

Mt. Hood Women's Health P.C.
24850 SE Stark St. Suite 200
Gresham, OR 97030

Patient Consent Form
Vagina Birth After Cesarean Section (VBAC)

NOTE TO PATIENT: As you may know, there are risks in any medical or surgical procedure or treatment. Just being pregnant carries some risks, as there are risks in everyday activities. The following check list is designed to help you make an informed decision as an attempt to deliver "normally" after you had a prior cesarean section. This procedure medically is called a Vaginal Birth After Cesarean Section and is abbreviated "VBAC". Your other option is to have a repeat cesarean section. Please discuss the contents of this form with your physician, initial each section, and choose your option of attempting a VBAC or a repeat cesarean section to deliver your baby.

1. I understand that I have had one or more prior Cesarean(s). _____
2. I understand that I have the option of an elective repeat cesarean or to attempt a vaginal birth after a cesarean (VBAC). _____
3. I understand that approximately 70% of women who undergo a VBAC will successfully deliver vaginally. _____
4. I understand that VBAC carries a lower risk to me than a cesarean delivery. The benefits of a successful VBAC include decreased blood loss, decreased post-delivery complications and a shorter recuperative period. _____
5. I understand that the risk of a uterine rupture during VBAC in someone like me who has had a prior incision in the non-contracting part of my uterus is at least 1%. _____
6. I understand that VBAC is associated with a higher risk of harm to my baby than to me. _____
7. If my uterus ruptures during my VBAC, I understand there may not be sufficient time to operate and prevent death or permanent brain injury to my baby. _____
8. The exact frequency of death or permanent neurological injury to the baby when the uterus ruptures is uncertain, but has been reported to be as high as 50%. _____
9. The risks to me after rupture of the uterus include, but are not limited to, hysterectomy (loss of the uterus, blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), blood coagulation problems or death. _____

10. Probable contraindication for VBAC includes previous classical uterine incisions, multiple gestations and breech. _____
11. Also, excluded from consideration for VBAC are patients unwilling to assume the added risks associated with a trial of labor for themselves and their baby. _____
12. I understand that during my VBAC, the use of oxytocin (Pitocin), a hormone to make my uterus contract, may be necessary to assist me in my vaginal delivery. There may be increased risk with the use of oxytocin during VBAC. _____
13. I understand that if I choose a VBAC and end up having a cesarean during labor, I have a greater risk of problems than if I had had an elective repeat cesarean. _____
14. I have read or have had read to me the above information and I understand it. I have had all of my questions answered and I have received all the information I need to make an informed choice. After discussing my options with my doctor: _____

I want to attempt a VBAC _____
 Patient Signature Date Time

I want a repeat cesarean _____
 Patient Signature Date Time

Patient Printed Name: _____

Witness: _____
 Signature Print Name Date