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ABOUT THE VAGINAL BIRTH AFTER CESAREAN (VBAC)
INFORMED CHOICE AND CONSENT FORM

The purpose of the VBAC Informed Choice and Consent form is to help you become fully informed about all possible choices relating to VBAC, your possible alternatives, and the possible consequences of your decision. This form cannot provide you with every possible bit of information. It is meant to steer you to various resources for more information necessary to guide you in your decision. It is imperative that you educate yourself on the issues since you are the one who will shoulder the responsibility for that decision, and will have to live with the consequences of your decision. The actual consent form deals almost entirely with the known and potential risks of a VBAC. It does ***not*** cover the pros and cons of VBAC outside of a hospital vs. inside of a hospital, or the risks and possible consequences of an elective repeat cesarean. In order to make an educated decision it is also necessary to educate yourself on these alternatives.

The American College of Obstetricians and Gynecologist's (ACOG) practice bulletin number 54 issued in 2004 still supports a woman's right to choose VBAC, but states that patients attempting VBAC should have "physicians immediately available to provide emergency care". This position was first stated in a practice bulletin issued by ACOG in 1999. This has been interpreted by hospitals to mean that there must be a constant presence of a surgical team while a woman is in labor. This interpretation includes having an obstetrician and an anesthesiologist on the premises the entire time a woman is in labor. Since this is a huge additional expense in time, labor, and money, VBAC has been almost universally banned by most hospitals and obstetrical practices.

The American Academy of Family Physicians (AAFP) presented a review of information on VBAC in March 2005 and issued recommendations that continued to support VBAC. Their recommendation included "TOLAC (trial of labor after cesarean) should not be restricted to facilities with available surgical teams present throughout labor since there is no evidence that these additional resources result in improved outcomes." This is NOT an endorsement of out-of-hospital VBAC! They simply found that there was no merit to the ACOG recommendation that the continuous presence of an obstetrician and anesthesiologist improved outcomes in any way.

The AAFP also stated in this paper that induction and augmentation of labor, and specifically prostaglandins, should not be used in women desiring a VBAC since these increased the likelihood of failure and uterine rupture. This is consistent with findings in other research concerning the risks of cesarean.

To fully educate yourself you need to study the risks of cesarean and elective repeat cesarean in order to compare the benefits vs. risks compared to VBAC. You can find information on my website on the following page: http://www.midwiferyservices.org/infoforparents.htm

I also suggest the following resources:

International Cesarean Awareness Network: http://www.ican-online.org/
The Childbirth Connection: http://childbirthconnection.org/home.asp?Visitor=Woman
VBAC.com: http://vbac.com/

Please use the back side of this page to write down any questions you have and wish to discuss.

- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

VAGINAL BIRTH AFTER CESAREAN (VBAC)

INFORMED CHOICE AND CONSENT AGREEMENT

I, _____, do hereby request the assistance of Claudine Crews, Licensed Midwife, in the birth of our baby outside of a hospital. I make this request with a full understanding of the potential risks and potential complications of a vaginal birth following cesarean section. While I understand that these complications are rare, they cannot be completely eliminated. These complications and risks may include, but are not limited to:

- Uterine rupture
- Abnormal placental implantation (increased risk of abnormal adhesion to the wall of the uterus if it implants over the previous cesarean scar)
- Maternal hemorrhage if uterus ruptures or if placenta is implanted over the previous cesarean scar
- Increased risk of blood transfusion or hysterectomy in the case of uterine rupture or abnormal placental implantation
- Increased risk of maternal death from hemorrhage.
- Increased risk of fetal distress
- Increased risk of fetal/neonatal damage due to oxygen deprivation if the uterus ruptures
- Increased risk of fetal or neonatal death if the uterus ruptures

I understand that the best way to avoid placental implantation problems at birth is by verifying the location of the placenta prenatally by ultrasonography. If an ultrasound shows that the placenta is implanted over the previous cesarean scar I understand that a repeat cesarean section will be recommended. ❑ I **agree** to / ❑ I do **not** agree to undergo a diagnostic ultrasound.

I understand that the following factors have been identified as risk factors or *possible* risk factors for increasing the likelihood of uterine rupture:

- Uterine incision other than low-transverse
- Estimated date of delivery less than 18 months from previous cesarean birth
- Induction of labor (artificially inducing labor to begin)
- Augmentation of labor (drugs used to strengthen or speed up contractions)
- Prolonged or obstructed labor
- Use of either forceps or vacuum extraction
- Single layer closure of the previous uterine scar
- Infection of the uterine scar following surgery

I understand that the most common indicators of uterine rupture are fetal distress with an abnormal fetal heart rate pattern or prolonged decelerations with an arrest in progress, and that abdominal pain and/or vaginal bleeding are not reliable indicators of a possible rupture. I understand that more frequent monitoring of the fetal heartbeat, contractions, and progress during labor may be required.

I understand that alternatives to a planned out-of-hospital VBAC attempt may include:

- VBAC within a hospital with more immediate access to surgical intervention and/or intensive care facilities for both mother and baby, with a physician or Certified Nurse Midwife in attendance
- Planned elective repeat cesarean section

I also understand the need for and agree to prepare myself for a successful VBAC during my pregnancy by educating myself on topics relating to vaginal birth after cesarean, normal childbirth, and the potential problems relating to a previous poor birth experience, if applicable and requested by my midwife. I understand that I am expected to read the following book:

The VBAC Companion -The Expectant Mother's Guide to Vaginal Birth After Cesarean
by Diana Korte

- ❑ The following resources have been recommended or may also be required:
- ❑ Silent Knife: Cesarean Prevention and Vaginal Birth after Cesarean (VBAC) by Nancy Wainer Cohen and Lois J. Estner
- ❑ The Vaginal Birth After Cesarean (VBAC) Experience: Birth Stories by Parents and Professionals by Lynn Baptisti Richards and Michel Odent
- ❑ The Thinking Woman's Guide to a Better Birth by Henci Goer
- ❑ Sit Up and Take Notice! Positioning Yourself for a Better Birth by Pauline Scott
- ❑ Birthing From Within by Pam England and Rob Horowitz
- ❑ Immaculate Deception II by Suzanne Arms
- ❑ Journey Into Motherhood - Inspirational Stories of Natural Birth by Sheri L. Menelli
- ❑ The following are available free on-line and may be read or downloaded at either the Childbirth Connection website http://www.childbirthconnection.org/home.asp?Visitor=Woman or International Cesarean Awareness Coalition http://www.ican-online.org/, or http://www.MidwiferyServices.org.
- ❑ 2006 Revised What Every Pregnant Woman Needs to Know About Cesarean Section (Childbirth Connection)
- ❑ Vaginal Birth and Cesarean Birth: How Do The Risks Compare? (Childbirth Connection)
- ❑ Issues and Procedures in Women's Health Vaginal Birth After Cesarean by D. Ashly Hill, MD (ICAN White Paper)
- ❑ The C-Section Fact Sheet
- ❑ Vaginal Birth After Cesarean Checklist (ICAN White Paper)
- ❑ Other _____

I further understand that though I prefer to give birth vaginally outside of a hospital that this may not be possible. I agree to abide by the professional judgment and decisions made by my midwife, Claudine Crews, as to the medical necessity for transport to a hospital. I also understand that if at any point in my labor I wish to be transported, I will be transferred at once.

I attest that I have had ample opportunity to ask questions and that these questions have been answered to my satisfaction.

By my signature below I give full, informed consent to an out-of-hospital vaginal birth after cesarean and relieve my midwife and any other persons, including any physicians or other licensed health care providers involved in any aspect of my care of any liability for complications or poor outcomes resulting from my decision. I understand that I alone am responsible for making this decision, and accept full responsibility for the consequences of my decision.

_____	_____	_____
Mother/Client's Name (Print)	Signature	Date
_____	_____	_____
Father's Name (Print)	Signature	Date
Claudine Crews LM, CPM	_____	_____
Midwife	Signature	Date