

INFORMED CONSENT AND REQUEST FOR VAGINAL DELIVERY AFTER CESAREAN SECTION AND FOR CESAREAN SECTION

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

PATIENT'S NAME _____

The following has been explained to me in general terms and I understand that:

1. The diagnosis requiring the procedure is a pregnancy in a woman who has previously had a cesarean and who desires an opportunity to choose vaginal birth after cesarean (VBAC).
2. The nature of the procedure is the delivery of the infant through the birth canal with the possible use of forceps or vacuum extraction. An episiotomy (an enlarging of the vagina by an incision in the space between the vagina and rectum) may be performed as part of a vaginal delivery.
3. The purpose of the procedure is to reduce increased possible risks to both the mother and baby which might result from a repeat cesarean section. All women who have had one previous low transverse cesarean section are encouraged to attempt VBAC unless the physician indicates otherwise.
4. Women who have had more than one cesarean section are not discouraged from attempting vaginal birth if requested. However, there may be a slightly increased risk of uterine rupture in this group.
5. Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.
6. **MATERIAL RISKS OF CHILDBIRTH (INCLUDING VAGINAL DELIVERY, CESAREAN SECTION, AND VBAC):**
As a result of the procedures for childbirth being performed, there may be material risks of:
Infection, Allergic Reaction, Disfiguring Scar, Severe Loss of Blood, Loss or Loss of Function of any Limb or Organ, Paralysis or Partial Paralysis, Paraplegia or Quadriplegia, Brain Damage, Cardiac Arrest or Death.
7. In addition to these material risks, there may be other possible risks involved in childbirth (including vaginal delivery, cesarean section, and VBAC) including but not limited to:
 - a. possible injury to bowel, bladder, ureter or other pelvic or abdominal structures;
 - b. possible fistula formation (an opening between bowel, bladder, ureter, vagina and/or skin) caused by an injury to the bowel bladder, or ureter;
 - c. possible formation of blood clots;
 - d. possible emboli (clots of blood and other material) that may travel to other parts of the body;
 - e. possible injury to the infant;
 - f. possible blood loss necessitating transfusion which carries the risk of exposure to AIDS, hepatitis, and other infectious diseases;
 - g. possible need for immediate surgery or other additional surgery, which might include a hysterectomy (removal of the uterus, fallopian tubes and/or ovaries).
8. In addition to the risks associated with childbirth, there may be other possible risks with VBAC:
 - a. uterine rupture, which occurs in less than 1% of cases. In the case of uterine rupture, internal and/or external bleeding may occur and may require blood transfusion and/or hysterectomy (removal of uterus, fallopian tubes and/or ovaries). Rarely, fetal injury or death may occur.
 - b. possible need for immediate surgery or other additional surgery, which might include a Cesarean Section. If the patient chooses not to have a cesarean section if VBAC is unsuccessful, the prognosis (predicted future medical condition) is possible increased risks to the mother and/or infant, including those set forth in paragraphs 6 and 7 and all forms of neurologic injury to the infant.
9. The risks with Cesarean Section include:
 - a. possible need for immediate surgery or other additional surgery, which might include a hysterectomy;
 - b. possible injury to the cervix, uterus, fallopian tubes and/or ovaries that might require additional surgery or might affect the patient's ability to get pregnant or carry a pregnancy to full term; and
 - c. possible hernia at the incision site.

10. Patients who attempt VBAC delivery vaginally about 75% of the time. Remaining patients require a repeat cesarean section.
11. The likelihood of success with cesarean section is: ()good; ()fair; ()poor.
12. The practical alternative to VBAC is repeat cesarean section.
13. The likelihood that the patient will require a blood transfusion or administration of blood products is: ()likely; ()unlikely; or ()unknown due to :_____. Available alternatives to blood transfusion are intra-operative blood salvage; plasma volume expanders; synthetic volume expanders; and others.

I understand that the physician, medical personnel and other assistants will rely on statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure or the course of treatment for the patient's condition and in recommending the above procedure.

I understand the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

I understand that during the course of the procedure(s) described above it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at the time this consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures. I also consent to and authorize the performance of such additional procedures as they deem necessary or appropriate.

I also consent to diagnostic studies, tests, anesthesia, x-ray examinations and other treatment or courses of treatment relating to the diagnosis or procedures described herein.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND/OR EXPLAINED TO ME, THAT I FULLY UNDERSTAND ITS CONTENTS, AND THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTION AND THAT ANY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY. ALL BLANKS OR STATEMENTS REQUIRING COMPLETION WERE FILLED IN AND ALL STATEMENTS I DO NOT APPROVE OF WERE STRICKEN BEFORE I SIGNED THIS FORM. I ALSO HAVE RECEIVED ADDITIONAL INFORMATION INCLUDING BUT NOT LIMITED TO THE MATERIALS LISTED BELOW RELATING TO THE PROCEDURE DESCRIBED HEREIN.

I voluntarily consent to allow Dr. _____ or any physician designated or selected by him or her and all medical personnel under the direct supervision and control of such physician and all other personnel who may otherwise be involved in performing such procedures to perform the procedures described or otherwise referred to herein. **Unless rescinded, this consent will remain in effect until delivery.**

Witness

Person Giving Consent

Relationship to patient if not the patient:

Date _____ Time _____

Patient unable to sign because: _____

Additional materials used, if any, during the informed consent process for this procedure:
