

**Consent Form**  
**TRIAL OF LABOR AFTER C/S (TOLAC)**  
**ניסיון לידה לדנית לאחר ניתוח קיסרי**

Large Sticker

In an attempt to give vaginal Birth after a Caesarian section in the past, various facts related to previous births are taken into account: the indications for the previous caesarian section, the course of the surgery and the postpartum period, the time elapsed from the caesarian section, has there been a vaginal birth after/ before cesarean section and more.

I hereby declare and confirm I have received a detailed oral explanation by Dr. \_\_\_\_\_  
First Name                      Family Name

On the process of vaginal birth after caesarian section and the risks involved. (Hereinafter: a trial of labor) I have been made clear that during the entire delivery I will constantly be attached to a monitor for the purpose of monitoring the heartbeat of the fetus and contractions, and if necessary, additional tests will be made.

I have received an explanation of the possible risks involved in vaginal birth after caesarian section, which includes opening/ rupture of the surgical scar which may lead to urgent caesarian section. Rupture of the scar may be accompanied by excessive bleeding which may eventually result in hysterectomy or other and/or additional complications which may include blood coagulation problems, need for blood transfusion and blood products and/or expended surgery due to the involvement of adjacent organs.

It has been explained to me that these complications may go undiagnosed during the vaginal birth requiring a repeated surgery at a later stage.

It has also been explained to me that a uterine rupture may cause severe fetal distress that despite treatment, will cause severe neurological damage, often irreversible, to the newborn/fetus and even to the fetus/newborn's death during or after the surgery.

It has also been made clear to me that if the birth fails to proceed as expected, or upon showing signs of fetal distress, the delivery room staff may decide to stop the trial of vaginal labor and switch to cesarean section.

I hereby give my consent to trial of vaginal labor, and to switching Caesarean Section if necessary.

I have been made clear that the delivery itself will involve an epidural anesthesia, yet if it is decided to do a cesarean section, general anesthesia may be required.

I am aware and I give my consent that the trial of labor and/or caesarean section and all other procedures will be performed by the person tasked with this assignment, in accordance with the policies and the orders of the hospital, and I was not promised that any action, in part or in full, will be made by a specific person, as long as they are performed under the acknowledged responsibility of the hospital, subject to the law

Date/ תאריך	Time / שעה	Mother's name / שם היולדת	Mother's signature / חתימת היולדת				
I hereby declare and confirm I have been given a detailed oral explanation from Dr. _____			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">First Name שם פרטי</td> <td style="text-align: center;">Family Name שם משפחה</td> </tr> </table>			First Name שם פרטי	Family Name שם משפחה
First Name שם פרטי	Family Name שם משפחה						

Legal Guardian's Name (Relation)/ שם האפוטרופוס (קרבה)	Legal Guardian's Signature (for incompetent, minor or mentally ill patients)/ חתימת האפוטרופוס (במקרה של פסול דין, קטין או חולה נפש)
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I confirm I have provided an oral explanation to the mother/ לילודת the mother's legal guardian/ של יולדת \*all the above with the necessary details and that they have signed the consent form in my presence after I was convinced that they fully understood my explanations.

Physician's Name / שם הרופא/ה	Signature / חתימה	License No. / מספר רישיון
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\* Cross out irrelevant option / מחקי את המיותר  
**Copies:** 1. Patient's File 2. Patient