

VBAC Informed Consent and Agreement

I have requested the assistance of a Midwife with the birth of my baby outside of the hospital. I make this request with the full understanding of the potential risks and complications of having a vaginal birth following one or more cesareans. While I understand that these complications/risks are rare, they cannot be eliminated and may include:

- Uterine rupture
- Abnormal placental implantation increasing the risk of adhesion to the uterine wall if implanted over a previous c/s scar
- Maternal hemorrhage in case of either of the above
- Increase risk of need for blood transfusion or hysterectomy in case of either of the above
- Increased risk of maternal death from hemorrhage or uterine rupture
- Increased risk of fetal distress
- Increased risk of fetal/neonatal damage due to oxygen deprivation in case of uterine rupture
- Increased risk of fetal/neonatal death in the case of uterine rupture

I understand that the following are possible risk factors for increasing the likelihood of uterine rupture:

- Uterine incision other than low-transverse
- EDD less than 18 months from previous c/s birth
- Induction of labor
- Augmentation of labor through drugs to speed up and/or strengthen labor contractions
- Prolonged or obstructed labor
- Use of forceps or vacuum extraction in labor
- Single layer closure of sutures of a previous uterine scar
- Infection of the uterine scar following a past cesarean surgery

I understand that the most common indicators of uterine rupture are fetal distress with an abnormal heart rate pattern or prolonged decelerations with an arrest in labor progress, and that abdominal pain and/or vaginal bleeding may not be reliable indicators of a possible rupture. I understand that more frequent monitoring of the fetal heartbeat, contractions and progress during active labor (>5cm) may be required. I understand that there are alternatives to a planned out-of-hospital VBAC attempt including a TOL and possible VBAC at a hospital that allows for VBACs or a repeat C/S.

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 judgement of my midwife as to the medical necessity to transport should the situation arise. I also understand that if at any point in my labor I wish to be transported; arrangements will be made immediately.

I further understand that:

- Transfer to a hospital for further evaluation of possible birth injuries to myself or newborn may be necessary
- Transfer of care can be initiated at any time at the discretion of the midwife or client
- I have been informed of my midwife's experience with VBACs and am comfortable having her provide care for me
- I understand the importance of good communication and will promptly notify my midwife of labor symptoms
- I understand that I can always request a second opinion
- I understand that additional testing or procedures may be recommended to me that are outside standard care
- I understand that each additional cesarean brings the possibility of additional risks or increases the risks discussed in this document and I choose to accept those risks and their associated consequences if this situation applies to my health history

After careful consideration of the information above I have decided to willfully choose to have an OOH VBAC under the care of a midwife and I have not been coerced or persuaded to do so. My signatures in my chart with my midwife are proof of my acceptance of this decision and all the risks and benefits that go with it.