

Informed Consent Form: Trial Of Labor After Cesarean (TOLAC)

The purpose of this document is to provide you with the required information on the topic of vaginal birth after Cesarean Section, in order to allow you to choose the method of delivery most suitable for you during your current pregnancy.

Our department's policy, like the policies of other obstetrics departments in the world, is to enable women who had previously given birth by means of Cesarean Section to try giving vaginal birth, providing that their former delivery data and the data of their current pregnancy allow it.

Parturient Name: _____
Last name First Name Father's name I.D.

I hereby declare and affirm that I understood the detailed verbal explanation I received from Dr.: _____

Last Name First Name

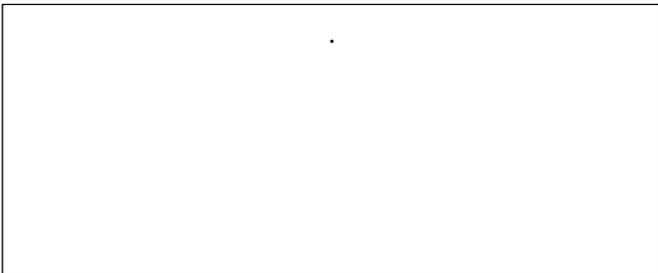
Concerning the meaning of the decision to try vaginal birth (hereinafter: "Attempted Vaginal Birth") after having given birth by Cesarean Section in the past.

I hereby declare and affirm that, I was given an explanation about the anticipated process, the hoped-for results, possible complications and risks, and the alternative of performing elective Cesarean Section.

It was explained to me that, in Israel, the rate of success of Vaginal Birth after Cesarean is about 70-75%. In all other cases the delivery culminates in another Cesarean Section.

It was explained to me that the main complication that may occur during Trial of Labor after Cesarean Section is rupture of the uterus, a complication that occurs at a frequency of one of 100 to 200 cases. It was explained to me that, in the event of such rupture, emergency C-Section will be required and that rupture of the uterus may be accompanied by massive, life-threatening bleeding, which may necessitate hysterectomy, or by other complications, including disorder in the coagulation mechanism, the need for transfusion of blood and blood products and/or expansion of the surgery due to injury to adjacent organs. It was explained to me that complications may not be expressed during labor/ trial of labor, and therefore their treatment me delayed. It was also explained to me that, as a result of such complications, I may need repair surgery at a later stage.

In addition to the above mentioned complications, it was explained to me that, rupture of the uterus during the trial of labor, may cause injury to the newborn, which, in spite of medical treatment, may be severe and accompanied by permanent brain damage to the newborn and even end, in rare cases, in his/her death (the risk



of infant mortality due to ruptured uterus is 1 in 10,000 cases of attempted vaginal birth).

I hereby declare and affirm that, it was explained to me and I understand that it is possible that during the Attempted Vaginal Birth the need for Cesarean Section or for performing other or additional life-saving procedures or procedures designed to prevent physical injury to me and/or to the fetus, will arise. Therefore, I consent also to such expansion or performance of other procedures, which the hospital physicians believe to be essential.

It was explained to me, and I agree, that during the entire delivery I will be connected to a monitor that will follow the fetus' heartbeat and my contractions and that if needed, other examinations may be conducted. It was also explained to me that, for the purpose of pain relief, I will be able to receive medicinal treatment or topical anesthesia (epidural/ spinal), and that in the event C-Section is needed, general anesthesia may be required. In the event topical anesthesia and/or general anesthesia is required I will receive respective explanation.

I hereby declare and affirm that it was explained to me that there is an alternative treatment to Attempted Vaginal Birth namely performing elective C-Section. The advantages and disadvantages of an elective Cesarean Section, to me and to the fetus, compared to Attempted Vaginal Birth were explained to me.

I know and agree that monitoring the progress of the Attempted Vaginal Birth and all other procedures will be performed by those assigned with it, in accordance with the procedures and instructions of the institute, and that no promise was made to me that they will be performed, all or some of them, by a certain person, providing that they are performed in the responsible manner customary in the institute and subject to the law.

I hereby declare that I have read the form and have comprehended its contents in view of the explanations given me.

Date	Time	Parturient Signature
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Name of Guardian (relation to the parturient)	Signature of Guardian (in cases of incompetent, minor or mentally ill patient)
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I hereby confirm that I have given the Parturient/ her Guardian* verbal explanation of all the aforesaid in adequate detail and that she/he signed this consent form before me after I have been convinced that she understood my explanation in full.

Doctor's Name (stamp)	Doctor's Signature	Date and time
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