Consent for Vaginal Birth after Cesarean Section

This form is intended to provide information to patients who have had a cesarean section in the past and would like to attempt a trial of labor. The risks of attempting a VBAC must be carefully considered before making a final decision. Studies indicate that 50-80% of women attempting to deliver vaginally will be successful. This also means that 20-50% of patients will not be successful. It must be understood that while any obstetrical complication (bleeding, fetal distress, etc.) may occur during a VBAC process, there is one unique complication associated with VBAC. The risk of uterine scar rupture is 1%. If this were to happen, fetal distress and fetal and/or maternal bleeding could occur. Scar rupture could lead to immediate repeat cesarean section and/or hysterectomy. Continuous monitoring is essential during the labor process. Despite this, severe maternal and fetal complications can result from uterine scar rupture including fetal compromise, anemia and fetal death.

The risks of elective repeat cesarean section involve general surgical risks of increase incidence of wound or pelvic infection and an increased risk of blood loss, infection, bowel or bladder damage or hysterectomy. Recuperation is also substantially longer after cesarean section. There may be slightly more neonatal breathing issues with cesarean babies as compared to babies born vaginally. Anesthetic issues are also more complicated in cesarean deliveries and will be discussed by the anesthesiologist before the procedure.

(Please initial on each space provided)

I have not had more than one previous cesarean section.

I understand that I have the option of undergoing an elective repeat cesarean section or attempting a vaginal birth after a cesarean section (VBAC).

I understand that the risk of a uterine rupture during a VBAC in someone such as me, who has had a prior incision in the non-contracting part of my uterus, is around 1%.

I understand that VBAC is associated with a higher risk of harm to my baby than to me.

I understand that if my uterus ruptures during my VBAC, there may not be sufficient time to operate and to prevent the death of or permanent brain damage to my baby.

I understand that the decision to have a VBAC is entirely my own, and the option of elective repeat cesarean has been discussed with me.

I understand that during my VBAC, the use of oxytocin (Pitocin) hormone to make my uterus contract may be necessary to assist me in my vaginal delivery. This may increase the risk of uterine rupture.

I understand that if I choose a VBAC and end up having a cesarean section during labor, there is a greater risk of problems than if I had an elective repeat cesarean section.

I have read or have had read to me the above information and I understand it. Any questions about this issue have been answered to my satisfaction.

I want to attempt a VBAC: _____ Yes _____ No

I want a Repeat Cesarean Section: _____ Yes _____ No

Patient’s Signature

Patient’s Name (printed)

Date

Spouse Signature

Spouse Name (printed)

Date

Witness Signature

Witness Name (printed)

Date

Physician/Provider Signature

Date

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