death or permanent brain injury to my baby. _____
8. The exact frequency of death or permanent neurological injury to the baby when the uterus ruptures is uncertain, but has been reported to be as high as 50%. _____
9. The risks to me after rupture of the uterus include but are not limited to hysterectomy (removal of uterus), blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), blood coagulation problems or death. _____
10. Contraindications to VBAC include previous classical (vertical up and down) uterine incision, multiple gestations and breech presentations. _____
11. Also, excluded from considerations for VBAC are patients unwilling to assume the added risks associated with a trial of labor for themselves and their baby. _____
12. I understand that during my VBAC, the use of oxytocin (Pitocin), a hormone to make my uterus contract, may be necessary to assist me in my vaginal delivery. There may be increased risks with the use of oxytocin during VBACs. _____
13. I understand that if I choose a VBAC and end up having a Cesarean during labor, I have a greater risk of complications than if I had an elective repeat Cesarean section. _____
14. I have read or have had read to me the above information and I understand it. I have had all my questions answered, and I have received all the information I need to make an informed choice. _____

I want to attempt a VBAC _____
Patient's Signature Date Time

I want a repeat Cesarean _____
Patient's Signature Date Time

Witness by: _____
Signature Date Time