

VBAC Consent Form

Initial

1. I understand that I have had one or more prior caesarean(s). _____
2. I understand that I have the option of undergoing an elective repeat caesarean or attempting a vaginal birth after a caesarean (VBAC). _____
3. I understand that approximately 70% of women who undergo a VBAC will successfully deliver vaginally. _____
4. I understand that the risk of an uterine rupture during a VBAC in someone such as myself, who has had a prior incision in the noncontracting part of my uterus, is around 1%. _____
5. I understand that VBAC is associated with a higher risk of harm to my baby than to me. _____
6. **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.** _____
7. I understand that the decision to have a VBAC is entirely my own, and the option of an elective repeat caesarean has been discussed with me. _____
8. I understand that VBAC carries a lower risk to me than does a caesarean delivery. _____
9. I understand that if I deliver vaginally, I most likely will have fewer problems after delivery and a shorter hospital stay than if I have a caesarean delivery. _____
10. I understand that during my VBAC, the use of oxytocin (Pitocin) hormone to make my uterus contract may be necessary to assist me in my vaginal delivery, and the "risks" of this drug have been thoroughly explained to me. _____
11. I understand that if I choose a VBAC and end up having a caesarean during labor, I have a greater risk of problems than if I had had an elective repeat caesarean. _____
12. I have read or have had read to me the above information and I understand it. _____

*I have received all the information I want.
After discussing the matter with my doctor:
(Sign your name next to your choice)*

I want to attempt a VBAC: _____

I want a repeat caesarean.: _____

Print Patient's Name: _____

Date: _____ *Time:* _____

Witnessed By: _____