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VAGINAL BIRTH AFTER CESARIAN CONSENT

This form is intended to provide information to women, and their families, about the general risks, benefits and protocols of women attempting a Vaginal Birth After Cesarean (VBAC). It is not meant to replace the full consent given by a perinatologist or more in depth evaluation of each woman's individual risks of a having a VBAC vs. elective repeat cesarean.

A successful VBAC is the safest and best outcome for mother and baby. The second safest outcome is a planned repeat cesarean section. The least safe outcome is an unsuccessful trial of labor with an unplanned cesarean section. It is impossible to predict completely which women will have a successful trial of labor, but you should talk with your midwife about your individual risk factors to help you make this decision.

The unique risk of a Trial of Labor After Cesarean (TOLAC) is rupture of the uterine scar. The risk of uterine scar rupture is about 1%. Scar rupture leads to immediate cesarean and can lead to severe maternal and fetal complications. The risks of elective repeat cesarean section involve general surgical risks of increased wound or pelvic infections, and blood loss as well as transient newborn breathing difficulties.

Midwifery Care Associates has an overall 80% success rate with VBACs. We work with perinatologists, nurses, doctors and anesthesia to make sure every family who desires a TOLAC feels supported and is given the safest and best care possible. We ask that each woman attempting a VBAC work with us by agreeing to the following:

- A perinatal consult. Perinatologists are an excellent resource for information and evaluation of each woman's individualized care plan. They give recommendations and help strengthen and support each woman's choice.
- An ultrasound. Ultrasounds can assess many safety issues, but for women attempting a VBAC they are useful in showing us the location of the placenta. If the placenta is located directly over scar tissue a woman may have additional risks that she should be aware of when making her choice.
- During labor we must have IV access (Heplock/Saline Lock) as well as continuous electronic fetal monitoring, in accordance with the protocols of our hospital. Women can still have labor in Jacuzzis, choice of delivery position and all the same labor choices as women who have not had a cesarean birth previously.

Please read the information provided in your Parent Handbook to learn more about VBAC. For the most in depth and evidenced based VBAC recommendations, you can read the National Institute of Health's consensus statement on VBACs at http://consensus.nih.gov/2010/images/vbac/vbac_statement.pdf.

I agree to the protocols above and would like a Trial of Labor After Cesarean.

_____ Date _____