# Laboring After Cesarean

*Note to midwives:  
When providing this informed consent, provide an information packet which may include the Canadian packet and the MAWS VBAC guidelines.  
  
Copy and paste the following onto your letterhead and edit according to your own personal protocols.*

* I have read and understood all the resources provided to me by my midwife.
* I  have had the opportunity to have all my questions answered.
* I understand that there are risks associated both with planning a labor after a cesarean and planning an elective repeat cesarean; I must decide which risks are more acceptable to me.
* I acknowledge that morbidity and mortality for the birthing parent are lowest for a successful vaginal delivery, higher for an planned repeat cesarean, and highest for an intended vaginal delivery that ends in an unplanned cesarean birth.
* I understand that the risk of difficulties delivering the placenta increase with each successive cesarean delivery and this can lead to hemorrhage, hysterectomy, and maternal death.
* I qualify for birth center LAC because I have/had the following:
  + only one cesarean and no other uterine wall surgery
  + no complications during healing from the last surgery
  + a low transverse incision
  + an interval of at least 24 months between surgery and my planned labor

There are conditions that decrease my risks of complications while planning to labor in the community setting:

* Normal progress of labor including pushing phase
* Estimated fetal size <4000gm (8lb 13oz)
* Normal weight gain in pregnancy per CDC guidelines
* Spontaneous labor before 41 weeks

   
Risks associated with a community labor after cesarean include but are not limited to:

* uterine rupture requiring emergent transport
* retained placenta,  hemorrhage and need for emergent transport
* injury or death of birthing parent or infant due to unavoidable delays in obtaining emergency medical care

Risks associated with repeat cesarean include but are not limited to:

* hemorrhage resulting in severe anemia
* breathing problems for the infant immediately following delivery
* bowel and bladder injury
* infection
* I agree to be transferred for hospital care at any point in my care if my midwife advises.

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Signature of Client Signature of Partner

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Name of Client Name of Partner

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Date Date