

Patient Name: _____

Patient DOB: _____

Patient Consent Form Trial of Labor/Vaginal Birth and Cesarean Delivery

Purpose:

I understand that the purpose of this document is to acknowledge in writing my understanding of the risks, benefits and alternatives to a trial of labor after a previous cesarean section/vaginal birth after cesarean delivery. I understand that my provider will determine if I am a candidate and that the decision to attempt a trial of labor in an attempt to have a vaginal birth is entirely mine.

Risks:

_____ I understand that patients who have had a previous cesarean section carry an increased risk of uterine rupture, which is the most serious complication of attempting a vaginal delivery after a cesarean section.

_____ I understand that a uterine rupture is a potentially catastrophic event and occurs in about 1% of attempted vaginal deliveries after a cesarean section. It has been explained to me that the risk of uterine rupture increase with the number of previous cesarean section deliveries.

_____ I understand that in the event my uterus ruptures, emergency surgery will be performed, but there may not be sufficient time to operate and prevent permanent injury to or death of my baby and/or me.

_____ I understand that in addition to a rupture of the uterus, risks to me include, but are not limited to, hysterectomy (loss of uterus), blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), blood clots and/or death.

_____ I understand that a cesarean section as a result of a failed trial of labor is associated with more complications than an elective cesarean delivery and that those risks include increased risk of infection and operation injury.

I understand the additional risks listed below: (include any additional risks specific to the patient.)

Benefits:

_____ I understand that the benefits of a successful vaginal birth after cesarean delivery (VBAC) as compared to a repeat cesarean section may include decreased blood loss, decreased post-delivery complications, and a shorter recuperation period

I understand that between 60% and 80% of women who attempt a vaginal delivery after a cesarean section will successfully deliver vaginally.

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Alternatives:

I have been advised that the only alternative to a vaginal birth after cesarean section is a repeat cesarean section. I understand that a cesarean section is a major operation and in some cases there can be serious complications including infection and injuries to the mother's bladder or bowel, uterus and infant.

Patient Certification:

_____ I understand that I have the option of an elective repeat cesarean section or a trial of labor to attempt a vaginal birth after cesarean (VBAC).

_____ I have had all of my questions answered and have all of the information I need to make an informed decision.

_____ I understand and accept the risks of a trial of labor after a previous cesarean section/vaginal birth after cesarean delivery.

I choose to proceed with a trial of labor in an attempt to have a vaginal birth

I choose to have a repeat cesarean section and do not desire a trial of labor and VBAC

Patient or Legal Representative Signature

_____/_____
Date

Time

Print Name

Witness Signature

_____/_____
Date

Time

Print Name

Provider Certification:

I have explained to my patient the risks, benefits and alternatives to a trial of labor after a previous cesarean section in an attempt to have a vaginal birth and have answered all questions. The patient has demonstrated a full understanding of the explanations.

Provider Signature

_____/_____
Date

Time

Print Name