

# Consent for Vaginal Birth After Cesarean Section

## Benefits of Vaginal Birth After Cesarean Section (VBAC) compared to an elective repeat cesarean birth

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| <ul style="list-style-type: none"> <li>• No risk of cesarean surgical complications</li> <li>• Improved:             <ul style="list-style-type: none"> <li>▪ Postbirth recovery</li> <li>▪ Return to normal activities</li> </ul> </li> <li>• Lessened:             <ul style="list-style-type: none"> <li>▪ Hospital stay</li> <li>▪ Risk of infection</li> <li>▪ Risk that the baby will have breathing problems</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• For future pregnancies             <ul style="list-style-type: none"> <li>▪ Better chance of having a vaginal birth in future pregnancies</li> <li>▪ Less risk of problems with placenta attachment in future pregnancies.</li> <li>▪ Less risk of uterine dehiscence<sup>4</sup></li> </ul> </li> </ul> |
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Initials \_\_\_\_\_

## Risks of VBAC

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| <ul style="list-style-type: none"> <li>• The usual (low) risks of having a vaginal birth are also present for VBAC.</li> <li>• A tear or opening in the uterus (womb) occurs in 5 to 10 women out of every 1,000 low risk women who try VBAC (0.5% to 1.0%).             <ul style="list-style-type: none"> <li>▪ Risks to the mother if there is a tear in the uterus include:                 <ul style="list-style-type: none"> <li>▪ Blood loss that may need transfusion</li> <li>▪ Damage to the uterus that may need hysterectomy (removal of the uterus)</li> <li>▪ Damage to the bladder</li> <li>▪ Infection</li> <li>▪ Blood clots</li> <li>▪ Death, which is very rare.</li> </ul> </li> <li>▪ Risks to the baby if there is a tear of the uterus are brain damage and death. Not all tears in the uterus harm the baby. About 7% of the time the baby is harmed when the uterus tears. In other words, 5 to 10 babies out of every 10,000 VBAC tries will suffer brain damage or death (0.05% to 0.1%) due to uterine rupture.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• The risk of the uterus tearing during labor is increased with any of the following:             <ul style="list-style-type: none"> <li>▪ Induced Labor (Labor that does not start on its own)</li> <li>▪ Need for medicine during labor to increase contractions</li> <li>▪ More than 1 previous cesarean section</li> <li>▪ Less than 18 months since the last cesarean delivery</li> <li>▪ Other risks for the uterus tearing are being researched</li> <li>▪ Failed VBAC: If a vaginal birth cannot occur, then a cesarean birth must be done. A cesarean section after attempting vaginal delivery has the same types of risks as a planned cesarean delivery. However, the risk of infection, transfusion, blood clots and needing hysterectomy is increased.</li> </ul> </li> </ul> |
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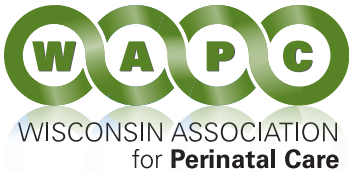
## Risks of a planned repeat cesarean birth

The risk that the uterus will tear before a planned cesarean birth is 2 in 1000 (0.2%). These tears usually occur during labor. The risks to the baby and you are the same as if the uterus tore during a VBAC.

- Blood loss
- More scars developing on the uterus
- Infection

- Scarring inside the abdomen
- Injury to organs inside the body
- Problems with anesthesia
- Blood clots
- Risk in later pregnancies of problems with the placenta
- Death, which is very rare

Initials \_\_\_\_\_



# Consent for Vaginal Birth After Cesarean Section

1. I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Patient Name) (Provider Name)  
to perform the following procedure: Attempted Vaginal Birth After Cesarean (VBAC) Delivery at \_\_\_\_\_  
(Facility Name)

I understand that my health care provider may need to perform other urgent procedures that were unanticipated. I consent to the performance of any additional procedures determined during my original procedure to be in my interests and where delay might cause harm. I understand that my health care provider may choose other qualified practitioners, including residents (doctors who have finished medical school and are getting training), to do or help with procedures. All qualified practitioners will only perform tasks that are within their scopes of practice and for which they have been granted clinical privileges. Residents will be under the supervision of my health care provider.

- 2. I understand my condition to be: History of a previous cesarean delivery.
- 3. I have been told about what results to expect, which includes information about the chances for the expected results and about problems that might occur during recuperation. I know that results cannot be guaranteed.
- 4. I have been told about and understand the risks and benefits of the procedure listed above by \_\_\_\_\_. I understand that there are risks for all kinds of procedures. I have indicated my understanding of the risks and benefits of VBAC by initialing the sections on the previous page. (Provider Name)
- 5. I understand the alternative to the proposed procedure to be: Cesarean Section. I have indicated my understanding of the risks of Cesarean Section by initialing the section on the previous page.
- 6. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be present, providing consultation or performing checks of the equipment.
- 7. I understand that photographs and/or video or electronic recordings may occur during my procedure and may be used for internal performance improvement or educational purposes.
- 8. I understand that any tissues or parts removed during my procedure may be disposed of by the hospital or used for any lawful purpose, including education and research.

**Please initial on the lines and then sign below.**

- \_\_\_\_\_ I have had the chance to read the VBAC patient education material and ask questions. My questions were answered to my satisfaction.
- \_\_\_\_\_ I have read this consent form. I understand the benefits and risks with a planned cesarean section and VBAC. I understand how these benefits and risks apply to me.
- \_\_\_\_\_ I understand and accept the labor and delivery services [this hospital] has to offer.
- \_\_\_\_\_ If I choose a VBAC, I understand that I will need to inform my health care provider if I change my mind, and that at a certain point my health care provider may determine that it is too late to change my mind. I further understand that my healthcare provider may determine at any time that it is unsafe to continue with the VBAC and that a cesarean section is necessary.
- \_\_\_\_\_ I have chosen to try a VBAC for delivery of my baby.
- \_\_\_\_\_ I have chosen to try a VBAC if I go into labor prior to my planned cesarean section.
- \_\_\_\_\_ I have chosen a planned cesarean section.

Signature of Patient: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Adapted from Northern New England Perinatal Quality Improvement Network Consent Form