



Professional Care with a Personal Touch

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Patient Name: _____

VBAC CONSENT

There are risks in any medical or surgical procedure or treatment. The following checklist is designed to help you make an informed decision as to attempting a vaginal delivery after you had a prior Cesarean section (abbreviated VBAC). Your other option is to have a repeat Cesarean section. Please discuss the contents of this form with your physician/midwife. Initial each section and select your option of attempting a VBAC or repeat Cesarean section.

Absolute contraindications to VBAC include a previous upper segment uterine incision. Relative contraindications include multiple gestations and breech presentation.

- | | Patient's Initials |
|--|--------------------|
| 1. I understand that I have had one or more prior Cesarean section(s). | _____ |
| 2. I understand that I have the option of an elective repeat Cesarean section or to attempt a VBAC. | _____ |
| 3. I understand that about 70% of women who attempt a VBAC will successfully deliver vaginally. | _____ |
| 4. I understand that a successful VBAC carries a lower risk to me than Cesarean delivery. The benefits of a successful VBAC include decreased blood loss, decreased post delivery complications (uterine or wound infections, incision breakdown and incisional hernia) and in many cases a shorter recuperative period. | _____ |
| 5. I understand that the risk of uterine rupture during VBAC is approximately 1.0 – 1.5% with spontaneous labor and maybe up to 7% during a stimulated labor. The risks to the fetus include permanent brain injury and in some cases fetal death. | _____ |
| 6. The risks to me after uterine rupture include hysterectomy, blood transfusions, injury to bowel and bladder, blood coagulation problems or death. | _____ |
| 7. I understand that uterine rupture would require an immediate emergency C/section. At RMH there is not guaranteed 24 hr anesthesia immediately available for a C-section, especially during the night. | _____ |
| 8. I understand that it is the American College of Obstetrics and Gynecology does not recommend VBAC in a facility without 24 hour anesthesia availability. | _____ |
| 9. I understand that I may be able to transfer my care at 36 weeks to the University of Virginia, where there is 24 hour anesthesia coverage. | _____ |

- 10. The maternal complications from a Cesarean section include injury to the bladder or bowel, hemorrhage, deep venous thrombosis, blood clots to the lungs, uterine or wound infections as well as complications from the anesthesia. Some of these complications could lead to permanent disability or death. _____
- 11. I understand that if I choose to attempt a VBAC and end up having a Cesarean section during labor, I have a slightly greater risk of complications than if I had an elective repeat Cesarean section. _____
- 12. I understand that RMH requires that a physician be present in the hospital when the Certified Nurse Midwife (CNM) is caring for a woman who is having a VBAC. This may require an additional fee of \$150.00/hr. This will not be covered by insurance. I agree to be responsible for these additional charges. _____
- 13. I have been advised by the CNM's and physicians at Shenandoah Women's HealthCare not to have a trial of labor at Rockingham Memorial Hospital due to lack of immediate availability of 24 hour anesthesia coverage. I have chosen to undergo a trial of labor despite this and agree to hold harmless the CNM's and physicians of Shenandoah Women's HealthCare due to possible complications that might arise from a delay in anesthesia coverage. _____

I have read or have had read to me the above information and I understand it. I have had all my questions answered and have received all the information I need to make an informed choice.

After discussing my options with my care provider

_____ I want to attempt a VBAC.

_____ I decline to attempt a VBAC.

Patient's Signature

Patient's Name

Witness Signature

Date

Time