



Informed Consent: Trial of Vaginal Birth after Previous Cesarean Section (VBAC)

Introduction/Purpose/Procedure: I understand that the purpose of this document is to provide me with information regarding a vaginal birth after a previous Cesarean birth (VBAC) and to help me decide whether I want to attempt a VBAC or have a repeat Cesarean delivery (C-section). My physician/midwife (provider) has explained that attempting a VBAC has been accepted as a way to lower the overall C-section delivery rate. My provider also explained that although there is a consensus that trial of labor is appropriate for most women who have a low transverse scar in their uterus, increased experience with VBACs indicates that there are several potential concerns that I need to understand before making a decision.

My provider will determine if I am a candidate for a VBAC. If I am a candidate, I understand that choosing to undergo a VBAC is an important decision that is made following a discussion with my provider. I also understand that I can change my decision at any time, even during the course of my labor. I understand that not all women will be able to have a VBAC. I understand that most published studies indicate that approximately 60-80% of VBACs result in a successful vaginal birth. The remaining 20-40% require a repeat C-section delivery, often on an emergent basis. When the initial C-section delivery was performed because the baby was felt to be too large for the pelvis at the time (dystocia), the VBAC success rate drops to 50-70%. Also, I have been advised that the hormone Pitocin may be used to make my uterus contract better, and that Pitocin may be necessary as well at the time of the actual vaginal delivery.

Benefits: I understand that the benefits of a VBAC include a lower risk of blood transfusion, generally a shorter hospital stay, shorter recuperation period, and a decreased risk of post-delivery infection and pain.

Risks and Possible Complications: My provider has explained that patients who have had a previous C-section delivery carry an increased risk of uterine rupture, which is the most serious complication of attempting a VBAC. I understand that a uterine rupture occurs when the uterine wall is torn or damaged. This is a potentially catastrophic event, which occurs in about 1% of deliveries. It has been explained to me that this risk increases with the number of previous C-section deliveries. I understand that if uterine rupture occurs, internal and/or external bleeding may occur requiring blood transfusions and/or hysterectomy. VBAC is also associated with a risk of harm to my baby. I understand that if a uterine rupture occurs, an emergency C-section will be required and there may not be sufficient time to operate and prevent death or permanent brain injury to my baby. The exact frequency of death or permanent neurological injury to the baby when the uterus ruptures is uncertain, but it has been reported to be as high as 50%.

If a C-section is required after an unsuccessful trial of labor, there is a greater risk than if a C-section had been chosen initially. There appears to be an increased risk of infection and operative injury as well.

I have been advised that the following additional risks may occur in association with a VBAC and that these are also associated risks if a VBAC attempt must be converted to a C-section delivery:

- Blood clots
- Decreased bowel function
- Increased blood loss
- Infection
- Injury to the baby
- Injury to the urinary tract
- Scarring
- Pain and additional surgeries

I understand that if Pitocin is used during my labor, the associated risks include but are not limited to:

- Increased pain with contractions. Most mothers using Pitocin require medication to handle the increased pain.
- A slight increased possibility of a uterine rupture.
- An increased need for Cesarean surgery due to infant distress.
- Increased chance of infant distress due to decreased oxygen availability.
- Possible longer contractions and contractions with double peaks (coupling).
- Increased risks to the baby with a C-section delivery
- Increased likelihood of depressed infant heart rate patterns in the baby.
- Increased likelihood of an infant with an abnormal position or presentation.

Alternatives: I have been advised that the only alternative to a VBAC is a C-section delivery. I understand that a C-section is a major operation and in some cases there can be injuries to the mother's bladder or bowel or other serious complications. I may choose not to receive Pitocin, however if not used, the labor may be prolonged and the birth delayed. This situation may lead to minor or significant complications.

Observers or Assistants: I understand that residents, medical students or other assistants may be in attendance and/or assisting in the performance of the C-section or vaginal labor and delivery.

Consent to Treatment of Unforeseen Conditions: I understand that unforeseen considerations may arise at the time of the procedure or treatment, such as complications with the vaginal delivery, and that it may be necessary or advisable to perform procedures that are different from or in addition to the procedures described, such as a C-section delivery. I authorize and consent to the performance of such additional or alternative procedures as my provider considers necessary or advisable.

Pathology/Laboratory Specimens: I consent to the preservation or use for medical, diagnostic, scientific or teaching purposes, or disposal by the laboratory of any tissues, fluids or body parts (including pathology specimens for laboratory testing) removed during the course of my procedure or medical treatment.

Photographing/Videotaping (if applicable): I authorize my provider to photograph and/or use any other medium that results in the permanent documentation of my image for medical, scientific or educational purposes, provided my identity is not revealed. I agree that any photographs that are not required by law to be retained, may be disposed of so long as the manner of disposition shall be permanent destruction.

By signing below, I acknowledge that I have read and understood all of the above, and that I have been adequately informed of the nature, intended purpose, and significant risks and consequences of a VBAC as well as the alternative, which is a C-section. I am also aware that it may be required that, if I choose a VBAC, my provider may change to a C-section if the VBAC delivery has become difficult. I acknowledge that I have been given ample opportunity to ask questions about VBAC and C-section deliveries, as well as my options. I acknowledge that no guarantee or promise has been given to me by anyone as to the results that may occur from a VBAC or a C-section delivery.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I have discussed the alternatives with my physician and/or midwife and I have received all the information I want.

_____ I want to attempt a vaginal birth (VBAC)
(initial)

_____ I want a repeat Cesarean section delivery
(initial)

Patient's signature:

Patient's printed name:

_____ **Date:** _____ **Time:** _____ (AM/PM)

Witness

Date

Interpreter responsible for explaining procedure

Date

I have explained to my patient the nature, purpose, potential benefits, complications, associated risks and alternatives (if any) to the procedure she chose and I am satisfied that she understands them. I have offered to answer any questions and I have answered them.

Additional physician/midwife comments: _____

Signature of physician/midwife _____ Name of physician/midwife _____ Date _____ Time (AM/PM)