

# Informed Consent for Vaginal Birth After Cesarean

Because you have had at least one prior cesarean section, we are required to inform you of the following:

(1) Trial of labor after cesarean section (TOLAC) is associated with the risk of uterine rupture. Uterine rupture rates are generally considered to be about 0.5%, although various factors may increase or decrease this likelihood. Uterine rupture can cause brain damage or death of the baby and result in serious hemorrhage or hysterectomy in the mother.

(2) Vaginal birth after cesarean section (VBAC) poses more medical risks to the baby than a scheduled repeat c-section.

(3) Repeat cesarean section poses more medical risks to the mother than VBAC.

(4) Cesarean section after a failed TOLAC is associated with more risks than a cesarean section done before labor has begun.

(5) If a complication occurs from a TOLAC outside of a hospital setting, the risk to mother and baby may be higher due to the inherent delay in obtaining access to hospital care.

(6) Multiple cesarean sections are associated with increased risks due to abnormal placental implantation, hemorrhage requiring hysterectomy, and other surgical and postoperative complications.

(7) The risks associated with TOLAC after two cesarean sections are greater than those after one cesarean section.

(8) Risks associated with TOLAC when the type of uterine scar is unknown are greater than when the uterine scar is known to be low transverse.

(9) A 2004 national birth center study revealed women who attempt TOLAC in a birth center setting have an overall transfer rate of 24%, and a vaginal delivery rate of 87%.

(10) A woman with no previous vaginal birth and two previous cesarean sections for documented failure to progress has a very low vaginal delivery success rate.

## Agreement

Understanding these risks, I declare my intent to attempt out-of-hospital vaginal birth after cesarean. I release and hold harmless my midwife from the consequences of this decision. I understand that my midwife will need to transfer my care in the event of any of the following:

1. My failure to sign this informed consent documents
2. Discovery that I have had more than 2 prior cesareans
3. Failure to have an ultrasound by 35 wks of this pregnancy which rules out implantation of the placenta over the uterine scar
4. Failure to deliver by 42 weeks gestation
5. Discovery that I have a known uterine classical, inverted T or J incision, or an extension of the incision into the upper uterine segment
6. Failure to make reasonable effort to obtain operative report(s) documenting the scar type(s) or infection resulting from my previous cesarean(s)
7. Failure to dilate at a rate of at least one centimeter every three hours once labor is active.

Signature \_\_\_\_\_ Date \_\_\_\_\_