



VBAC CONSENT

Authorization for Delivery Following a Previous Cesarean Delivery

- I have read *Delivery Following a Previous Cesarean Delivery*.
- I understand what has been discussed with me, including this form. I have been given the chance to ask questions and have received satisfactory answers.
- No guarantees or promises have been made to me about expected results of this pregnancy.
- I know that anesthesiologists, pediatricians, and other clinical staff may help my doctor or midwife.
- I retain the right to refuse any specific treatment.
- All of my questions have been answered.

I have chosen to attempt a trial of labor and vaginal delivery. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

Printed Patient Name

Patient Signature

Date/Time

Printed Physician Name

Physician Signature