

**INFORMED CONSENT
To Midwifery Care
For Vaginal Birth After Cesarean Section (VBAC)**

I, _____, verify that the following Informed Consent to Vaginal Birth after Cesarean Section has been read to me in a language I can understand, that I understand each section of the Informed Consent, and that any questions I had have been answered by the direct entry midwife (“Midwife”).

- I have been given educational information including the history of VBAC and the Midwife has discussed my personal situation regarding this pregnancy and all previous pregnancies and deliveries and VBAC with me.

Client’s initials _____

- The Midwife has discussed with me all the associated risks and benefits of VBAC at home. All risks associated with my decision to have a VBAC at home related to my medical history and previous pregnancies and deliveries have been explained to me by the Midwife.

These include:

- In emergency situations – due to lack of immediate access to medical personnel, equipment and drugs – additional risks arise in VBAC at home deliveries.

(Add other appropriate information here.)

Client’s initials _____

- I have been provided with a written, workable hospital transport plan by the Midwife that describes transport within 30 minutes from the place of birth to the nearest hospital or emergency medical center able to perform an emergency cesarean.

Client's initials _____

- I have been provided with information from the Midwife about alternatives to VBAC at home.

These include:

- Medical care by a physician or certified nurse midwife licensed in the State of Colorado and having a VBAC delivery performed at a hospital.

(Add other appropriate information here.)

Client's initials _____

- I understand that I may terminate the relationship with the Midwife at any time and seek alternative medical care.

Client's initials _____

- I understand that to have a midwife perform a VBAC at home, at least 18 months must have elapsed since my last cesarean delivery.

Client's initials _____

- I understand that if I have had two or more cesarean section deliveries, I must also have had at least one vaginal delivery to be eligible to have a midwife perform a VBAC at home.

Client's initials _____

Direct Entry Midwife:

Name: _____

Address: _____

Telephone Number: _____

Registration Number: _____

Client:

Name: _____

Address: _____

Telephone Number: _____

Client Signature

Date