

**INFORMATION AND CONSENT FOR WOMEN
WITH A PRIOR CESAREAN SECTION (S)**

*Developed by Bruce L. Flamm, MD**

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The purpose of this form is to provide information regarding vaginal birth after cesarean (VBAC) to mothers who have previously had a cesarean and to provide an opportunity for the mother to choose VBAC after discussion the obstetrician or provider. Please read the following information carefully, discuss your concerns with your obstetrician or provider, initial your choice, and sign this form in the area indicated below.

All mothers who have had one previous low transverse cesarean section are encouraged to attempt a vaginal delivery unless the physician indicates otherwise. VBAC is also a reasonable option if your previous records cannot be obtained and it is unlikely that you had a classical uterine incision. Successful, uncomplicated vaginal birth after cesarean (VBAC) carries the lowest risk to both mother and baby as compared to repeat cesarean section. However, I understand that if I choose a VBAC and end up having a cesarean during labor, I have a slightly greater risk of problems that if I had had a cesarean without labor. Not all women will be able to have vaginal birth after cesarean section. The success rate for those attempting vaginal delivery after a previous cesarean section is about 75%.

The most serious complication of attempting a VBAC is uterine rupture, which occurs in about 1% of cases. In the case of uterine rupture, internal and /or external bleeding may occur and may require blood transfusions and/or hysterectomy. Rarely, fetal injury or death may also occur.

Elective repeat cesarean (the alternative to VBAC) also has some risks. Cesarean section is a major operation and in some cases there can be injuries to the mother's bladder or bowel or other serious complications.

Patients who have had more than one cesarean will not be discouraged from attempting vaginal birth if they request. However, there may be a slightly increased risk of uterine rupture in this group.

I have read or have had read to me the above information and I understand it. I have discussed the alternatives with my physician or provider and I have received all the information I want.

____ I want to attempt a vaginal birth (VBAC)

____ I want a repeat cesarean

Patient's signature

Print patient's name

Date

Witnessed by