

CONSENT FOR FORCED CESAREAN SECTION

I have been informed by my physician of the risks of a vaginal birth and have also been informed of the benefits of a cesarean section for myself and my baby in my current condition. I have also been informed that this hospital has a policy against a vaginal birth for VBAC, breech and some twin births. I am aware that I am being told I must have a cesarean section and have been asked to sign a consent for this surgical procedure against my wishes.

I am also aware of the benefits of vaginal delivery for my own health now and in future pregnancies. I am aware of the American College of Obstetrics & Gynecology committee opinions and practice guidelines on VBAC, breech and twin birthing support vaginal delivery in most instances with a trained attendant. I am aware there are both short and long term risks to cesarean birth for me and my children and am requesting to be allowed to have a vaginal trial of labor.

Having been informed of the risks and benefits of these options I wish to have my decision for a vaginal birth respected. I am aware that medical ethics states that in situations with more than one reasonable option the decision of how to proceed should respect my autonomy in decision making. I am aware that ACOG states that use of coercion is never acceptable.

I freely accept the risk and benefits of my choice and desire to proceed with a vaginal delivery. I will happily sign a consent form taking responsibility for my decision and indemnify my physician and the hospital. However, should my wishes still not be respected by this institution and I am forced to accept a cesarean section and sign a surgical consent form against my will without a trial of labor simply because of hospital pressure and policy then I expect my physician and this institution to take full responsibility for complications that may arise from said policy in this current and all future pregnancies.

I, the undersigned, am a duly authorized representative of this hospital and have informed _____ (patient) that the policy of this hospital and/or the recommendation by the medical staff is to go to immediate cesarean section without allowing a trial of labor for the condition of _____. I have reviewed the references below and am aware that this patient prefers a vaginal delivery. Nonetheless, it is hospital policy to perform a cesarean birth for her condition. I am aware that cesarean section carries with it certain risks in this and future pregnancies and accept responsibility on behalf of the institution and medical staff for any complications that should arise during, after and in the future from our policy for surgical birth.

Print _____ Sign _____

Date _____ Witness _____

References:

- ACOG Committee Opinion Number 340: Mode of Singleton Breech Delivery July 2006 (reaffirmed 2016)
- ACOG Practice Bulletin Number 115: Vaginal Birth After Previous Cesarean Delivery August 2010
- ACOG Practice Bulletin Number 169: Multifetal Gestations: Twin, Triplet and Higher-Order Multifetal Pregnancies October 2016
- ACOG Committee Opinion Number 439: Informed Consent August 2009

To be written in the margin of the hospital surgical consent form: "I am being told that this hospital will not support me in a vaginal birth and will only offer me surgical delivery, and have been asked to sign a consent form for this surgery against my wishes. Because I am signing this surgical consent form against my will, without a trial of labor, due to hospital pressure and policy, I expect my physician and this institution to take full responsibility for any complications that may arise from the treatment I receive in this current and all future pregnancies."