Vaginal Birth After Cesarean Section (VBAC) Consent

This form is intended to provide information to patients who have had a cesarean section in the past and would like to attempt a trial of labor. The benefits of a vaginal delivery are many. A vaginal delivery is the most natural process for childbirth. It is associated with the least amount of risk to the mother. The post-partum recuperation period is usually shorter and less painful with a vaginal delivery. The risks of attempting a VBAC must be carefully considered before making a final decision. Studies have shown that a VBAC is successful in 50-80% of women attempting to VBAC. This also means that 20-50% of patients will not be successful. It must be understood that while any obstetrical complication (bleeding, fetal distress, etc.) may occur during a VBAC process, there is one unique complication associated with VBAC. The risk of uterine scar rupture is around 1%. If this were to happen, fetal distress and fetal and/or maternal bleeding could occur. Scar rupture could lead to immediate repeat Cesarean section. Severe maternal and fetal complications can result from scar rupture including fetal compromise, anemia, and fetal death. The risks of elective repeat Cesarean section involve general surgical risks of increase incidence of wound or pelvic infection and increase risk of blood loss. Recuperation is also longer after Cesarean section.

(please initial each space provided)

1. I understand that I have had one or more prior Cesarean sections. ______
2. I understand that I have the option of undergoing an elective repeat Cesarean section or attempting a vaginal birth after a Cesarean section (VBAC). ______
3. 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 noncontracting part of my uterus is around 1%. ______
4. I understand that VBAC is associated with a higher risk of harm to my baby than to me ______
5. I understand that if my uterus ruptures during my VBAC there may not be sufficient time to operate and prevent the death of or permanent brain injury to my baby. ______
6. I understand that the decision to have a VBAC is entirely my own, and the option of an elective Cesarean section has been discussed with me. ______
7. I understand that during a VBAC, the use of oxytocin (pitocin) hormone to make my uterus contract may be necessary to assist me in my vaginal delivery. This may increase the risk of uterine rupture. ______
8. The risks to me after rupture of the uterus include but are not limited to hysterectomy (loss of the uterus), blood transfusion, infection, injury to internal organs (bladder, bowel, ureter), blood coagulation problems or death. ______
9. I understand that if I choose a VBAC and end up having a Cesarean section during labor, I have a greater risk of problems than if I had had an elective repeat cesarean section. ______
10. I have read or have had read to me the above information and I understand it. Any questions about this issue have been answered to my satisfaction. ______

(please circle one)
I want to attempt a VBAC: yes or no I want a repeat Cesarean section: yes or no

Printed name ___________________________ Signature ___________________________ Date __________

Witness ______________________________

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Revised 2/25/2007