

**Patient Identification**

Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_



VAGINAL BIRTH AFTER CESAREAN (VBAC)

**You have the right and obligation to make decisions concerning your healthcare. Your physician/practitioner has the duty to provide you with the necessary information and advice; however you are responsible to participate in the decision-making process. Please feel free to ask any questions. Your signature on this form acknowledges your understanding of and agreement to the treatment recommended by your physician/practitioner after being informed of the risks, benefits and alternatives.**

**INITIAL**

- 1. I understand that I have had one or more prior cesarean(s). \_\_\_\_\_
- 2. I understand that I have the option of undergoing an elective repeat cesarean or attempting a vaginal birth after a cesarean (VBAC). \_\_\_\_\_
- 3. I understand that a successful VBAC carries a lower risk to me than does a cesarean delivery. \_\_\_\_\_
- 4. I understand that approximately 70% of women who undergo a VBAC will successfully deliver vaginally. \_\_\_\_\_
- 5. I understand that the risk of a uterine rupture during a VBAC in someone such as myself, who has had a prior incision in the non-contracting part of my uterus, is at least 1%. \_\_\_\_\_
- 6. I understand that VBAC is associated with a higher risk of harm to my baby than to me. \_\_\_\_\_
- 7. I understand that if my uterus ruptures during my attempt at VBAC, there is a chance that there may not be sufficient time to operate and to prevent the death of or permanent brain injury to my baby. I also understand that if my uterus does rupture, there is a chance that there may not be sufficient time to operate and to prevent serious injury and death to myself. \_\_\_\_\_
- 8. I understand that the decision to have a VBAC is entirely my own, and the option of an elective repeat cesarean has been discussed with me. \_\_\_\_\_
- 9. I understand that if I deliver vaginally, I most likely will have fewer problems after a delivery and a shorter hospital stay than if I have a cesarean delivery. \_\_\_\_\_
- 10. I understand that during my VBAC, the use of Oxytocin (Pitocin) hormone and the "risks" of this drug have been thoroughly explained to me. \_\_\_\_\_
- 11. I understand that if I choose a VBAC and end up having a cesarean during labor, I have a greater risk of problems than if I had had an elective repeat cesarean. \_\_\_\_\_

**Consent to Procedure(s) and Treatment:** Having read this form, talked with the responsible practitioner(s)/ physician(s), and been given the opportunity to ask questions, my signature below acknowledges that: I have all of the information I need to make an informed decision regarding this procedure, regarding Trial of Labor after a prior Cesarean Section.

I want to attempt a VBAC

OR

I want a repeat cesarean

\_\_\_\_\_  
Signature of Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Relationship of Person Authorized to Consent for Patient

\_\_\_\_\_  
Signature of Responsible Practitioner/Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time