

Birth After Cesarean

1. I _____, have had **ONE** previous cesarean birth.

The reason for the cesarean was _____.

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

- Trial of Labor After Cesarean (TOLAC), in hopes of a vaginal delivery OR
- Repeat Cesarean Birth

2. I recognize there are risks in any medical procedures or treatments. Pregnancy alone carries some risks, just as there are risks in everyday activities such as driving a car. This consent form is to help me make an informed decision based on the best available evidence to date. After I have read this I will discuss it with my physician and choose to plan a TOLAC or Repeat cesarean for the delivery of my baby. I understand that I may change my choice at any time in the pregnancy or during labor. I also understand that if I am found to have a condition that will not allow for a safe vaginal delivery, I will undergo a repeat cesarean.

Common (1 in 10 – 1 in 100): Annual risk of injury in work place (9/100)

Uncommon (1 in 100 – 1 in 1000): Risk of giving birth to a baby with Down's syndrome (1/700)

Rare (1 in 1000 – 1 in 10,000): Risk of being diagnosed with breast cancer from age 20-30 (1/1700)

Very Rare (1 in 10,000 to 1 in 100,000): Annual risk of dying as a passenger in a MVA (1/18,000)

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

For every 1000 women who **planned a TOLAC**

- 740 had a successful vaginal delivery
- 260 had an unplanned cesarean during labor
- 3.25 (about 1 in 300) had a uterine rupture and emergency cesarean
- 30 got an infection after the birth
- 9 needed a blood transfusion
- 1.6 needed a hysterectomy
- 1.3 had a baby that died during or after birth
- 0.04 died during or after birth

For every 1000 women who **planned a repeat cesarean**

- 880 had their cesarean before they went into labor
- 120 went into labor before their cesarean
- 0.3 had a uterine rupture before their cesarean
- 30 got an infection after the birth
- 12 needed a blood transfusion
- 2.8 needed a hysterectomy
- 0.5 had a baby that died during or after birth
- 0.13 died during or after birth

4. **If I choose to plan for a trial of labor after cesarean (TOLAC), I have a _____ chance of successfully having a vaginal birth.** My chance of success depends on several factors including the reason I had my prior cesarean birth. The best chance of a successful vaginal birth with the fewest complications is if I have a spontaneous onset of labor and I am not past my due date. _____

5. **If I choose to plan for a trial of labor after cesarean (TOLAC),** I understand I will have continuous fetal monitoring and IV access. I may need a catheter in my bladder and I will be encouraged to have an epidural in place. _____

6. **If I choose to plan for a trial of labor after cesarean (TOLAC),** I understand that spontaneous labor is best but as success decreases after my due date I will need to be induced or have a cesarean delivery at 41 weeks. To be induced my physicians must feel that my exam is favorable and only rupture of membranes and potentially pitocin will be used. Prostaglandins will not be used or considered. _____

7. **If I choose to plan for a repeat cesarean delivery,** I understand I will have monitoring prior to my delivery, I will need IV access, a catheter in my bladder and will undergo spinal anesthesia (unless another form is felt to be best by the anesthesiologist). _____

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

9. I have read and understand the contents of this form, I have reviewed it with my physician and have been able to ask questions to which all have been answered to my satisfaction. _____

10. After discussing with my physician, I understand that the overall risks for both TOLAC and elective repeat cesarean are low. _____

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

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

B) I have decided to make a decision after considering the possibility of both known and unknown risks, complications, side effects and alternatives,

I desire to plan :

A Trial of labor after cesarean (TOLAC) _____

An Elective repeat cesarean birth _____

I also consent to additional or alternative treatments or procedures including the method of delivery if my physician feels this is necessary for the best healthy of myself and my baby _____

Patient Name _____ Date of Birth _____

Patient Signature _____ Date _____

Date _____ Name _____ Signed _____ (Physician)

Date _____ Name _____ Signed _____ (Witness)