

Elective Repeat Cesarean Section VS. VBAC

Information for Patients with Prior Cesarean Delivery

The purpose of this form is to provide information regarding vaginal birth after cesarean (VBAC) and elective repeat cesarean section to mothers who have previously had a cesarean operation. Please read the following information carefully and discuss any concerns with your obstetrician or health care provider.

VBAC: Women who have had one previous low transverse cesarean may attempt a vaginal delivery unless the physician indicates otherwise. VBAC is also a reasonable option with an unknown type of uterine scar if it is unlikely that you had a prior classical uterine incision. Successful uncomplicated VBAC is very safe for both mother and baby. Most women (about 75%) who select VBAC will have a vaginal birth. However, if a VBAC is attempted but a cesarean is needed during the labor, there is a slightly greater risk of problems such as infection of the uterus. The most serious complication of attempting a VBAC is uterine rupture (uterine tear) which occurs in about 1% of cases. If the uterus does rupture, bleeding may occur and may require blood transfusion and, possibly, bladder repair and/or hysterectomy. In some cases uterine rupture may result in fetal injury or death. If the obstetrician agrees, patients with two prior cesareans may also attempt VBAC but the risk of uterine rupture appears to be somewhat higher.

Elective Repeat Cesarean: Elective repeat cesarean, the alternative to VBAC, also has some risks. Repeat cesarean section is a major operation and has all the risks of major intra-abdominal surgery. Although uncommon, complications include infection, hemorrhage, and injury to the bowel or bladder.

I understand the information presented above. I have discussed VBAC and elective repeat cesarean with my health care professional. All my questions have been answered.

Date

Patient's Signature

Witness

Print Patient's Name