



Vaginal Birth After Cesarean (VBAC) Consent

As you know, there are risks to all pregnancies and deliveries. There are specific risks to vaginal delivery after a previous cesarean section (VBAC). Patients should NOT attempt VBAC if they have a previous classical cesarean section, multiple gestation, breech, OR IF THE PATIENT IS UNWILLING TO ASSUME THE ADDED RISKS ASSOCIATED WITH THE TRIAL OF LABOR FOR THEMSELVES AND THEIR BABY. We want to be certain that you clearly understand these risks. Please initial each statement below after you read it to indicate your understanding.

I understand that approximately 60-70% of women who attempt VBAC have a vaginal delivery. I understand that VBAC carries a lower risk to me than a cesarean delivery. The benefits include decreased blood loss, decreased post delivery complications and a shorter recuperation.

I understand that the risk of uterine rupture during a VBAC is at least 1%. 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 have an elective repeat cesarean.

I understand that VBAC is associated with a higher risk to my baby than to me. If my uterus ruptures during VBAC, I understand that no matter how rapidly a cesarean section is done, my baby may have permanent brain damage or may die.

The frequency of death or permanent brain damage after uterine rupture has been reported to be as high as 50%, so there is up to a 1 in 200 chance of permanent brain damage or death of my baby during a VBAC.

The risks to me of uterine rupture include but are not limited to hysterectomy, blood transfusion, infection, injury to bowels, bladder, ureter, blood coagulation defects or death.

I understand that my doctor may not be available when I go into labor. I understand that some doctors do not perform VBAC deliveries. If my doctor is not immediately available when I go into labor, other alternatives may be recommended including immediate cesarean section by the doctor on call or transfer of care to an Obstetric hospital based physician.

I have read and understand all of the above information. My questions have been answered and I have received all the information I need to make an informed choice after discussing my options with my doctor.

Patient’s Signature: _____ Date: _____

Witness: _____ MD: _____

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