

**CONSENT FOR VBAC**  
**Vaginal Birth After Cesarean**  
**(VBAC)**



I understand that I have had prior cesarean/s. \_\_\_\_\_

I understand that I have the option of undergoing an elective repeat cesarean or attempting a VBAC. \_\_\_\_\_

I understand that approximately 70% of women who undergo a VBAC will successfully deliver. \_\_\_\_\_

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 non-contracting part of my uterus, is less than 1%. \_\_\_\_\_

I understand that VBAC is associated with a higher risk of harm to my baby than to me:

- a) Possible uterine rupture during the VBAC and blood loss requiring blood transfusion and/or removal of my uterus;
- b) This may result in the lack of time to operate and to prevent the death of or permanent brain injury to my baby.

\_\_\_\_\_

I understand that the decision to have a VBAC is entirely my own, and the option of an elective repeat cesarean has been discussed with me. \_\_\_\_\_

I understand that VBAC carries a lower risk to me than does a cesarean delivery. \_\_\_\_\_

I understand that if I deliver vaginally, I most likely will have fewer problems after delivery and a shorter hospital stay than if I have a cesarean delivery. \_\_\_\_\_

I understand that during my VBAC, the use of medicines to make my uterus contract may be necessary to assist me in my vaginal delivery, and the "risk" of these drugs has been thoroughly explained to me. \_\_\_\_\_

I understand that if I choose a VBAC, and end up having a cesarean during labor, I have a greater risk of problems such as infection than if I had an elective cesarean. \_\_\_\_\_

I understand that 50% of infants that survive when the mothers uterus (womb) ruptures are left severely brain damaged. \_\_\_\_\_

I have read or have had read to me the above information and I understand it. I have initialed each of the above statements, after having an opportunity to discuss the options available to me, the risks and the benefits to each option and having an opportunity to ask my physician / midwife questions.

\_\_\_\_\_ I want to attempt a VBAC

\_\_\_\_\_ I want a repeat cesarean

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date/Time

DO NOT WRITE IN THIS AREA