

## **Vaginal Birth after Cesarean Section (VBAC) Consent to Attempt a Trial of Labor**

You have previously delivered a baby by Cesarean Section and have inquired about the possibility of attempting a vaginal delivery with your current pregnancy. The following criteria must be present to attempt a Vaginal Birth after Cesarean Section (VBAC)

- Low transverse uterine incision from your previous Cesarean Section (no more than two previous incisions with at least one successful vaginal delivery)
- Available space for the baby to pass through your pelvis
- The immediate availability of physicians and hospital staff to provide emergency care
- No problems with the placenta, problems with the baby, or certain medical conditions during pregnancy

### **Vaginal Birth after Cesarean Section (VBAC) Information**

According to 2005 data from the American College of Obstetrics and Gynecology (ACOG), 60–80% of the women who attempt a Vaginal Birth after Cesarean Section (VBAC), succeed and are able to give birth vaginally. The success rate varies depending

on the reason for the previous cesarean delivery. The reasons why a woman may wish to attempt Vaginal Birth after Cesarean Section (VBAC) over cesarean delivery include:

- Avoiding abdominal surgery
- Shorter hospital stay
- Lower risk of infection
- Less blood loss
- Less risk of requiring a blood transfusion
- The potential for a trial of labor and vaginal delivery in subsequent pregnancies if the trial of labor is successful

### **Risks Associated with VBAC**

There is approximately 1% chance of uterine rupture with attempted Vaginal Birth After Cesarean Section (VBAC) even if all criteria for are met. Risks associated with uterine rupture include:

- Infant death or brain damage
- Removal of the uterus (hysterectomy), if repair of the rupture is not possible.
- Blood loss requiring transfusion
- Bladder injury
- Infection
- Maternal death
- If a trial of labor is unsuccessful, a repeat Cesarean Section is necessary to accomplish delivery. The risks are higher when Cesarean Section is performed as an emergency.

## Risks Associated with Cesarean Section

### For the infant:

- Respiratory problems
- Fetal injury

### For the mother:

#### Most frequent risk:

- Uterine infection (20-30% risk)

#### Infrequent (rare) risks:

- Blood clots in legs requiring treatment
- Hysterectomy
- Blood loss requiring blood transfusion. Risks from transfusion include allergic reaction, fever, and infection. Risks of hepatitis and HIV are very rare.
- Injury to the urinary system
- Injury to the bowel (intestines, colon, or rectum)
- Complications of anesthesia
- A very rare risk of death

I understand the criteria used to determine the possibility of attempting a vaginal delivery and have discussed these with my doctor. Patient Initials: \_\_\_\_\_

I understand that because I have had a previous Cesarean Section, the alternative to a trial of labor is an elective Cesarean Section. I have reviewed and understand the risks associated with an elective Cesarean Section and have discussed these with my doctor.

Patient Initials: \_\_\_\_\_

I understand that the physician or other health care provider monitoring my labor may recommend proceeding with a Cesarean Section as my labor progresses.

Patient Initials: \_\_\_\_\_

I understand that I may withdraw this consent in whole or in part at any time.

Patient Initials: \_\_\_\_\_

I understand that the use of oxytocin may be used to assist me in a vaginal delivery. Risks of this drug has been thoroughly explained to me. A Pitocin induction will not be performed and is contraindicated in TOLAC (trial of labor after cesarean section) and this drug will not be used in this manner. Patients Initials \_\_\_\_\_

1. I have reviewed and understand the information and risks regarding a Vaginal Birth after Cesarean Section (VBAC), and I have discussed these with my doctor.
2. I have chosen a Trial of Labor and to attempt a Vaginal Birth after Cesarean Section (VBAC) for the delivery of my baby.
3. I have chosen a repeat Cesarean Section for the delivery of my baby.

**(Patient is to please write sentences 1 and 2 in lines provided below if VBAC is desired)**

(Patient is to write sentences **1 and 3** if repeat Cesarean Section is desired)

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_