



Know your options, take control.

Birth After Cesarean: Consent Form



1. I, _____ (print name), have had ____ previous cesarean birth(s).

I understand that I have the following choices for my birth:

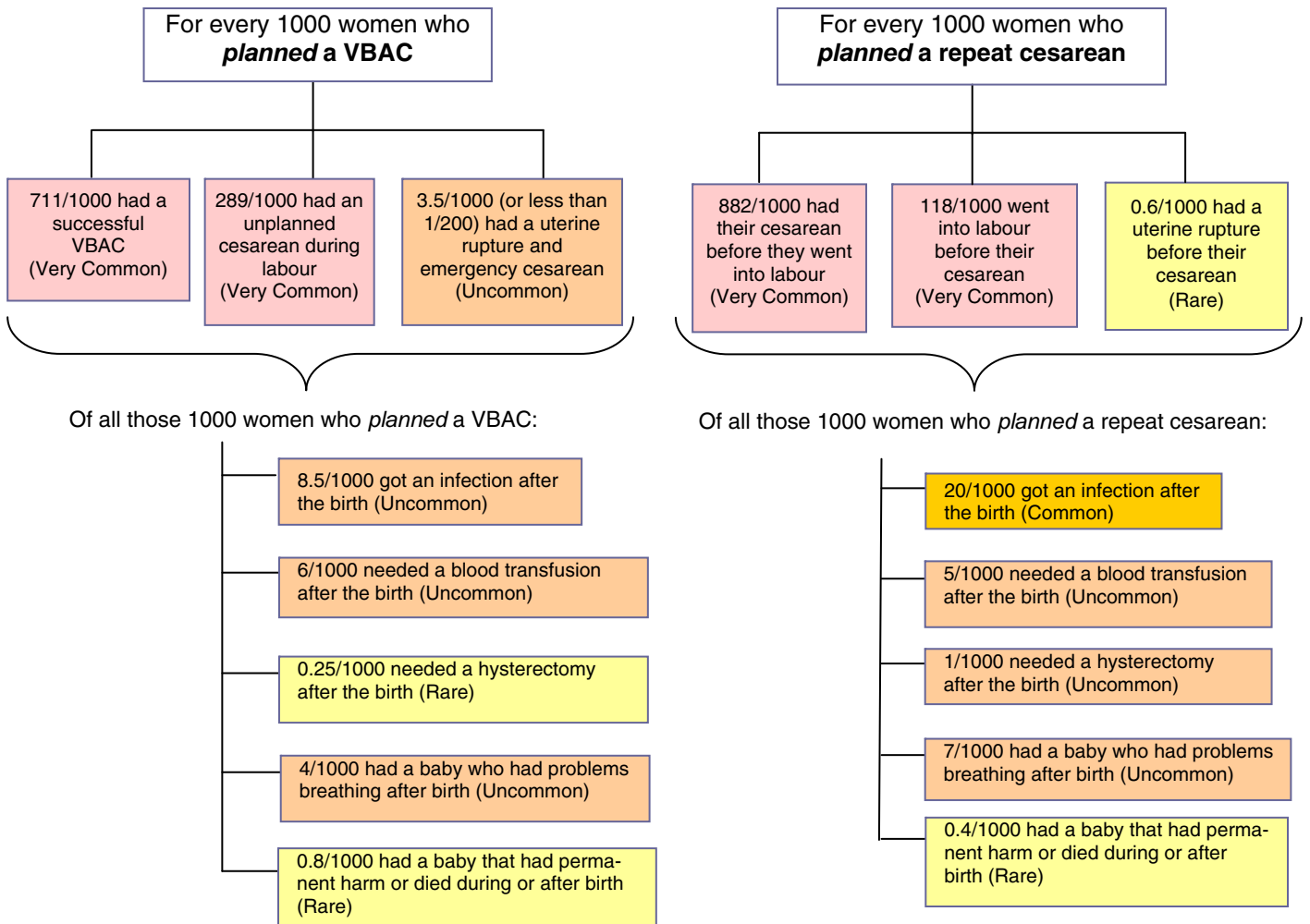
- Planning a vaginal birth after cesarean (VBAC), OR
- Planning a repeat cesarean birth

2. I understand there are risks in any medical procedures or treatments. Simply being pregnant carries some risks, just as there are risks in everyday activities such as driving in a vehicle. This consent form is to help me make an informed decision based on the best available evidence to date. After I have read this consent form I will discuss it with my physician or midwife and choose to plan either a VBAC or a repeat cesarean birth for the birth of my baby. I understand that I may change my choice at any time in pregnancy or during labour.

Common	from 1 in 10	Annual risk of being injured in the workplace (1/25)
	to 1 in 100	
Uncommon	from 1 in 1000	Risk of giving birth to a baby with Down Syndrome (1/650)
	to 1 in 10,000	
Rare	from 1 in 10,000	Annual risk of being diagnosed with breast cancer (1/1,500)
	to 1 in 100,000	
Very Rare	to 1 in 100,000	Annual risk of dying in a motor vehicle accident (1/11,000)

Data from Stats Canada, the Canadian Cancer Society and Health Canada

3. I understand that the risks¹ associated with the plan I make for my birth can include:



¹ These estimates are based on outcomes of 11, 335 planned VBACs and 23, 151 planned repeat cesareans in British Columbia during the years 2000 to 2009. (Perinatal Services BC, British Columbia Perinatal Data Registry, 2000—2009)

4. If I choose to plan for a vaginal birth after cesarean (VBAC), I have approximately _____% chance overall of successfully having a vaginal birth. My chance of success depends on several factors, including the reason I had my previous cesarean birth(s). The very best chance of successful vaginal birth with the fewest complications is if I have a natural, spontaneous onset of labour and I am not past my due date.

5. I understand that not all risks of either an elective repeat cesarean or a VBAC are known at this point in time. Therefore, it is not certain what the overall effect is likely to be for my health or my baby's health.

6. I declare that I have read or had read to me the contents of this form, I have had an opportunity to review it with my health care provider and to ask questions, and all of my questions have been answered to my satisfaction.

7. After discussing the matter with my health care provider, I understand that overall the risks for both VBAC and elective repeat cesarean are low.

8. I acknowledge that the final decision is mine to make.

A) I have received the information and medical counsel as outlined in this document. I reserve the right to make a decision at a future date and time _____ (Initials)

B) I have decided to go ahead with this decision after considering the possibility of both known and unknown risks, complications, side effects, and alternatives.

I hereby consent to undergo:

a vaginal birth after cesarean (VBAC) _____ (Initials)

an elective repeat cesarean birth _____ (Initials)

I also consent to such additional or alternative investigations, treatments or operative procedures as in the opinion of my Physician/Midwife are immediately necessary.

I further agree that at his or her discretion, my Physician/Midwife may make use of the assistance of other surgeons, physicians, and hospital medical staff (including Trainees) and may permit them to order or perform all or part of the investigation, treatment, or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment as my Physician/Midwife.

Patient Name _____ PHN _____

Patient's Birth Date _____

Patient's Signature _____ Date _____

Date _____ Signed _____ (Physician/Midwife)

Date _____ Name _____ Signed _____ (Witness)

STATEMENT BY PROFESSIONAL INTERPRETER

COMPLETE ONLY IF A PROFESSIONAL INTERPRETER IS USED TO OBTAIN CONSENT.

I have translated the above information to the: _____ Patient/Client _____ parent _____ legal guardian or representative and I have interpreted their responses to the health care provider.

SIGNATURE OF INTERPRETER

PRINT NAME

DATE SIGNED