Patient's Name:		MR #:	Date:
I voluntarily request the physicians or medical care to perform the procedure described below.	•	uam Memorial Hospital	Authority (GMHA) involved in m
The procedure is vaginal delivery after a prior the infant and placenta (afterbirth) through th forceps or a vacuum extractor applied to the in- in the area between the vagina and rectum, may	e birth canal. T	Γhis may require additi id delivery. An episioto	onal procedures, such as the use o my, which is an incision or cut made
The alternative to this procedure is a repeat ces. The general risks of vaginal birth include: Poss structures with resulting permanent loss of fur surgery or additional procedures, which might	sible infection, nction or need f	possible excessive bloofor surgical repair in the	d loss, possible damage to organs of future, possible need for emergen
 The specific risks of an attempted VBAC are: Rupture or separation of uterine scar of prior "low transverse" cesarean section The result of uterine rupture may be categories as section which may not be a personnel. 	and 4-9 % aftentastrophic to the	er a "classical" cesarean e mother and the infant	section. Uterine rupture requires emergency
 personnel. Uterine rupture increases the risk of transfusion, hysterectomy, cerebral pal of the mother and/or the infant. The benefit of VBAC is that:			
 60-80% of patients have a successful v When successful, there is a shorter reconstruction However, patients who attempt to deliver vaging for the mother and the infant than does a schedule 	overy time. nally, but ultima	ately undergo a repeat o	cesarean section have increased risk
I understand that I may request a repeat cesa medical priority among other cases awaiting su			will have to scheduled according to
I also understand that neither repeat cesarear that, during the course of my care, unforeseen other procedures as are necessary to attempt to medicine is not an exact science and that no attempting this procedure. I consent to the amedical providers, knowing that there may be re-	to preserve my guarantees or a administration	y necessitate medical p life or bodily function assurances have been m of anesthesia, analgesia	providers to perform such surgical of s. I understand that the practice of adde to me concerning the results of
BY SIGNING THIS FORM I ACKNOWLED EXPLAINED TO ME AND THAT I UNDER MY SATISFACTION AND HAVE HAD ALISATISFACTION.	RSTAND THE	NATURE AND THE I	RISKS OF THIS PROCEDURE TO
Signature of Patient	 Date	 Time	

Informed Consent and Request for Vaginal Birth After Cesarean Section (VBAC)

PATIENT ID LABEL

Guam Memorial Hospital Authority

Signature of Witness

Reviewed: 4/15 Approved: OBGYN 4/15, NM 5/15, MEC 5/15, HIMC 6/15

Date

Time

FORM# 0041 STOCK # 990041