

Trial of Labor After Cesarean Consent Summary Updated 06/30/2016

ANMC has been providing TOLAC since the 1980's. Nationally, 60-80% of women who have tried a TOLAC have succeeded. We have anesthesia staff, a doctor for you, a doctor for the baby, nursing and operating room services available 24 hours per day. In the case of an unsuccessful TOLAC, I understand that the complications for both mother and baby are higher than they would be for a planned cesarean delivery. If a tear in the uterus were to happen, injury to the baby may occur. We have specific plans to respond once a problem is detected. There is risk associated with every pregnancy. Risk can never be completely removed. We share the same goal as you: a healthy baby delivered to a healthy mom. We will make every effort to ensure this.

Among other topics I have reviewed these basic issues with my ANMC provider:

- _____ What are the implications of my future childbearing?
- _____ What increases and/or decrease the chance of success for VBAC?
- _____ What are the risks of TOLAC and/or planned cesarean birth.

Please initial on the lines:

_____ I have read this consent form. I understand the benefits and risks with a planned cesarean delivery and TOLAC. I understand how these benefits and risks apply to me.

_____ I have had the chance to read the Birth Choices after Cesarean Delivery customer education material and to ask questions. My questions were answered to my satisfaction.

_____ If I choose a TOLAC, this consent will be reviewed again when I am admitted to the hospital and during the labor as indicated. I may want to ask for a repeat cesarean delivery or my doctor may find a need to deliver my baby by cesarean delivery.

My choice is (please check desired choice):

- I have chosen to try a TOLAC for delivery of my baby.
- I have chosen a planned repeat cesarean delivery of my baby.

Please sign and date:

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Witness Signature: _____ Date: _____