

# WOMEN'S HEALTH PARTNERS, LLC

DIPLOMATES AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

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## PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

## VAGINAL BIRTH AFTER CESAREAN SECTION CONSENT

### Definition

VBAC = a vaginal birth by a woman who has undergone a cesarean section in a previous pregnancy.

TOLAC = Trial of labor after cesarean section.

A vaginal birth after cesarean delivery is when a person gives birth to a baby through the vagina after they had a baby by cesarean section in the past. A cesarean delivery is surgery to get a baby out of the uterus through a lower abdominal incision. A vaginal birth after cesarean delivery is called a "VBAC" for short.

Years ago, doctors thought that if you had one cesarean section, you would have to deliver all your other babies by cesarean section too. That is because the uterus is cut open during a cesarean section. Even though the cut is stitched up and heals, the original cut can open again during labor and cause internal bleeding. This is a serious but rare complication of laboring when you previously had a cesarean section.

If you have had a cesarean section in the past, you might have a choice about how you will deliver your other babies. You can either:

- Plan to go through labor and try to have a vaginal delivery – Doctors call this a trial of labor after cesarean, called "TOLAC" for short. A trial of labor might work and end with a VBAC. But sometimes it does not work, and you will need another cesarean section to deliver your baby.
- Plan to have another cesarean section before labor starts.

In general, a trial of labor has the highest chance of working when:

- You had a vaginal delivery in the past (in addition to having a cesarean section).
- The first cesarean section was done because your baby was in a breech position. A breech position is when a baby's legs or buttocks (and not head) are closest to the vagina.
- In some cases, a trial of labor is not recommended. This happens when:
  - The uterus was not cut open in the usual way during the previous cesarean section.
  - A uterine rupture (tear) happened in a past pregnancy.
  - A vaginal birth is not safe for you or your baby.

### Benefits of a VBAC include

- A shorter stay in the hospital after giving birth.
- Less pain and a shorter recovery time (usually).
- Fewer problems after the delivery – People who have a cesarean section have a higher chance of getting a fever, infection, blood clot in the legs, or needing blood.

### Possible Complications of TOLAC or VBAC

All procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. While we have discussed these and possibly others in your visit, we would like you to have a list so that you may ask questions if you are still concerned. These complications include, but are not limited to:

- Uterine rupture: The incidence of uterine rupture is low, but when it occurs, it is often associated with TOLAC or VBAC and is potentially life threatening. It is estimated that approximately 1% of TOLAC or VBACs will lead to uterine rupture. If uterine rupture does occur, it can be associated with significant morbidity and mortality to both my baby and myself. I may need to undergo an emergency hysterectomy and lose the ability to bear children in the future.

- Perinatal mortality and neonatal mortality: having a TOLAC or VBAC has a higher risk of harm to my baby than myself when compared with a planned cesarean section.
- Maternal Infection: The overall risk of maternal infection appears to be similar for TOLAC and planned repeat cesarean section.
- Neonatal Infection: The overall risk of neonatal infection appears to be higher for TOLAC than planned repeat cesarean section.
- Pelvic floor disorders: Planned repeat cesarean section avoids the potential risks and sequelae of pelvic trauma related to labor and vaginal birth; however, the absolute benefit compared with TOLAC is unclear. Pregnancy itself is the major risk factor for future pelvic relaxation disorders.
- Transient tachypnea of the newborn: Transient tachypnea of the newborn is more common with planned repeat cesarean section compared with TOLAC.
- Abnormal Progression of Labor: There is a higher chance of abnormal progression of labor when undergoing a TOLAC. The use of oxytocin (Pitocin) hormone to make my uterus contract may be necessary to assist me in my vaginal delivery. The risks of this drug have been explained to me.
- Repeat Cesarean section while undergoing TOLAC: The surgical risks of having a cesarean section while undergoing a TOLAC are slightly greater than compared to a planned repeat cesarean section.

By signing below, I acknowledge that I have been informed by my doctor/midwife of the risks, benefits, and alternatives of undergoing a trial of labor after cesarean section (TOLAC). I understand that the decision to have a TOLAC or VBAC is entirely my own. I understand that even after I have made a decision, I can change my mind at any time.

**I also agree to follow the advice of the provider managing my labor should they recommend I have a repeat cesarean section due to complications of labor.**

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Patient Signature

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Date

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Account #

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Patient Name (Print)

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Physician

\_\_\_\_\_  
Date

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Witness

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Date

The information contained in this Medical Informed Consent Form (“Consent Form”) is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.