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INFORMED CHOICE FOR VAGINAL BIRTH AFTER CESAREAN (VBAC)

1. I, _____ of _____ (city) do hereby give my consent to the performance of home VBAC. I understand that the procedure will involve labor and vaginal birth at home with a fully licensed direct-entry midwife in attendance. I have made my decision voluntarily and freely.

2. I appreciate that there are certain risks associated with this procedure including uterine rupture and its potential consequences of fetal distress, fetal death, maternal hemorrhage, hysterectomy and maternal death and I freely assume these risks. I also understand that there are possible benefits associated with this procedure including less chance of surgical intervention, birth in the familiar surroundings of my own home, with the support of the licensed direct-entry midwife. However, I appreciate that there is no certainty that I will achieve these benefits and no guarantee has been made to me regarding the outcome of this procedure.

3. The reasonable alternatives to this procedure have been explained to me including attendance of VBAC within the hospital setting where there is more immediate access to surgical intervention should a significant rupture occur intrapartally, and more intensive care treatments such as blood transfusions and neonatal resuscitation equipment.

4. Hospital transport shall be to _____ **which is able to perform an emergency cesarean.** I will deliver at the following address

_____ which is within 30 minutes from the above facility. Phone numbers for the facility will be posted by the phone and in my records. I will agree to be transported by the safest and fastest means depending on reasons for transport. (ambulance or car)

5. I agree to educate myself with books such as (Silent Knife, Artemis Speaks, etc.) and in talking to other VBAC mothers.

6. In authorizing _____ to attend and assist me in this procedure; I understand that the midwife may be assisted by other health professionals as the midwife considers necessary in my care. I agree to their participation in my care.

7. I am aware of the liability statement found in Section 37-27-311(2)(g), MCA which reads that a health care provider's liability in rendering care or assistance in good faith to a patient of a direct-entry midwife in an emergency situation is limited to damages caused by gross negligence or by willful or wanton acts or omissions.

8. I agree to obtain records for my file of my past cesarean to verify **a low transverse incision scar** of the uterus.

9. Any questions I have had regarding this procedure have been answered to my satisfaction.

10. To attest to my consent to this procedure, I hereby affix my signature to this informed choice document.

_____ Signatures of Clients

_____ Signature of Direct-entry Midwife

_____ Date