McLaren Flint FLINT, MICHIGAN

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 and transverse uterine incision from your previous Cesarean Section
- Available space for the baby to pass through your pelvis
- The immediate availability of physicians and hospital staff to provide emergency care

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 trail 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%)

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PT.

MR.#/RM.

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Infrequent (rare) risks:

- Blood clots in legs requiring treatment
- Hysterectomy
- Blood loss requiring 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 have reviewed and understand the information and risks regarding a Vaginal Birth after Cesarean Section (VBAC), and I have discussed these with my doctor.

Patient Initials

I have chosen a repeat Cesarean Section delivery of my baby. 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

Patient Signature:	Date:
Physician Signature:	Date:
Witness Signature:	Date:

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