Patient's Name:	MR #:	Date:

I voluntarily request the physicians or medical providers at Guam Memorial Hospital Authority (GMHA) involved in my care to perform the procedure described below.

The procedure is vaginal delivery after a prior cesarean section, which involves labor in an attempt to successfully deliver the infant and placenta (afterbirth) through the birth canal. This may require additional procedures, such as the use of forceps or a vacuum extractor applied to the infant's head to aid delivery. An episiotomy, which is an incision or cut made in the area between the vagina and rectum, may be performed to enlarge the opening of the vagina.

The alternative to this procedure is a repeat cesarean section, which I decline at this time.

The general risks of vaginal birth include: Possible infection, possible excessive blood loss, possible damage to organs or structures with resulting permanent loss of function or need for surgical repair in the future, possible need for emergent surgery or additional procedures, which might include a cesarean section and/or possible injury to the infant.

The specific risks of an attempted VBAC are:

- Rupture or separation of uterine scar during labor. The estimated risk of uterine rupture is 0.2 1.5 % after one prior "low transverse" cesarean section and 4-9 % after a "classical" cesarean section.
- The result of uterine rupture may be catastrophic to the mother and the infant. Uterine rupture requires emergency cesarean section which may not be available in a timely manner at GMHA because of limited facilities and personnel.
- Uterine rupture increases the risk of complications including but not limited to hemorrhage, infection, blood transfusion, hysterectomy, cerebral palsy, and other forms of permanent brain damage, as well as possible death of the mother and/or the infant.

The benefit of VBAC is that:

- 60-80% of patients have a successful vaginal birth after cesarean.
- When successful, there is a shorter recovery time.

However, patients who attempt to deliver vaginally, but ultimately undergo a repeat cesarean section have increased risks for the mother and the infant than does a scheduled repeat cesarean section.

I understand that I may request a repeat cesarean section at any time, but surgery will have to scheduled according to medical priority among other cases awaiting surgery at GMHA

I also understand that neither repeat cesarean section nor trial of labor after a cesarean section is risk free. I recognize that, during the course of my care, unforeseen conditions may necessitate medical providers to perform such surgical or other procedures as are necessary to attempt to preserve my life or bodily functions. **I understand** that the practice of medicine is not an exact science and that no guarantees or assurances have been made to me concerning the results of attempting this procedure. **I consent** to the administration of anesthesia, analgesia, or sedation (pain medication) by medical providers, knowing that there may be risks of such medications.

BY SIGNING THIS FORM I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AS WELL AS EXPLAINED TO ME AND THAT I UNDERSTAND THE NATURE AND THE RISKS OF THIS PROCEDURE TO MY SATISFACTION AND HAVE HAD ALL MY QUESTIONS ABOUT THIS PROCEDURE ANSWERED TO MY SATISFACTION.

Signature of Patient	Date	Time	
Signature of Witness	Date	Time	
Informed Consent and Red	quest for Vaginal Birt	h	PATIENT ID LABEL
After Cesarean Section (V	BAC)		
Guam Memorial Hospital Authority			
Reviewed 1/15 Approved ORGVN	1/15 NM 5/15 MEC 5/15	HIMC 6/15	

Reviewed: 4/15 Approved: OBGYN 4/15, NM 5/15, MEC 5/15, HIMC 6/15 FORM# 0041 STOCK # 990041