

Instruction Sheet

Trial of Labor/Vaginal Birth after Cesarean Delivery Consent Form

I. Sample Form Intent:

The sample **Trial of Labor/Vaginal Birth after Cesarean Delivery Consent Form** is intended to be used as a guide in the development of a consent form specific to your organization/office practice.

The consent form and instruction sheet is for reference information only and is not intended to establish a standard of care. Legal counsel should be obtained for approval of an informed consent form.

II. Additional Considerations:

With ACOG's position outlined in the August 2010 ACOG Practice Bulletin, hospitals that ceased providing vaginal birth after cesarean section (VBAC) may reconsider their position or encounter an increased frequency of patients presenting with a request for a trial of labor after previous cesarean (TOLAC).

For hospitals that do not offer VBAC but may be confronted with a patient in labor demanding a TOLAC to attempt a VBAC, include the following statements, as applicable and modified for your specific hospital, in the Trial of Labor/Vaginal Birth after Cesarean Delivery Consent Form:

- I have been offered and refuse a cesarean section.
- (If applicable) I have been told I am medically stable and refuse transfer to another facility.
- I have been told of the risks associated with proceeding with a trial of labor after cesarean at a hospital that does not provide trial of labor after previous cesarean/vaginal birth after cesarean delivery.
- I accept the risks to myself and my unborn baby associated with the lack of immediate availability of an obstetrician, surgeon, pediatrician, anesthetic provider and operating room staff to provide an emergency cesarean section.

III. Teach Back:

Teaching on the risks, benefits, and alternatives, etc., should occur with each patient considering trial of labor after cesarean/vaginal birth after cesarean delivery. To verify patient understanding consider the following options:

- a. Utilize a checklist or teaching guide (separate from the informed consent form) completed by the patient as one tool to demonstrate the patient's understanding. Include the completed form in the patient's medical record as evidence of "teach back". See example below.
- b. If a checklist or guide is not used, document in the patient's medical record that the patient demonstrated their understanding of the risks, benefits, and alternatives, etc., through "teach-back".
- c. The physician should note on the informed consent form and in the record, that the patient has demonstrated a full understanding of the risks, benefits, and alternatives, etc.

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Resource:

Access NQF: Implementing a National Voluntary Consensus Standard for Informed Consent for information on informed consent including “teach back.”

[http://www.qualityforum.org/Publications/2005/09/Implementing a National Voluntary Consensus Standard for Informed Consent A User%2%80%99s Guide for Healthcare Professionals.aspx](http://www.qualityforum.org/Publications/2005/09/Implementing_a_National_Voluntary_Consensus_Standard_for_Informed_Consent_A_User%2%80%99s_Guide_for_Healthcare_Professionals.aspx)

EXAMPLE: To be completed by the patient:

I am completing the following statements as confirmation I understand what has been discussed with me.

- There are risks to a trial of labor after previous cesarean delivery.

Risks to me include:

Risks to my baby include:

- If a trial of labor is unsuccessful I may need to have a cesarean section. Risks of a cesarean section include:

- (As applicable) There are risks associated with attempting a trial of labor after previous cesarean section at this hospital where appropriate personnel cannot be immediately available for emergency cesarean section. Those risks include:

Patient Signature: _____ **Date:** _____

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Patient Consent Form

Trial of Labor/Vaginal Birth after Cesarean Delivery

Purpose:

I understand that the purpose of this document is to acknowledge in writing my understanding of the risks, benefits, and alternatives to a trial of labor after a previous cesarean section/vaginal birth after cesarean delivery. I understand that my provider will determine if I am a candidate and that the decision to attempt a trial of labor in an attempt to have a vaginal birth is entirely mine.

Risks:

I understand that patients who have had a previous cesarean section carry an increased risk of uterine rupture, which is the most serious complication of attempting a vaginal delivery after a cesarean section.

I understand that a uterine rupture is a potentially catastrophic event and occurs in about 1% of attempted vaginal deliveries after a cesarean section. It has been explained to me that the risk of uterine rupture increases with the number of previous cesarean section deliveries.

I understand that in the event my uterus ruptures, emergency surgery will be performed, but there may not be sufficient time to operate and prevent permanent injury to or death of my baby and/or me.

I understand that in addition to a rupture of the uterus, risks to me include, but are not limited to, hysterectomy (loss of the uterus), blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), blood clots, and/or death.

I understand that a cesarean section as a result of a failed trial of labor is associated with more complications than an elective cesarean delivery and that those risks include increased risk of infection and operative injury.

I understand the additional risks listed below: (Include any additional risks specific to the patient.)

Benefits:

I understand that the benefits of a successful vaginal birth after cesarean delivery (VBAC) as compared to a repeat cesarean section may include decreased blood loss, decreased post-delivery complications, and a shorter recuperation period.

I understand that between 60% and 80% of women who attempt a vaginal delivery after a cesarean section will successfully deliver.

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Patient Consent Form
Trial of Labor/Vaginal Birth after Cesarean Delivery

Alternatives:

I have been advised that the only alternative to a vaginal birth after cesarean section is a repeat cesarean section. I understand that a cesarean section is a major operation and in some cases there can be serious complications including infection and injuries to the mother's bladder or bowel.

Patient Certification:

I understand that I have the option of an elective repeat cesarean section or a trial of labor to attempt a vaginal birth after cesarean.

I have had all of my questions answered and have all of the information I need to make an informed decision.

I understand and accept the risks of a trial of labor after a previous cesarean section/vaginal birth after cesarean delivery. I choose to proceed with a trial of labor in an attempt to have a vaginal birth.

Patient or Legal Representative Signature: _____

Print Patient or Legal Representative Name: _____

Witness Signature: _____

Date: _____ Time: _____

If applicable: Signature of Interpreter: _____

Provider Certification:

I have explained to my patient the risks, benefits, and alternatives to a trial of labor after a previous cesarean section in an attempt to have a vaginal birth and have answered all questions. The patient has demonstrated a full understanding of the explanations.

Provider Signature: _____

Date: _____ Time: _____

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