**Informed Consent for Out-of-Hospital VBAC**

The purpose of this document is to help you become fully informed about your choices relating to VBAC, the alternative of an elective or in-labor repeat cesarean, and the possible consequences of your decision. This document cannot provide you with all of the information needed to make an informed decision of such importance. It is imperative that you educate yourself on the controversial issues regarding VBAC since you will shoulder the responsibility for that decision and will live with the consequences of your decision. It is our requirement that parents wanting to attempt a VBAC with our practice spend sufficient time educating themselves about VBAC in order to make an informed decision.

**Risks and Possible Complications:**

**Risks of VBAC:**

VBAC deliveries carry two major risks:

- **Uterine Rupture:** There is a 0.5% to 1% risk that the uterus will rupture at the scar site of a previous c-section. This rate increases to 3.7% in women with more than one previous cesarean birth. Other factors that increase the risk of rupture include a single-layer uterine closure, 2 or more previous cesarean births, less than 18 months between deliveries, or labor induction or augmentation with pitocin. In the event of a uterine rupture, outcomes are improved with immediate access to surgical delivery. Some research suggests that the best outcomes occur when baby is delivered within 17 minutes of rupture. Longer wait times to delivery are associated with brain damage or death to the baby. After a woman has had one VBAC, her risk of uterine rupture decreases more with each vaginal delivery.

- **Unsuccessful VBAC:** A labor that ends in a repeat cesarean delivery can carry 2x the amount of health problems of a planned repeat cesarean.

**Risks of Repeat Cesarean Delivery:**

- Bladder injury at the time of cesarean birth
- Increased risk of hemorrhage
- Increased risk of blood transfusion and fever after the birth
- Increased risk of emergency hysterectomy
- Increased risk of shock after surgery
- Increased risk of thromboembolism
- Increased health risks for baby
- Increased risk of maternal death

In addition to these immediate risks, each cesarean can increase the chances of future health issues such as:

- Abnormalities in future pregnancies (placenta previa, placenta acreta, placental abruption, ectopic pregnancy)

About 60-80% of women who labor after having a previous cesarean section are able to have a successful vaginal birth. A successful VBAC has significantly less risks for both mom and baby than elective repeat cesarean. However, an unsuccessful VBAC is associated with more complications than an elective repeat cesarean.

**ACOG Guidelines and Recommendations:**

In 2010, the American College of Gynecology and Obstetrics (ACOG) updated its guidelines to increase the availability of VBAC to women.

**Good Candidates for VBAC:**

- One previous cesarean delivery with low transverse incision
- Two previous cesarean deliveries with low transverse incisions
- Twin gestation with one prior low transverse incision

**Not Good Candidates for VBAC:**

- Classical uterine incision
- Extensive transfundal uterine surgery
- Previous uterine rupture

ACOG continues to recommend VBAC deliveries only occur in hospitals equipped for emergency surgical delivery.
Our Protocols:
Our protocols for attending a home VBAC include all of the following:

- Both parents must freely seek to have a VBAC at home
- Both parents must understand and feel comfortable with the potential risks of VBAC
- The pregnancy must remain low-risk
- Both parents must be willing to transfer to a hospital if complications develop.

Recommended Resources: The following are some resources to help you educate yourself about VBACs:

ICAN (International Cesarean Awareness Network) [www.ican-online.org]: ICAN works to prevent unnecessary cesareans through education and to provide support for cesarean recovery. ICAN supports VBACs and has regional-specific email groups and meetings that support families in the community. Please check out the Knoxville Facebook ICAN group to find out more information about our local ICAN chapter.

Childbirth Connection [www.childbirthconnection.org]: This is an evidence based collection of articles, research, and overview of tests and procedures commonly facing women in the childbearing year.

ACOG (American College of Obstetrics and Gynecology) [www.acog.org]: ACOG is the trade organization that leads many OB/GYNs and hospitals in their women’s health protocols. Their website can be a good place to see how the medical community views VBACs and elective repeat cesareans. It is important to note that ACOG does not support out-of-hospital birth and their policies do not determine out-of-hospital protocols. However, their policy recommendations are considered the gold-standard in many hospitals.

The Unnecessary [www.theunnecessary.com]: This is a patient advocacy website that provides information about preventing an unnecessary cesarean and resources for making a fully informed choice about childbirth.

Books
Pushed – The Painful Truth about Childbirth and Modern Maternity Care, by Jennifer Block
Silent Knife: Cesarean Prevention and Vaginal Birth after Cesarean (VBAC) by Nancy Walner Cohen and Lois J. Estner
The Thinking Woman’s Guide to a Better Birth by Henci Goer
The Vaginal Birth After Cesarean (VBAC) Experience: Birth Stories by Parents and Professionals by Lynn Baptisti Richards and Michel Odent
Born in the USA by Marsden Wagner

References:
VBAC Informed Consent: Please initial the following statements that reflect your genuine belief, desire, and knowledge:

_______ I understand that having had a previous cesarean section, there are greater statistical risks for me to delivery vaginally, including but not limited to uterine rupture, which can be a life-threatening condition for both mother and child.

_______ I agree to research uterine rupture: what it is, why it is a problem, and symptoms of it.

_______ I understand that VBAC attempts sometimes result in repeat cesareans.

_______ I understand that my midwives would not recommend a VBAC out-of-hospital if my placenta is implanted at the site of my cesarean scar (determined by ultrasound) or if I have had a complicated recovery from my cesarean(s) which could include prolonged uterine infection or lack of rest to heal afterward.

_______ I understand that I have the right to a repeat cesarean and that my midwives would support me in that choice.

_______ I understand that transport to the hospital would be necessary for a repeat cesarean delivery and that it could increase the time it takes to assemble a surgical team for a cesarean.

_______ I understand that VBAC is statistically more dangerous if augmentation or induction is performed.

_______ I understand that the decision to have a repeat cesarean section or VBAC delivery is my own. I also acknowledge that the desire of my midwives to help me reach my goal of either VBAC or repeat cesarean, and I agree to be honest in communicating with them regarding my physical and emotional health as related to my pregnancy, labor, and birth.

_______ I understand that I can change my mind at any time and that my midwives will support my decision.

_______ I understand that in deciding to have a VBAC I am agreeing to provide my body with good nourishment such as: drinking plenty of clean water, eating a complete diet with adequate vegetables, protein, and limited amounts of sugar. I also agree to avoid unhealthy lifestyle habits including but not limited to: chemical sweeteners and other chemical exposure.

By signing below, I acknowledge that I have read and understand all of the above and that I have been adequately informed of the nature, risks, and consequences of choosing an out-of-hospital VBAC vs hospital delivery. I have had the opportunity to further research, ask questions, and seek alternatives, including second opinions on this topic. I acknowledge that no guarantee or promise has been given to me by anyone as to the results that may occur from a VBAC delivery at home. I accept full responsibility for my health care choices, including but not limited to: the place of birth, care provider of my choice, the birth outcome and health of my baby, which has no guaranteed outcome. I agree to transfer to a hospital if at any time my midwife decides that home birth is no longer appropriate.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I have discussed the alternatives with my midwife and I have received all of the information that I desire.

_______ I want to attempt a vaginal birth outside of the hospital understanding risks involved. (initial)

Signature of Client                                                                                                        Date

Signature of Partner                                                                                                       Date

I have explained to my client the nature, purpose, potential benefits, complications, associated risks and alternatives to the chosen procedure and I am satisfied that she understands them. I have offered to answer any questions and provide additional resources.

Signature of Midwife                                                                                                     Date