

OKLAHOMA MIDWIFE VBAC INFORMED CONSENT FORM

Instructions: Per OAC 310:395-5-6.1(a)(1). Informed consent and disclosure statements on vaginal birth after cesarian (VBAC), vaginal breech birth, and vaginal multiple birth must be approved by the Advisory Committee on Midwifery. Copies of this consent form may be downloaded by visiting the OSDH Midwives Program webpage or requesting a copy by contacting the OSDH Consumer Health Service at CHSLicensing@health.ok.gov.

VAGINAL BIRTH AFTER CESAREAN (VBAC) INFORMED CHOICE AND CONSENT AGREEMENT

I, _____, do hereby request the assistance of a Licensed Midwife, in the birth of our baby outside of a hospital. I make this request with a full understanding of the potential risks and potential complications of a vaginal birth following cesarean section. While I understand that these complications are rare, they cannot be eliminated. These complications and risks may include, but are not limited to:

- Uterine rupture
- Abnormal placental implantation (increased risk of abnormal adhesion to the wall of the uterus if it implants over the previous cesarean scar
- Maternal hemorrhage if uterus ruptures or if placenta is implanted over the previous cesarean scar
- Increased risk of blood transfusion or hysterectomy in the case of uterine rupture or abnormal placental implantation
- Increased risk of maternal death from hemorrhage or uterine rupture
- Increased risk of fetal distress
- Increased risk of fetal/neonatal damage due to oxygen deprivation if the uterus ruptures.
- Increased risk of fetal or neonatal death if the uterus ruptures up to 1 in 4

The American College of Obstetricians and Gynecologists considers previous cesarean an absolute contraindication to planned out-of-hospital birth. This is due to a higher risk of perinatal and maternal death. I understand that the best way to detect placental implantation problems at birth is by verifying the location of the placenta prenatally by ultrasonography. If an ultrasound shows that the placenta is implanted over the previous cesarean scar, I understand that a repeat cesarean section will be recommended.

I agree to undergo a diagnostic ultrasound. _____ (initial)

I understand that the following factors have been identified as risk factors or possible risk factors for increasing the likelihood of uterine rupture:

- Uterine incision other than low-transverse
- Estimated date of delivery less than 18 months from previous cesarean birth
- Induction of labor (artificially inducing labor to begin)
- Augmentation of labor (drugs, supplements, or herbs used to strengthen or speed up contractions)
- Prolonged or obstructed labor
- Use of either forceps or vacuum extraction
- Single layer closure of the previous uterine scar
- Infection of the uterine scar following surgery

If transport is over 20 minutes, increased distance to surgical interventions, NICU, and pediatric services may increase risk of infant and maternal death. The place of birth is/is not within twenty (20) minutes of transport to the nearest hospital with twenty-four (24) hour obstetrical and anesthesia services available

I understand that the most common indicators of uterine rupture are fetal distress with an abnormal fetal heart rate pattern or prolonged decelerations with an arrest in progress, and that abdominal pain and/or vaginal bleeding are not reliable indicators of a possible rupture. I understand that more frequent monitoring of the fetal heartbeat, contractions, and progress during labor may be required. I understand that alternatives to a planned out-of-hospital VBAC attempt may include:

(continues on the other side)

