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Informed Consent for Out-of-Hospital L/VBAC (Labor/Vaginal Birth After Cesarean)

No labor or delivery is risk-free. Both L/VBAC and cesarean births have risks and benefits. You should know the risks and benefits and weigh them carefully when making a decision to plan a L/VBAC at home, or in the hospital or a repeat cesarean in the hospital.

The purpose of this document is to help you become informed about your choices relating to L/VBAC and the possible consequences of your decision. This document cannot provide you with all of the information you need to make a fully informed decision of such importance. It is essential that you educate yourself on the controversial issues regarding L/VBAC since it is you who will shoulder the responsibility of your decision and live with the consequences of that decision. It is my requirement that parents wanting to attempt a L/VBAC with my practice spend sufficient time educating themselves before making a decision.

The Risks of L/VBAC include:

- **Uterine rupture:** There is a 0.5% to 1% risk that the uterus will rupture at the scar site of the previous c-section. In the event of uterine rupture, outcomes are improved with immediate access to surgical delivery. Some research suggests that the best outcomes occur when baby is delivered within 17 minutes of rupture. Further delays in delivery are associated with brain damage or death to the baby. In addition uterine rupture can lead to hemorrhage, hysterectomy and distress or death for the birthing person.
- Hemorrhage or complications due to placenta problems (previa, accrete, increta or precreta) that are increased in pregnancies after cesarean.
- Unsuccessful VBAC: A labor after cesarean that ends in a repeat cesarean can carry twice the amount of health problems of a planned repeat cesarean.

The Benefits of VBAC include:

- Avoiding major abdominal surgery and all of its associated risks such as:
 - Inadvertent injury to organs surrounding uterus
 - Increased risk of newborn respiratory distress
 - Infection
 - Blood loss and need for blood transfusions for birthing person
 - Blood clots in legs or lungs for birthing person
 - Delayed or interrupted breast/chestfeeding and bonding time
 - Increased risk to future pregnancies including placental previa, accreta, or abruption and ectopic pregnancy
- Easier and faster postpartum healing, enabling more rapid family unity
- Maternal sense of accomplishment and empowerment
- Greater chance for vaginal deliveries in future pregnancies

Planned Out-of-Hospital L/VBAC

There is not enough evidence to conclude whether L/VBAC at home is more or less safe than in a hospital.

My midwife will assess maternal and fetal wellbeing during labor. She will be using a fetoscope and/or Doppler following the guidelines for fetal heart auscultation monitoring during active labor and second stage.

Certain medical equipment and procedures are only available in the hospital. Depending on the distance to the hospital and the nature of the emergency, there is the possibility that my baby or I would suffer a worse outcome during homebirth or transfer than during planned hospital birth.

The Risks of L/VAC at home include:

- Delayed access to surgical birth (emergency c-section) in the event of a rupture
- Possible delay in recognition of uterine rupture leading to worse outcomes for the pregnant person or baby

The Benefits of L/VBAC at home include:

- Individualized midwifery care
- Lack of time pressure and ability to labor at my own pace and in my own way
- Comfort and intimacy of own environment
- Lower risk of infection
- Decreased use of prophylactic interventions
- Continuity of family unity
- Increased support for and success with breast/chestfeeding

The **best candidate** for successful L/VBAC is a healthy pregnant person with a singleton term pregnancy in vertex presentation. My midwife may require:

- Pelvimetry performed by my midwife if no prior vaginal births
- All records from previous pregnancies including operative reports and hospital records
- A span of time greater than 18 months between previous birth and current due date
- Ultrasound in current pregnancy to determine placental location
- Uncomplicated pregnancy and uncomplicated labor progress

My Protocol for attending a home L/VBAC includes:

- Both parents must freely seek to a L/VBAC at home
- Both parents must understand and feel comfortable with the potential risks of L/VBAC at home
- The pregnancy must remain low risk
- **Both parents agree to follow the midwife’s recommendations while in her care and transfer to the nearest most appropriate hospital if directed**

We have read and reviewed the risks, benefits and current medical literature included on the Resources and Reference page. We, _____ and _____ are well informed and choose MoonSong Midwifery PLLC to care for us prenatally and for our planned out-of-hospital L/VBAC.

Client’s signature _____ Date _____

Partner’s signature _____ Date _____

Midwife signature _____ Date _____

L/VBAC Informed Consent Resources & References

Informed Decision Making, © 2011 Childbirth Connection
www.childbirthconnection.org/article.asp?ck=10081)

VBAC or Repeat C-Section: What You Need to Know, © 2011 Childbirth Connection
www.childbirthconnection.org/article.asp?ck=10212)

Best Evidence: VBAC or Repeat C-Section, © 2011 Childbirth Connection
www.childbirthconnection.org/article.asp?ck=10210)

ACOG's practice bulletin —Vaginal Birth After Previous Cesarean Delivery", Practice Bulletin No. 115, Published August 2010
www.ourbodiesourblog.org/blog/2010/07/acog-releases-updated-vbac-practice-bulletin-emphasizes-individualized-approach-and-maternal-autonomy

American College of Nurse-Midwives Responds to ACOG's 2010 VBAC Recommendations
www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000000075/ACNMResponsetoVBACBulletin_082610FINAL.pdf

The Rights of Women Seeking Vaginal Birth After Cesarean: A Primer; written by Katherine Prown, Ph.D.
www.collegeofmidwives.org/collegeofmidwives.org/VBAC_2006/ICAN_legalprimer_VBAC_07.pdf

VBAC—History, Economics, Hospital Staffing – Dr Ronald Cyr, American Journal of Obstetrics and Gynecology Sept 2002, Volume 187, Number 3.
www.collegeofmidwives.org/VBAC_2006/DrCyr_VBAC-Economics_2002.pdf)

Not Safer and Not Cheaper? Letter to the Editor, rebutting the idea that elective cesarean is safer & cheaper: Michael Klein, MD Centre for Community Child Health Research, BC Child and Family Research, Institute, Vancouver, BC // CMAJ • November 7, 2006; 175 (10) © 2006
www.collegeofmidwives.org/VBAC_2006/CMAJ_NotSaferNotCheaper_06.pdf)

International Cesarean Awareness Network www.ican-online.org

The Unnecesarean www.theunnecesarean.com