Request for a Trial of Labor After Cesarean Delivery (TOLAC)*

Consent Form

Staff: Use this form at regional hospitals when a patient meets selection criteria for TOLAC. See “Policy for trial of labor and vaginal birth after a previous cesarean.”

You must initial each statement to show you understand.

Patient Initials

___ I have had one or more cesarean section deliveries. I am choosing to have labor and deliver by vaginal birth, rather than choosing a repeat cesarean section birth.

___ This hospital does not offer the highest level of services for vaginal deliveries for women who have had cesarean section deliveries with other pregnancies.

___ About 60–80% of women who try to deliver vaginally after a cesarean section will deliver vaginally.

___ The benefits of a vaginal birth with no complications include:

• Less blood loss
• Less post-delivery complications
• Shorter recovery/healing time

___ The risk of a rupture of the uterus during labor is about 1% (or 1 in 100) vaginal deliveries. This is with an incision in my uterus from the cesarean section before.

___ Labor poses a higher risk of harm to my baby than to me. If there is a rupture in my uterus, my baby may suffer brain damage or death, if not immediately delivered by emergency cesarean section.

___ If my uterus ruptures during labor, I understand there may not be enough time to operate and prevent death or permanent brain injury to my baby.

___ The risk of death or permanent brain damage to my baby, when the uterus ruptures, is uncertain. But, has been reported to be generally less than 1% (or 1 in 100) uterine ruptures.
__ The risks of harm to me if my uterus ruptures include:

- Hysterectomy (loss of the uterus)
- Blood transfusion
- Infection
- Injury to internal organs (bowel, bladder, and ureter)
- Blood clotting problems
- Death (which is rare)

__ My doctor does not recommend I be transferred during labor to a hospital that offers the highest level of services for vaginal deliveries. This is because the risk of transfer outweighs the benefits.

__ During my labor, the use of oxytocin (Pitocin), a hormone to make my uterus contract, may be necessary to help my vaginal delivery. This may cause:

- Long contractions
- Increased pain during contractions
- An increase in the possibility of uterine rupture
- Abnormal position of the baby
- Fetal distress, which will increase the need for an emergency cesarean section.

__ If I choose to labor, but then need an emergency cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cesarean section delivery.

By signing below, I confirm I have reviewed this information. I have talked with my doctor, and have had all my questions answered.

**Consent for Emergency Treatment**

By signing this form, I give my consent to all appropriate treatment in the event of a uterine rupture or other complications including:

- Emergency cesarean section delivery
- Hysterectomy
- Blood transfusion for me and/or my baby
- Emergency resuscitation
Refusal of Cesarean Section

I understand that by signing this form:

- I am refusing a repeat cesarean section delivery at this time.
- I am choosing to try to have a vaginal birth after cesarean section at a hospital that does not offer the highest level of services for vaginal deliveries.

___ I have read this form or it has been explained to me. All my questions about this form have been answered.

Time AM PM Date Patient Signature

If a patient is unable to consent, the following must be completed:

I, ____________________________, hereby certify that I am the __________________________ of the patient;
that the patient is unable to consent because: ____________________________.

Signature of Parent, Legal Guardian, Patient Advocate or Next of Kin

Time AM PM Date Witness to Signature
Statement for Invasive Procedures Only:

I have reviewed the patient consent form. I have discussed the risks, benefits and potential complications of the planned procedure, and the risks, benefits and potential complications of alternative treatments with the patient/family who express understanding and wish to proceed.

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Interpretation Services

I certify that I have interpreted, to the best of my ability, into and from the participant's stated primary language, ________________, all oral presentations made by all of those present during the informed consent discussion.

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<th>Interpreter Signature</th>
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Interpreter name (print)

Confidentiality of this medical record shall be maintained except when use of disclosure is required or permitted by law, regulation, or written authorization by the patient.

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