

Vaginal Birth Informed Consent

A vaginal birth is the delivery of a baby from the uterus through the cervical opening and vagina. Depending on the mother's anatomy, size and position of the baby at time of birth, certain procedures may be necessary. These procedures include but are not limited to: the use of instruments (forceps/vacuum extractor), physical maneuvers and positioning of mother or episiotomy (an incision in the space between the vagina and rectum either midline or to the left or right of midline) may be needed to accomplish a safe delivery of the baby. The use of instruments (forceps/vacuum extractor) to accomplish delivery is referred to as an "operative vaginal delivery." The decision to implement these aids is a medical judgment and usually made just before the birth.

Patient's
Initials

- _____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- _____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- _____ I understand and accept that the most likely material risks and complications of a vaginal delivery have been discussed with me and may include but are not limited to:
- possible future pelvic floor dysfunction
 - decreased bowel function
 - increased blood loss
 - infection at episiotomy site/and or uterus
 - pain and discomfort
 - possibility of additional surgeries
 - injury to urinary tract/rectum
 - injury to the baby (lacerations, hematoma, skull fracture, brachial plexus injury, brain injury)
- _____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist for myself and my baby.
- _____ I understand and accept that if there are complications with myself or the baby that transfer to a higher level of care facility may be necessary.
- _____ I understand that there is a possibility that a cesarean section delivery may be needed depending on my individual labor progress and the tolerance of my baby to the labor forces.
- _____ I understand and accept the possibility that in certain circumstances a cesarean section performed under general anesthesia may be necessary to accomplish the immediate delivery of my baby.
- _____ It has been explained to me that post-delivery administration of various medications may be necessary to cause the uterus to contract and control uterine bleeding.
- _____ I understand and accept the risks of blood transfusion(s) that may be necessary.
- _____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.
- _____ I have informed the doctor of all my known allergies.
- _____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any recreational drug or alcohol use.
- _____ I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

Continued

- _____ I have been informed of what to expect post-delivery, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- _____ The doctor has answered all of my questions regarding vaginal birth.
- _____ **I understand that refusal of instrument intervention or an episiotomy may increase the risk of injury or death to my baby and or myself.**

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform a vaginal birth on _____ at _____.

(name of facility) *(patient name)*

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time _____
Relationship to Patient

Print Patient or Legal Representative Name _____
Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative *(circle one)* fully understands what I have explained.

Physician Signature/Date/Time

_____ copy given to patient
initial

_____ original placed in chart
initial