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VAGINAL BIRTH AFTER CESAREAN SECTION PATIENT CONSENT FORM

NOTE TO PATIENT: As you may know, there are risks in any medical, surgical procedure or treatment. Just being pregnant carries some risks as there are risks in everyday activities such as driving. The following check list is designed to help you to make an informed decision as to 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 off on each section and choose your option of attempting a VBAC or a repeat cesarean section to deliver your baby.

Patient's
Initials

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 noncontracting 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 neurologic 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 contraindications to VBAC include previous classical uterine incision, multiple gestations and breech. _____
11. Also excluded from considerations 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 an elective repeat cesarean.

14. I have read or have had read to me the above information and I understand it. I have had my questions answered and I have received all the information I need to make an informed choice, after discussing my options with my doctor.

15. I also understand that different physicians have different preferences and practice styles and in the event that my physician is unavailable at the time of my delivery, the covering physician is not obligated to supervise a VBAC and may require a repeat cesarean section.

**I want to attempt a
VBAC**

OR

I want a repeat cesarean

(Patient's Signature)

(Date)

(Time)

(Patient's Signature)

(Date)

(Time)

Patient Printed Name: _____

Witness: _____

(Signature)

(Print Name)

(Date)