



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent

About Your Care During Labor and Birth

Having a baby is a natural event. Most mothers and babies go through labor and birth without serious problems. Even so, situations may arise near the end of your pregnancy, or during labor, that can affect the care you or your baby may need. Some of these situations are described below. This form includes some common practices you may have during your time at the hospital. If you have questions, be sure to ask your doctor or midwife

Labor:

- A doctor or midwife and nurse will take care of you
- Other staff members in-training, residents, medical students, student midwives, or student nurses may also help take care of you. Students are always supervised by your doctor, midwife, or nurse.
- Your blood will be tested
- When you arrive at the hospital in labor, a nurse will usually put a fetal monitor on your abdomen to check the baby's heartbeat and monitor your labor contractions. Your doctor, midwife, and nurse are trained to interpret the baby's heart rate pattern.
- Sometimes we need more information about the baby's condition than we can obtain from the external monitor. If this happens, we may attach an internal monitor electrode to the baby's scalp. Rarely, this can cause an infection of the baby's scalp.
- Sometimes, we need more information about your contractions. Your doctor or midwife can place a small internal line into the uterus to record contractions.

Pain:

- Pain relief methods will be discussed between you and your providers, and may be used throughout your birth experience. Examples include:
 - Walking.
 - Soaking in tub or shower.
 - Breathing and relaxation techniques.
 - Massage.
- If you need more pain relief, your doctor or midwife can offer you other choices that are safe for you and your baby. These may include:
 - Nitrous oxide: Gas inhaled through a mask to decrease strength of pain.
 - Medicine
 - Often given through an intravenous line, narcotic medicines decrease the perception of pain.
 - Directly into the body-this medicine can give relief to certain areas without affecting the rest of the body.
 - Epidural: This is the most common form of pain relief for labor and birth. An anesthesiologist will place a thin flexible tube in your back. You receive pain relief medicine through the tube. This will usually reduce most of the pain of labor. This medicine can also slow your labor down, and increase your risk of needing a cesarean section.

Other Medications:

- If your labor slows down, your doctor or midwife might give oxytocin (Pitocin®) through an IV. This drug makes your contractions stronger and closer together.

- Your doctor or midwife may decide to induce your labor. In the United States, about a quarter of labors are induced. Some reasons for inducing labor include:
 - a baby that is overdue by more than a week or two.
 - a baby that has not grown as expected.
 - Infection.
 - high blood pressure.
 - diabetes.
 - rupture of the bag of waters.
 - other medical reasons.

There are a number of ways your doctor or midwife can help get labor started. If your cervix is soft and stretchy, oxytocin (Pitocin®) through an IV will probably be used. If your cervix is not soft and stretchy, medicines called prostaglandins will normally be given first.

- There are risks to induction including:
 - Creating contractions that are too strong or too frequent. This can stress the baby. In most cases the risk can be managed and the contractions can be decreased.

Induction of labor may not be successful. This may increase the risk of cesarean birth, especially if this is your first baby, or your cervix is not ready for labor.

Vaginal Birth:

Labor contractions slowly open the cervix. When the cervix is completely open, contractions, along with your help, push the baby through the birth canal (vagina).

- Some mothers need help getting the baby through the birth canal. A doctor or midwife may use tools to help deliver the baby. Birthing tools include a vacuum cup or forceps. Your provider will discuss these with you.

Risks of Vaginal Birth:

- Shoulder dystocia. Sometimes the baby's shoulders do not come out easily. If this happens, your doctor or midwife will try to help free the baby's shoulders. Shoulder dystocia may cause a broken collar bone, broken arm, or nerve damage to the baby's arm. Most often these problems heal quickly. For the mother, shoulder dystocia may cause tears around the vaginal opening and bleeding after birth. Rarely permanent nerve injury or even death may occur.
- Many women will get small tears around the vaginal opening. Sometimes a doctor or midwife will cut some tissue to make the opening bigger (episiotomy).
 - Most women with tears or an episiotomy will need stitches. The stitches will dissolve over a few weeks as they heal. The area may be swollen and sore. Rarely, infection may occur
- Normally, the uterus will expel the placenta after birth. In about one percent of births, this doesn't happen. The doctor or midwife must reach into the uterus and remove the placenta. Sometimes a D and C is necessary. Dilation and curettage (D and C) is a procedure that opens the cervix and removes the lining and contents of the uterus.
- All women lose some blood during childbirth. A woman is more likely to lose a lot of blood if:
 - The placenta doesn't pass on its' own
 - She is having twins or triplets
 - Labor lasts a very long time
- Medications can help reduce bleeding after birth. Very few women (less than one percent) need a blood transfusion after vaginal birth.



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Cesarean Section:

Sometimes a vaginal delivery is not possible. During a cesarean birth, a doctor delivers the baby through an incision in the mother's abdomen. The most common reasons for cesarean birth (C-section) are:

- The cervix doesn't open completely.
- The baby doesn't move down the birth canal.
- The baby needs to be delivered quickly because of a problem for mother or baby.
- The baby is not in a position that allows for vaginal delivery.
- The mother has had a C-section before.

If you need a C-section, your doctor will explain the risks and benefits to you at that time, and a separate consent will need to be signed.

After Birth:

- There is a small chance of uterine infection after a vaginal birth. Antibiotics can lower the risk.
- You may have cramps as the uterus returns to its normal size. This cramping gets stronger with each birth. You may notice it more when you are breastfeeding.
- If your baby is delivered vaginally, you may have discomfort around the vaginal opening. Ask your doctor or midwife for pain relief if you need it.
- Vaginal bleeding is normal after birth. It will lessen over 1-2 weeks. About one percent of women has heavy bleeding and need treatment. Sometimes this bleeding can happen weeks after birth.
- Most women feel tired and weepy after birth. For about 10 percent of new mothers, these feelings don't go away or they get worse (post-partum depression). If this happens, ask your doctor or midwife for help.
- When you can go home from the hospital depends on several things:
 - Your health.
 - Your babies' health.
 - The help and support you have at home.

Rare Events

The following problems happen infrequently or rarely during pregnancy and birth

- Problems with the health of the new baby
- Some mothers develop blood clots in their legs after giving birth and will need treatment. This is more likely to occur after a C-section than after vaginal birth.
- Sometimes a doctor must remove the uterus (hysterectomy) to stop heavy bleeding that cannot be controlled. This means a woman cannot become pregnant again.
- Some women will need a blood transfusion after giving birth.
- Very rarely (about 1 in 10,000) mothers don't survive childbirth.

Summary

Most babies are born healthy and most mothers go through labor and birth without serious problems. Pregnancy and childbirth does have some risks. Most of these problems are not common, and the most serious events are rare. You can help by making healthy lifestyle choices and keeping regular appointments with your doctor or midwife. Your health care team will watch for signs of possible problems. They will do their best to identify them early, explain them, and offer you treatment. Your health care team looks forward to caring for you during labor and birth, and to delivering a healthy baby.



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AUTHORIZATION FOR CARE DURING LABOR AND BIRTH

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I consent to obstetrical care during my birthing experience. I understand that some of the procedures described above may occur.
- I understand that my doctor may ask a partner or other providers to perform procedures.
- I understand that other Doctors, including Medical Residents or other staff may help with procedures. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature _____ Date _____ Time _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter’s Statement: I have translated this consent form and the doctor’s explanation to the patient, a parent, closest relative or legal guardian.

Interpreter Signature: _____ Date _____ Time _____

FOR PROVIDER USE ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and patient has agreed to procedure.

Provider Signature: _____ Date: _____ Time: _____

Teach Back

Patient shows understanding by stating in his or her own words:

- Reason(s) for the treatment/procedure: _____
- Area(s) of the body that will be affected: _____
- Benefit(s) of the procedure: _____
- Risk(s) of the procedure: _____
- Alternative(s) to the procedure: _____

Validated/Witness: _____ Date: _____ Time: _____