



Consent for Vaginal Birth After Cesarean Section

I, _____, do hereby request the assistance of the Avalon Midwives in the birth of our baby at Morristown Medical Center or Overlook Medical Center. I make this request with a full understanding of the potential benefits, the potential complications and the potential risks of a vaginal birth following Cesarean section (VBAC). While I understand that the complications are rare, they cannot be completely eliminated.

The benefits of a vaginal birth after Cesarean include but are not limited to:

- Epidural analgesia
- Fewer medical risks to mother and baby
- Less blood loss and fewer blood transfusions
- Less risk for infection for mother and infant
- Lower cost
- Shorter post-delivery recovery time for the mother

The complications and risks may include, but are not limited to:

- Uterine rupture
- Abnormal placental implantation (increased risk of abnormal adhesion to the wall of the uterus if it implants over the previous Cesarean scar).
- Maternal hemorrhage if the uterus ruptures or if the placenta is implanted over the previous Cesarean scar
- Increased risk of blood transfusion or hysterectomy in the case of uterine rupture or abnormal placental implantation
- Increased risk of maternal death from hemorrhage
- Increased risk of fetal distress
- Increased risk of fetal/neonatal damage due to oxygen deprivation if the uterus ruptures
- Increased risk of fetal or neonatal death if the uterus ruptures



Please initial each statement in the space provided.

- _____ 1. I understand that I have had one or more previous Cesarean section(s).
- _____ 2. I understand that I have the option of undergoing an elective repeat Cesarean section or attempting a vaginal birth after a Cesarean (VBAC).
- _____ 3. I understand that approximately 70% of women who choose a VBAC will successfully deliver vaginally.
- _____ 4. I understand that the risk of a uterine rupture during a VBAC in someone such as myself, who has had a prior incision in the non-contracting part of my uterus, is approximately 1%.
- _____ 5. I understand that VBAC is associated with a higher risk of harm to my baby than to me if there is a complication of labor.
- _____ 6. I understand that VBAC carries a lower risk to me than does a Cesarean delivery if there is no complication of labor.
- _____ 7. After discussion with the Avalon collaborating physicians, the use of Pitocin may be considered.
- _____ 8. I understand that the decision to have a VBAC is entirely my own, and the option of an elective repeat Cesarean have been discussed with me.
- _____ 9. I understand that if I choose a VBAC but then need to deliver by Cesarean section I have a greater risk of problems than if I had had an elective repeat Cesarean.
- _____ 10. I understand that if my uterus ruptures during my VBAC, there may not be sufficient time to operate and to prevent the death of or permanent brain injury to my baby or myself.
- _____ 11. I understand that if my uterus ruptures during my VBAC, a hysterectomy (removal of the uterus) may become necessary.



_____ 12. I understand the complications of VBAC may include but are not limited to uterine rupture and may also include any complication of a non-VBAC vaginal delivery.

_____ 13. I understand that the following factors have been identified as risk factors or possible risk factors for increasing the likelihood of uterine rupture:

- Uterine incision other than low-transverse
- Estimated date of delivery less than 18 months from previous Cesarean birth
- Induction of labor (artificially inducing labor to begin)
- Augmentation of labor (drugs used to strengthen or speed up contractions)
- Prolonged or obstructed labor
- Use of either forceps or vacuum extraction
- Single layer closure of the previous uterine scar
- Infection of the uterine scar following surgery

I understand the above information. I have been given an opportunity to ask questions and have had them answered.

_____ I want to attempt a VBAC.

_____ I want a repeat Cesarean.

By my signature below I give full, informed consent to undergo a vaginal birth after Cesarean.

I understand that I alone am responsible for making this decision.

_____	_____	_____	_____
Mother's Signature	Date	Father's Signature	Date

_____	_____
Avalon	Date

Name of Patient: _____ Chart # _____