



Affix Patient Label

Patient Name:

Date of Birth:

This information is given to you so that you can make an informed decision.

After a Cesarean section (C-section), a woman may choose to have a planned Cesarean birth or a trial of labor for vaginal birth. There is risk with every pregnancy. There are benefits and risks to each choice. Your doctor cannot promise you will receive any of the benefits.

**VBAC means Vaginal Birth after Cesarean Section.** 60-80% of women who try a vaginal birth after C-section (VBAC) will be successful.

### **What are the benefits of VBAC compared to a planned Cesarean birth?**

- Faster time to heal after birth.
- Shorter hospital stay.
- Less risk of infection after delivery.
- Less risk that the baby will have breathing problems.
- Quicker return to normal activities.
- Greater chance of having a vaginal birth in later pregnancies.
- Less risk of problems with how the placenta attaches in future pregnancies.

### **What are the risks of VBAC?**

- The normal risks of having a vaginal birth are also present for VBAC
- A tear (rupture) in the uterus or womb is a low risk. This happens in less than one percent of all VBAC attempts.
- **Risks to the mother** if there is a tear in the uterus include:
  - Blood loss. This may need transfusion.
  - Damage to the uterus. This may need hysterectomy (removal of the uterus).
  - Damage to the bladder. This will need surgery to repair.
  - Infection. This will need antibiotic treatments. Rarely this will need drainage.
  - Blood clots. This will need medicine and may need surgery to correct.
  - Death. This is very rare.
- **Risks to the baby** if there is a tear of the uterus are brain damage and death. Not all tears in the uterus harm the baby. About 5 to 10 babies out of every 10,000 VBAC attempts will suffer brain damage or death.
- The risk of your uterus tearing during labor is increased with any of the following:
  - Labor that is induced (does not start on its own).
  - More than 1 C-section.
  - Less than 18 months since your last Cesarean delivery.
  - Need for medicine during labor to increase contractions.
  - Other risks for the uterus tearing are being researched.
- If a vaginal birth cannot occur, then a Cesarean birth must be done. Overall, 60-80% of attempted VBAC's are successful. A C-section after attempting vaginal delivery will slightly increase the risk of infection, transfusion, blood clots and needing hysterectomy when compared to a planned cesarean delivery.



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**What are the risks of a planned repeat Cesarean birth, if that is my choice?**

**Risks of Surgery:**

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor can't expect.

**General risks of surgery:**

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke.
- Bleeding.
- Reaction to the anesthetic. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

**Risks specific to a planned repeat Cesarean birth:**

- The risk that the uterus will tear before a planned cesarean birth is 2 in 1000 (0.2%). Because you have a scar on your uterus from a past cesarean birth, you will always be at risk for having a tear in your uterus. The tears usually occur during labor. The risks to the baby and you are the same as if the uterus tore during a VBAC.
- Risk of problems with the placenta in later pregnancies.
- More scars developing on the uterus.
- Scarring inside the abdomen. These are called adhesions.
- The incision site may become infected. This may require antibiotics and wound care. Rarely the incision may open and need more surgery.
- Injury to your bowel or bladder. This would require surgery to correct.
- Death. This is very rare.

**Risks Associated with Smoking:**

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.



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**Risks Associated with Obesity:**

Obesity is linked to an increased risk of infection. It can also lead to heart and lung complications and clot formation.

**Risks Specific to You:**

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**General Information if electing a planned cesarean section:**

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more testing or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Your provider may take pictures and videos during or following the procedure for medical purposes. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

**Alternatives:**

- Choose to try a VBAC for delivery of the baby.
- Choose to try a VBAC if I go into labor before my planned C- section.
- Choose a planned C-section.

**If you chose not to make a decision:**

- When labor starts your doctor or midwife will make a recommendation.



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**By signing this form I agree:**

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure:
  - Try a VBAC for delivery of the baby.**
  - Try a VBAC if I go into labor before my planned C-section.**
  - Planned c- section for delivery of the baby**
- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

**Provider:** This patient may require a type and screen or type and cross prior to surgery. IF so, please obtain consent for blood/product.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Relationship: Patient Closest relative (relationship) \_\_\_\_\_ Guardian

**Interpreter’s Statement:** I have translated this consent form and the doctor’s explanation to the patient, a parent, closest relative or legal guardian.

Interpreter’s signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**For Provider Use ONLY:**  
I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.  
  
Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back**  
  
Patient shows understanding by stating in his or her own words:  
\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_  
\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_  
\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_  
\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_  
\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_  
Or  
\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_ (patient signature)  
  
Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_