

Vaginal Birth after Cesarean Consent Form (VBAC consent)

The best candidate for a VBAC has had a cesarean through a low transverse incision. You will need to obtain your operation report to be assured this is the case even if your scar is low and horizontal. Many studies show that 60-80% of women who attempt a VBAC are able to birth vaginally.

The most significant risk with VBAC is that of a uterine rupture. Currently, NACC does not recommend out of hospital VBAC and ACOG does not support VBAC in any facility without the capability for emergency cesarean and in-house anesthesia.

As you make your decision about whether to consider a VBAC or a repeat cesarean birth, please consider the following:

- BENEFITS**
- *avoids the risks of major abdominal surgery
 - *fewer postpartum infections
 - *less blood loss or need for a blood transfusion
 - *more stimulation to the baby allowing fluid to more easily clear from lungs
- RISKS**
- *about a 0.5-1.2% chance of the uterine scar tearing or other serious adverse outcomes such as death of the baby, hysterectomy or maternal death
 - *5 minute APGAR score less than 7
 - *a cesarean for fetal distress is riskier than a planned cesarean

Ultrasounds to identify placental location and scar thickness help us to plan for the safest VBAC. Midwifery Services strongly recommends an ultrasound during late second or early third trimesters for this purpose, and an additional ultrasound during the last month of pregnancy.

Yes, we will obtain an ultrasound. No, we accept the risks of not having an ultrasound.

I must recommend a consultation with an obstetrician.

I agree to a MD consultation. I refuse a MD consultation.

I have read the risks and benefits of vaginal birth after cesarean (VBAC) and had an opportunity to ask questions. My signature attests to my desire to accept all the risks and benefits of a VBAC at home.

Parent _____ DATE _____

Midwife _____ DATE _____