

Information and consent form
for patients considering attempted Vaginal Birth After Previous Cesarean
Section (VBAC)

INFORMATION

Keeping in mind that *both* a repeat cesarean section *and* VBAC carry a degree of risk, the following points may help you decide what you want to do.

- If you choose to try VBAC, you can change your mind and choose a cesarean at any time
- You can still have an epidural for pain relief during labor if you are attempting VBAC.
- Women who have had more than one previous cesarean section can attempt VBAC but the risks are slightly higher.
- Although successful VBAC avoids the risks and complications associated with cesarean, there are some complications specifically associated with VBAC that are described below.

What *are* the risks of VBAC?

The New England Journal of Medicine* has reported that the frequency of major complications associated with VBAC are as follows:

Ruptured uterus with no labor	1.6/1000	(.16%)
Ruptured uterus with spontaneous labor	5.2/1000	(.52%)
Rupture with induction without prostaglandin	17.7/1000	(1.7%)
Rupture with prostaglandin induction	24.6/1000	(2.5%)
Fetal death rate with ruptured uterus	55/1000	(5.5%)
Fetal death rate amongst those with spontaneous labor	1/4000	(0.025%)
Fetal death amongst those who do not rupture	5/1000	(0.5%)

To help put these figures into perspective;

- Approximately one woman in two hundred (0.52%) who attempt a VBAC and start labor on their own (spontaneously), will rupture the scar on the uterus from the previous cesarean section.
- This rate increases to 1.7% if labor is induced with oxytocin and to 2.5% if prostaglandin is used to start labor; a five-fold increase in rate of rupture over spontaneous labor
- *If the uterus ruptures*, there may be insufficient time to deliver the baby. As a result if the uterus ruptures, there is a 10-25% permanent brain damage to the baby and a 5.5% chance of the baby dying.

From other studies it is also estimated that:

- In fewer than one in 2000 women (0.05%) who attempt VBAC, the tear of the old scar can cause so much damage as to require removal of the uterus (hysterectomy) or damage other organs such as the bladder.
- Sometimes a blood transfusion is required.
- Compared to going straight to a repeat cesarean section without labor, VBAC poses a small increased risk of infection if repeat cesarean is ultimately needed.

If you are trying to decide whether to try VBAC, you should know we try to avoid inducing labor altogether and, we **do not** use prostaglandin to induce labor. If labor needs to be induced for whatever reason, and you have elected to try VBAC, we will talk to you again, about whether you wish to continue with your original plan for VBAC.

**Reference: Mona Lydon-Rochelle et al. "Risk of uterine rupture during labor among women with a prior cesarean delivery" New England Journal of Medicine vol 345 p3-8, 2001*

If you are unsure about making a decision while you are still early in your pregnancy you should wait. It may be easier to make the decision later in the pregnancy. When you are ready, your obstetrician or health care provider will ask you to sign the consent below.

CONSENT

I, _____ have read the above information and discussed my options with my obstetrician or health-care provider.

I request:

- a repeat cesarean section to attempt vaginal birth after cesarean section

Signed: _____

Date: _____

Witness: _____

Date: _____

Approved dept OBGYN meeting 7/19/06