



Consent for Vaginal Birth After Cesarean Section (VBAC)

- I have chosen to request a delivery by vaginal birth after a previous cesarean section (VBAC) and have discussed and considered the alternatives of a VBAC versus a scheduled repeat cesarean section with Dr. Navkaran Singh.
- I understand that a VBAC is usually offered if the prior cesarean section was done through a low transverse incision and if the current pregnancy is not complicated by problems that would prevent a vaginal delivery. I realize that a VBAC involves a trial of labor to determine if the baby can actually be delivered vaginally and without significant risk to either me or my baby. I understand that all attempts at VBACs are not always successful and, in some cases, it may be necessary to deliver by repeat cesarean section during the course of that trial of labor to minimize complications or injury to myself or my baby.
- I understand that risks of a VBAC include those risks associated with any vaginal delivery but also a risk of hemorrhage or rupture of the uterus requiring immediate surgical intervention and possible hysterectomy (removal of the uterus) and possibly resulting in injury to me and my baby including brain damage or death. Although I understand the incidence of rupture of the uterus with a VBAC following a prior low transverse cesarean section is very low in the range of 1%, I recognize the fact that the risk is nevertheless there.
- I also understand that a cesarean section may be necessary in any event during the course of labor if labor does not progress well, if there is evidence that the baby or I may be having problems during labor or vaginal delivery, or if other potentially serious medical or obstetric conditions arise. I understand that risks and complications occur rarely, but they do occur and cannot always be predicted or prevented by my physician and health care providers.
- I understand that there is a higher risk of infection for both myself and my baby if I try a VBAC and am then unsuccessful and need to deliver by cesarean section. I also understand that other potential complications could include the need for additional medical or surgical treatment or procedures, more prolonged hospitalization, blood transfusions, permanent sterility for me, or very rarely permanent disability or death for either me or my baby.
- I also recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures, and I request and authorize my physician and associates to perform such treatment or procedures as required.
- I certify that I have read or have had read to me the contents of this form and have discussed the alternatives of a VBAC versus a repeat cesarean section with my physician. I understand the potential risks, complications and side effects associated with my choice or treatment and have decided to proceed with a trial of vaginal birth after prior cesarean section (VBAC) after considering the possibility of both known and unknown risks, complications, side effects, and alternatives to the procedure. I declare that I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

Patient's Signature _____ Date ____/____/____