

Saint Luke's Women's Health East Consent for Birth After Cesarean Section

After cesarean section, a woman may choose to have a planned cesarean birth or choose a trial of labor for vaginal birth. It is likely that 60-80% of women who try a vaginal birth after cesarean section (VBAC) will be successful. We want you to understand the benefits and risks of your choices. There is risk that goes along with every pregnancy. We share the same goal as you: a healthy baby delivered to a healthy mom. We will make every effort to ensure this.

VBAC means Vaginal Birth After Cesarean Section.

What are the benefits of VBAC compared to a planned cesarean birth?

- Faster time to heal after birth
- Shorter hospital stay
- Less risk of infection after delivery
- No chance of problems caused by surgery (infection, injury to bowel or urinary tract, or increased blood loss)
- Less risk that the baby will have breathing problems
- Quicker return to normal activities because there is no pain from surgery.
- Greater chance of having a vaginal birth in later pregnancies
- Less risk of problems with how the placenta attaches in future pregnancies.

What are the risks of VBAC?

- A tear or opening in the uterus (womb) occurs in 5 to 10 women out of every 1,000 low risk women who try VBAC (0.5% to 1.0%).
 - **Risks to the mother if there is a tear in the uterus include:**
 - Blood loss that may need transfusion
 - Damage to the uterus that may need hysterectomy (removal of the uterus)
 - Damage to the bladder
 - Infection
 - Blood clots
 - Death
 - Risks to the baby if there is a tear of the uterus includes brain damage and death. Not all tears in the uterus harm the baby. About 7% of the time the baby is harmed when the uterus tears. In other words, 5 to 10 babies out of every 10,000 VBAC tries will suffer brain damage or death (0.05% to 0.1%) due to uterine rupture.
- The normal risks of having a vaginal birth are also present for VBAC.
- The risk of your uterus tearing during labor is increased with any of the following:
 - Labor that is induced (does not start on its own)
 - More than 1 cesarean section
 - Less than 18 months since your last cesarean delivery
 - Need for medicine during labor to increase contractions
- If a vaginal birth cannot occur, then a cesarean birth must be done. Overall, 60-80% of attempted VBAC are successful. If a cesarean section is necessary after attempting vaginal delivery, there are the same types of risks as a planned cesarean delivery *and additional risks* including higher chances of infection, transfusion, blood clots and potential hysterectomy.

What are the risks of a planned cesarean birth, if that is my choice?

- The risk that the uterus will tear before a planned cesarean birth is very low. Because you have a scar on your uterus from your prior cesarean birth, you will always be at risk for having a tear in your uterus. The tears usually occur during labor. The risks to the baby and you are the same as if the uterus tore during a VBAC.
- Blood loss that may require a transfusion of blood products
- More scars developing on the uterus
- Infection
- Scarring inside the abdomen
- Injury to organs inside the body
- Problems with anesthesia
- Blood clots
- Risk in later pregnancies of problems with the placenta which may require hysterectomy
- Death, which is very rare

I understand that Saint Luke’s East Lee’s Summit hospital has anesthesia staff, a doctor for the baby and operating room services available 24 hours a day. In cases of a tear in the uterus, injury to the baby may occur. The risk of injury to the baby increases with the time it takes to deliver the baby and the damage to the placenta. Saint Luke’s East hospital has specific plans to respond once a problem is detected. However, there is risk associated with every pregnancy. Risk can never be completely removed.

Please initial on the lines and then sign below.

_____ I have read this consent form. I understand the benefits and risks with a planned cesarean section and VBAC. I understand how these benefits and risks apply to me.

_____ I have had the chance to read the VBAC patient education material and ask questions. My questions were answered to my satisfaction.

_____ If I choose a VBAC, this consent will be reviewed as needed during the labor. I may want to ask for a repeat cesarean section or my doctor may find a need to deliver my baby by cesarean section.

_____ I understand and accept the labor and delivery requirements of STLWHE-which include but are not all inclusive- delivery at St. Luke’s East Lee’s Summit Hospital, continuous monitoring during labor; placement of heplock, potential placement of intrauterine pressure catheter (IUPC), fetal scalp electrode (FSE)

_____ I understand that if I go 2 hours without cervical change in the active phase despite adequate labor, I may need to undergo a repeat cesarean section.

_____ I understand that if my baby experiences recurrent clinically significant problems with the fetal heart monitoring, I will need to undergo a repeat cesarean section.

_____ I understand if I experience significant bleeding of uterine origin or new onset of intense uterine pain, I will need to undergo a repeat cesarean section.

_____ I understand that if I develop a medical complication of pregnancy that requires induction and my cervix is not favorable, I will need to undergo a repeat cesarean section.

_____ I have chosen to try a VBAC for delivery of my baby.

_____ I have chosen to try a VBAC if I go into labor prior to my planned cesarean section.

_____ I have chosen a planned cesarean section.

Signature of Patient: _____ Date: _____

Signature of Provider: _____ Date: _____

Signature of Witness: _____ Date: _____