WAIVER OF CARE
FOR VAGINAL BIRTH AFTER CAESAREAN SECTION (VBAC)

A. I have one or more previous cesarean section and a desire a vaginal birth after cesarean section (VBAC) with my current pregnancy.

B. I have been informed by my midwife that she agrees with the Department of Health and the American College of Nurse-Midwives (ACNM) and American College of Obstetricans and Gynecologists (ACOG) guidelines concerning VBAC which states:

- The concept of routine repeat cesarean birth should be replaces by a specific decision process between the patient/client and the physician/care giver for a subsequent mode of delivery
- In the absence of a contraindication, a woman with one previous cesarean delivery with a lower uterine segment incision should be counseled and encouraged to undergo a trial of labor in her current pregnancy.
- A woman who has had two or more precious cesarean deliveries with lower uterine segment incisions and who wishes to attempt vaginal birth should not be discouraged from doing so in the absence of contraindications.
- A trial of labor and delivery should occur in a hospital setting that has professional resources to respond to acute intapartum obstetric emergencies.
- The American College of Nurse-Midwives (ACNM) strongly supports the practice of vaginal birth after cesarean (VBAC) for women who are appropriately selected, counseled and managed. This position is consistent with current research which reports that successful VBAC results in significant benefits and fewer risks for women and infants than repeat cesarean delivery.
- Midwives are qualified to manage care during pregnancy, labor and birth for a woman planning a vaginal birth after cesarean if appropriate arrangements for medical consultation and emergency care are in place. Labor support and the care offered by midwives increase the chances of a successful vaginal birth after cesarean section and lower cesarean rates in general.
- Rupture of the uterus is the major risk for women laboring after a prior cesarean section. The incidence ranges from 0.4 – 1.2%. The incidence of uterine rupture in women laboring after prior cesarean is similar to other sudden obstetric emergencies such as placental abruption, cord prolapse and unexplained severe fetal heart rate decelerations. The occurrence of this rare but potentially catastrophic event is minimized with appropriate patient selection and labor management.
- Care of the woman who desires a vaginal birth after a cesarean section should include informed consent as well as heightened surveillance of fetal heart rate patterns according to established high-risk criteria in labor. Well established and ongoing communication between midwifery and obstetric providers to facilitate transfer of care and surgical intervention is essential to promoting optimal outcomes.

C. My midwife has counseled me regarding the relative benefits and risks of VBAC. I understand that VBAC has a number of benefits over repeat cesarean section and that for most women, in an appropriate setting these benefits out weight the risks. My midwife has informed me that these benefits include the elimination of operative and postoperative complications with a successful VBAC, a reduction in the length of postpartum recovery, reduced postpartum depression and easier infant nursing, care and bonding. I also understand that risks are involved; the main one being uterine rupture, which although rare, can be catastrophic in a matter of minutes. I understand that significant rupture only occurs in less that 1% of appropriately attempted VBACs, but that when it does it can lead to excessive blood loss, damage to or death of the infant, and/or damage to or death of the mother. I also understand that risk of rupture varies with the type of uterine incision and that the incision in my abdomen may have been different from that in my uterus. Lastly , I understand that in the event of uterine rupture, prompt recognition and emergency management in a hospital can usually minimize any serious consequence.

D. I have also been informed by my midwife that it is her policy that she be checked by a physician and by his approval will I attempt a home birth.

After receiving counseling from my midwife concerning the above, having my questions answered, and understanding what I have been told.

I _____ voluntarily waive transfer of my care to a physician for a VBAC and choose to continue

care with _____.
Name of Midwife

_____ _____
Date Midwife Signature Date Client Signature

_____
Date Witness Signature