

## CONSENT FORM FOR VAGINAL BIRTH AFTER CESAREAN SECTION (VBAC)

Initial

I understand that I have had one or more prior Cesarean births, and that I have the option of undergoing a scheduled, elective repeat Cesarean delivery or attempting a vaginal birth.

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I understand that approximately 2 out of 3 women who attempt a VBAC will successfully deliver vaginally.

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I understand that if I deliver vaginally, I most likely will have fewer problems after delivery and a shorter hospital stay than if I have a Cesarean delivery.

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I understand that if I choose to attempt a VBAC, I may still require a Cesarean delivery. If this happens, I understand that I have a greater risk of problems than if I had had an elective repeat Cesarean section.

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I understand that if I attempt a VBAC, my uterus may rupture, requiring an emergency Cesarean section and possibly hysterectomy.

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I understand that if my uterus ruptures during my attempt at VBAC, my baby may suffer permanent injury or death.

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I understand that because of my previous Cesarean delivery there is a chance of rupture of the uterus even before labor.

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I understand that the decision to attempt a VBAC or choose an elective repeat Cesarean delivery is entirely my own.

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I have received all the information that I want, and I have had satisfactory opportunity to discuss these points and any similar concerns with my doctor or nurse midwife. After considering these issues,

I want to attempt a vaginal birth (VBAC).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I want a repeat Cesarean section.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Counseled By

\_\_\_\_\_  
Witnessed By

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