You have had a previous cesarean section. Although "once a cesarean section always a cesarean section" used to be the rule, some woman may choose to attempt a vaginal delivery, called a "trial of labor". The American College of Obstetricians and Gynecologists recommend that women with one previous cesarean delivery with a low transverse incision should be encouraged to attempt labor.

Your doctor or nurse-midwife will review the records of your cesarean section to determine whether or not you may safely attempt labor. A safe attempt to deliver vaginally is based on the type of uterine scar that you have. The previous incision in your uterus may have been transverse (back and forth) or vertical (up and down); this may be different from the incision in your skin.

Some vertical incisions are known to be weaker and at greater risk of opening or rupturing during labor. Therefore, women with vertical uterine scars should not be allowed to labor. If you have had more than one cesarean section, it will be necessary to examine the operative note from each of your deliveries.

Large studies have found a success rate of vaginal deliveries in 70%-80% for women who have a trial of labor. The alternative to a trial of labor is to have a repeat cesarean section, without labor. Most obstetricians recommend a repeat cesarean section if the baby is expected to be very large, if the baby is in a breech or transverse position, or for twins.

There are benefits and risks of a trial of labor. The benefits of a vaginal delivery after cesarean section include a shorter hospital stay and recovery period for you. A vaginal delivery is considered safer than a cesarean section for the mother, with less blood loss and less risk of infection.
The risks of vaginal delivery after cesarean section should be understood as well. You may require a cesarean section during labor. If you do, you have a higher risk of infection. Cesarean section, however, does not guarantee a normal baby. Finally, there is a small (<1%) risk of the uterus opening in the area of the old incision. If this happens, it could cause distress in the fetus, cause excessive bleeding, and rarely may require a hysterectomy (removal of the uterus).

その反面、危険性があることも知っておかなければなりません。普通分婜を試みて帝王切開が必要となった場合、最初から帝王切開をする場合よりも感染を起こす危険性が高くなります。また帝王切開をしたとしても、赤ちゃんが無事に生まれるという保証はありません。また1%未満ですが、過去の帝王切開の傷が分娩中開いてしまうこともあります。この場合、胎児に悪影響を及ぼしたり、大出血を起こす危険性もあり、場合によっては子宮を摘出しなければならないこともあります。

If you qualify for a vaginal delivery after cesarean section, then you may choose to either plan a trial of labor or a repeat cesarean section. Your doctor or nurse-midwife will answer any questions that you may have.

帝王切開後の普通分婜についてきちんと理解してから、医師や助産婦と相談して、普通分婜を試みるか、再度帝王切開するかを選んでください。

Please initial here that you have read and understand the risks and benefits of each procedure.

それぞれの危険性や利点について読んで理解したら、上記の線上にイニシャルを記入して下さい。

I have had the opportunity to have my questions answered and I elect:

私はすべての質問を医師から説明してもらい、以下を選択します。

___ A trial of labor. 普通分婜を試みます。

___ A repeat cesarean section delivery. 再度、帝王切開を希望します

_________________________ __________________________
Signature  署名                     Date  日付

_________________________ __________________________
Witness Signature 証人署名              Date  日付