

VAGINAL BIRTH AFTER CESAREAN (VBAC) INFORMED CONSENT

Patient's Name: _____

I understand that having had one or more prior cesarean deliveries, I have the option of undergoing an elective repeat cesarean or attempting vaginal birth after cesarean (VBAC). In making a decision in this regard, I have had the opportunity to discuss these options with my health care provider(s) and discussed the risk and benefits of both procedures.

I understand that my physician has evaluated me as a suitable candidate for VBAC delivery based on standards developed by the American College of Obstetricians and Gynecologists (ACOG).

I understand that approximately 70% of women undergoing a VBAC will successfully deliver vaginally.

I understand that there is a risk of uterine rupture during a VBAC of approximately 1%, which may result in serious injury to both my baby and me, including the possibility of death or permanent brain damage. I further understand that the risk of uterine rupture may also result in severe bleeding that requires a hysterectomy.

I understand that if my uterus ruptures during my VBAC, there may not be sufficient time to operate in order to prevent either permanent brain damage or death to either me or my baby, or both. In this regard, I am aware that the risk of harm depends in part on the availability of physicians and other health care providers to respond immediately. At [insert facility name], physicians and other health care providers necessary to respond to an emergency may not be required to be physically present during my attempted VBAC delivery, and therefore emergency procedures may be delayed resulting in significant permanent damage and/or death. Other hospitals in the area may require physicians and other health care providers to be physically present throughout the trial labor in order to immediately respond in the event of a uterine rupture. I have considered this information in making my decision to attempt VBAC delivery at [insert facility name], and understand that I am voluntarily accepting the additional risk described.

I have read the above information and have had an opportunity to discuss this with my doctor. Based on this discussion:

☐ I want to attempt a VBAC

☐ I want a repeat cesarean

Patient's Signature

Date

Physician's Signature

Date