

Consent for Trial of Labor after Cesarean Section

The success rate for VBAC varies with an overall success rate of about 80% in our practice. Many women are therefore able to avoid repeat c-section if they attempt VBAC. In our experience use of a doula increases the likelihood of success. A larger baby, the need for induction (starting labor artificially), being past your due date, or two prior c-sections without a prior vaginal delivery may decrease your chances of success.

To help make VBAC as safe as possible we require that VBAC candidates agree to the following management steps:

- 1) Labor including early labor must take place in the hospital.
- 2) More extensive fetal monitoring is required including use of an internal fetal heart rate monitor that attaches to the top of the fetal head typically applied when the woman is in active labor and/or the water bag has been broken.

Vaginal Birth After Cesarean (VBAC) is a possibility after a prior one or two previous cesarean sections if the incisions on the uterus were low and transverse (not vertical). If any prior c-sections had a vertical uterine incision the woman is not a candidate to attempt VBAC.

The major risk with VBAC attempts is opening of the scar on the uterus - the site of the previous uterine incision. This is known as uterine rupture.

Uterine rupture is an emergency for both the mother and fetus. An emergency c-section is performed if uterine rupture is suspected. The risk of uterine rupture is about 1 rupture in 200 attempts for women who are considered candidates for attempting VBAC.

The fetus is at risk for getting insufficient oxygen exchange in cases of uterine rupture. This can lead to fetal damage or even death. Delivering the fetus within minutes of uterine rupture helps to decrease the risk of fetal injury.

The woman with a uterine rupture is also at risk for excessive blood loss and may sometimes even require a hysterectomy (removal of the uterus) to attempt to control excessive bleeding. Removal of the uterus prevents a woman from carrying a pregnancy in the future.

In the judgment of the obstetrician a vertical incision on the skin may be selected. Due to prior c-sec-

tion surgery there may be adhesions involving the lower abdomen. A vertical incision may hasten the delivery of the baby and decrease the risk of injury to the mother's internal organs which may be involved in the adhesions.

In an emergency C-section often general anesthesia is judged to be required by the anesthesiologist. A spinal or epidural may not be advised as these may require more time to perform and achieve appropriate levels of anesthesia. General anesthesia may have more complications than spinal or epidural for the pregnant woman.

Please sign below that you have read and understand our informed consent for VBAC. In signing this consent form you are agreeing to have a VBAC attempt and agree to our management requirements discussed in this document. Signing this form does not prevent you from choosing a repeat C-section at any time including when in labor.

Thank you for entrusting us with your care in this pregnancy. We are very experienced with VBAC and will guide and help you in every way that we can.



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patient signature: _____ *date:* _____

patient signature: _____ *date:* _____