Texas Department of Health
Midwifery Board

Waiver of Transfer of Care to a Physician for Vaginal Birth after a Cesarean Section

A. I have had one or more previous cesarean sections and desire a vaginal birth after cesarean section (VBAC) with my current pregnancy.

B. I have been informed by my midwife that the Texas Department of Health (Department) and the Midwifery Board agree with the current obstetric practice of encouraging VBAC. Further, my midwife has informed me that the Department and Midwifery Board concur with the most recent (1994) American College of Obstetricians and Gynecologists (ACOG) guidelines concerning VBAC which state that:

- ☞ The concept of routine repeat cesarean birth should be replaced by a specific decision process between the patient and the physician for a subsequent mode of delivery
- ☞ In the absence of a contraindication, a woman with one previous cesarean delivery with a lower uterine segment incision should be counseled and encouraged to undergo a trial of labor in her current pregnancy.
- ☞ A woman who has had two or more previous cesarean deliveries with lower uterine segment incisions and who wishes to attempt vaginal birth should not be discouraged from doing so in the absence of contraindications.
- ☞ A trial of labor and delivery should occur in a hospital setting that has professional resources to respond to acute intrapartum obstetric emergencies.

C. My midwife has counseled me regarding the relative benefits and risks of VBAC. I understand that VBAC has a number of benefits over repeat cesarean section and that for most women, in an appropriate setting, these benefits outweigh the risks. My midwife has informed me that these benefits include the elimination of operative and postoperative complications with a successful VBAC, a reduction in the length of postpartum recovery, and easier infant care and bonding. I also understand that risks are involved; the main one being uterine rupture, which although rare, can be catastrophic in a matter of minutes. I understand that significant rupture only occurs in less than 1% of appropriately attempted VBACs, but that when it does, it can lead to excessive blood loss, damage to, or death of the infant, and/or damage to, or death of the mother. I also understand that the risk of rupture varies with the type of uterine incision and that the incision in my abdomen may have been different from that in my uterus. Lastly, I understand that in the event of uterine rupture, prompt recognition and emergency management in a hospital can usually minimize any serious consequence.

D. I have also been informed by my midwife, that the current State of Texas Midwifery Practice Standards and Principles recommend that VBACs occur in a hospital setting. I understand that these standards and principles require that my midwife transfer my care to a physician, unless a physician approves of VBAC by my midwife or unless I voluntarily waive medical transfer and have not had a classical cesarean section.

After receiving counseling from my midwife concerning the above, having my questions answered, and understanding what I have been told.

I _____ voluntarily waive transfer of my care to a physician for a VBAC and

choose to continue care with _____.
Name of Midwife

Midwife Signature _____ Date _____

Client Signature _____ Date _____

Witness Signature _____ Date _____