

Kona Birth & Midwifery Services

INFORMED CONSENT VAGINAL HOME BIRTH AFTER CESAREAN

I have read the packet of information provided by my midwife on Vaginal Birth After Cesarean (VBAC). I understand the positions of both the American Academy of Family Physicians and the American College of Obstetrics and Gynecology. I also understand Vaginal Birth After Cesarean is my right and I desire to exercise that right.

I understand having had a cesarean section with a prior pregnancy, my uterus is scarred and I have an increased risk of uterine rupture during labor. Should uterine rupture occur in the home birth setting it will be life-threatening to myself and my baby. I understand the chances of a uterine rupture is between 0.5% (1 in 200) and 2% (1 in 50). I also understand the chance that my uterus will rupture severely (causing a life-threatening emergency that requires immediate surgery) is between 0.09% (1 in 1000) and 0.22% (1 in 455).

I understand that if uterine rupture does occur, it will necessitate immediate transport. I fully, freely and knowingly assume the risk that in the event of an emergency to myself or my baby, needed equipment, procedures and health professionals will not be available at home, and treatment may be delayed until I have been transported to the hospital. I understand that this delay in necessary care and treatment may result in serious harm, disability or death to me and/or my baby. I am assuming the risk that such complications may occur at my home birth.

The closest hospital to my home with an obstetrical unit capable of doing a cesarean is _____, which is _____ minutes drive from my house. I understand that in an emergency transport to the hospital, the Labor & Delivery unit will be notified by phone that we are transferring to the hospital.

Hospital Address: _____

Birth Center Phone Number: _____
Emergency Room Phone Number _____

The ability of the hospital to respond quickly depends on hospital policies regarding availability of anesthesia and operating room staff, over which the transferring midwife has no control.

My physician consultant for this pregnancy and birth is Dr. _____. He/She does/does not (circle one) perform cesarean sections at the above-name hospital.

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I have read and understand the risks and benefit of Vaginal Birth After Cesarean. I also understand the risks associated with VBAC in the home birth setting. The risks and the benefits of a VBAC have been carefully discussed and all of my questions have been answered. I request and consent to a VBAC in a home birth setting attended by my midwife and her team.

Signature of Client

Date

Signature of Client's Spouse

Date

Signature of Midwife

Date

Signature of Secondary Attendant

Date