

ADAMS PATTERSON GYNECOLOGY & OBSTETRICS

A DIVISION OF WOMEN'S CARE CENTER OF MEMPHIS

Patient Name: _____ Chart #: _____

CONSENT FOR TRIAL OF LABOR AFTER PRIOR CESAREAN SECTION (VBAC: Vaginal Birth After C-Section)

Since you have been given this form to read and sign, this indicates that a prior birth was performed by a cesarean section. It used to be thought that once a woman had a cesarean section, a repeat c-section was necessary for any subsequent births. As the medical community has achieved more knowledge and experience, we now encourage many women with prior cesarean deliveries to attempt vaginal births. As all the risks and benefits are weighed, a vaginal birth after prior c-section may be safer than repeating the c-section.

- ✓ A vaginal delivery generally has fewer complications than a c-section. With a vaginal delivery there is no abdominal incision, there is usually a shorter recuperation period, less discomfort and your activity level tends to increase more rapidly.
- ✓ Also, during a vaginal delivery you are able to be more involved with the birth process. After delivery, during the bonding time, your family and friends may also be more involved due to fewer restrictions.
- ✓ A cesarean section is a major surgery and as with any major operation there are risks. These include infection, bleeding/hemorrhage (possibility of blood transfusion) and the possibility of damaging surrounding organs.

MEDICAL FACTORS

There are several medical factors that may preclude our encouraging you to have a trial of labor. The main consideration is the type of scar that was made on the uterus or womb during your prior cesarean section. Generally, if the scar is across instead of up and down, you can safely have a VBAC. There are exceptions to every rule and your doctor will discuss your individual case with you. One thing we definitely need in order to allow you to have a trial of labor is the prior OPERATIVE NOTE so we may evaluate what type of scar is on your uterus.

There may be other factors which make it inadvisable for a trial of labor and if you have any of these you should discuss them with your doctor to develop the safest management plan.

There are certain requirements during a trial of labor.

1. An IV is necessary.
2. We will need to monitor both you and your baby continuously.

These requirements will not prevent a complication, but will enable us to manage you and your baby quickly and properly should a problem occur.

RISKS

Most experts agree that for patients who meet the proper criteria, a VBAC is not associated with an increase in risk to you or your baby.

The most serious risk of a trial of labor is that the uterine scar can rupture. The chance of this happening is small, somewhere in the range of 1/1000. Because this can be life threatening, we will monitor you and your baby closely during labor. In the hospital setting, VBAC can usually be managed with a good outcome. However, you should be aware that even with the best of care it is possible that both you and/or your baby could have a major complication even including death.

INFORMED CONSENT

We encourage our patients who meet the medical criteria for VBAC to have a trial of labor. However, the decision ultimately rests with you, the patient. The other option is to have a Repeat Cesarean Section. We will support whatever decision you make. Our desire is for you to make an informed choice. This form is an overview of the main issues involved in your decision. Regardless of which method of delivery you elect, or which method ultimately becomes necessary given all of the circumstances in your particular case, pregnancy and child birth carry inherent risks. This form is not intended to list every possible complication that may occur. We encourage you to discuss your decision with your doctor and to have a good understanding of all that is involved. We also want to answer all of your questions.

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INITIAL:

_____ I have read the above information.

_____ I have discussed the options with my doctor.

_____ I have been provided with an ACOG pamphlet "VBAC Delivery"

_____ I have had my questions answered.

I desire to attempt a VBAC _____
SIGNATURE

I desire a Repeat C-Section: _____
SIGNATURE

Physician: _____
SIGNATURE

Date: _____