

CONSENT FOR TRIAL OF LABOR AFTER A PREVIOUS CESAREAN DELIVERY

The VBAC has benefits and risks. The benefits of having a vaginal birth include:

- A shorter and less painful recovery time
- More participation in the birth process
- The ability to hold your infant sooner after birth
- A successful VBAC is safer than a planned Cesarean delivery

My signature below indicates that I have been fully informed by my physician, Dr. _____ about the risks and/or complications of going through a trial of labor and vaginal delivery because I have had a previous Cesarean delivery. I have been informed that the risks of labor and vaginal delivery may include a chance of uterine rupture, in the case of uterine rupture, internal and/or external bleeding may occur. I further acknowledge that uterine rupture may result in:

- Insufficient time to deliver the baby which could result in a chance of harm, death or permanent brain damage to the baby.
- Bladder injury resulting from uterine rupture
- The need for a blood transfusion
- The need for a hysterectomy
- A rare chance of my death

I have read, or someone else has read to me the above information, and I understand it. I have discussed the alternatives with my physician or provider and received all the information that I want in order to make a decision.

_____ I want to attempt a vaginal birth (VBAC)

_____ I do not want to attempt a vaginal birth

Patient's Signature _____

Date _____

Patient's Printed Name _____

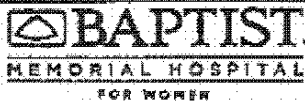
Date _____

Witness Signature _____

Date _____

Physician Signature _____

Date _____



Addressograph / Patient Label

CONSENT FOR TRIAL OF LABOR AFTER A PREVIOUS CESAREAN DELIVERY

Form # 0137.282 (07/07)



(Place Patient Identification Sticker Here)

CONSENT FOR TRIAL OF LABOR FOR VAGINAL BIRTH AFTER A PREVIOUS CESAREAN DELIVERY (VBAC)

The VBAC has benefits and risks. The benefits of having a vaginal birth could include:

1. A shorter and less painful recovery time
2. More participation in the birth process
3. The ability to hold your infant sooner after birth

My signature below indicates that I have been fully informed by Dr. _____ about the risks for complications if I go through a trial of labor and vaginal delivery because I have had a previous Cesarean Delivery. I have been informed that the risks of labor and vaginal delivery may include a chance of uterine rupture. In the case of uterine rupture internal and/or external bleeding may occur. I further acknowledge that uterine rupture may result in:

1. Insufficient time to deliver the baby, which could result in a chance of death or permanent brain damage to the baby
2. Bladder injury resulting from uterine rupture
3. The need for a blood transfusion
4. The need for a hysterectomy
5. A rare chance of my death

I have read or someone has read to me the above information, and I understand it. I have discussed the alternatives with my physician or provider and have received all the information I want to make a decision.

_____ I select vaginal birth (VBAC) and accept all the associated risks.

_____ I select elective repeat cesarean.

Patient's signature: _____

Patient's printed name: _____

Date: _____ Witnessed by: _____ RN

