



## CONSENT FOR VAGINAL BIRTH AFTER CESAREAN SECTION

- ☐ I understand that a vaginal birth after cesarean section (VBAC) may be offered if my prior cesarean section was done through a low transverse incision, I've had two or fewer low transverse cesarean sections and my current pregnancy is not complicated by problems that would prevent a vaginal delivery. I understand that a VBAC involves a trial of labor (TOLAC) to determine if the baby can be delivered vaginally. I understand that not all attempts of a VBAC are successful and, in some cases, it may be necessary to deliver by repeat cesarean section during trial of labor to minimize complications or injury to myself or my baby.
- ☐ I understand my physician may need to perform urgent procedures that were not anticipated. I consent to the performance of any additional procedure(s) determined during my trial of labor to be in my best interest and where delay might cause harm. I understand my physician may choose other qualified physicians to do or help with any procedure(s) determined to be necessary, including my delivery by any method. Only qualified physicians will be used and will only perform tasks that are within their scope of practice and for which they have been granted clinical privileges.
- ☐ I understand that risks of a VBAC include those risks associated with any vaginal delivery but also include risk of hemorrhage or rupture of the uterus requiring immediate surgical intervention, possible hysterectomy (removal of uterus), blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), blood coagulation problems, and possibly resulting in injury to my child including brain damage. Although I understand the incidence of rupture of the uterus with a VBAC following a prior low transverse cesarean section is very low, in the range of 0.5%-1.7%, I recognize the fact that the risk is nevertheless there.
- ☐ If my uterus ruptures during TOLAC/VBAC, I understand there may not be sufficient time to operate and to prevent death or permanent injury to me or my baby. I further understand that the risks of permanent injury and death exists for me and my baby even if emergency surgery is performed.
- ☐ I understand the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported to be as high as 50%.
- ☐ I have been provided an opportunity to have an elective repeat cesarean section as an alternative to a TOLAC/VBAC. I understand that there are increased risks when a cesarean section is performed after a TOLAC for a VBAC. I have had the opportunity to read the TOLAC/VBAC patient education material and ask questions and my questions were answered to my satisfaction.
- ☐ I understand that I will need to inform my physician if I change my mind and decide not to have a TOLAC/VBAC. I understand that at a certain point my physician may determine that it is too late to change my mind. I further understand that my physician may determine at any time that it is unsafe to continue with a TOLAC/VBAC and that a cesarean section is necessary.
- ☐ I have read this consent form, understand the risks associated with a TOLAC/VBAC, and have had all my questions answered. I have received and understand all the information I need to make an informed decision and I accept the risks and elect to have a TOLAC/VBAC to deliver my baby.

I, \_\_\_\_\_, provide my informed consent to a TOLAC/VBAC.

\_\_\_\_\_  
Patient/Health Care Agent/Guardian/Relative Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

I have provided the informed consent to the patient to include the risks, benefits, and alternatives of TOLAC/VBAC procedure and acknowledge the patient's choice as indicated above for the plan of care.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date