

**NORTH FLORIDA OB GYN LLC**

**CONSENT FOR DELIVERY**

**PATIENT NAME:**

**Date** \_\_\_\_\_

I hereby authorize the hospital, its employees and agents, and its independent medical and professional staff, including Dr. \_\_\_\_\_ and/or his/her associates and designees to perform the operations and/or procedures listed below. I understand that my physician /provider participate in a call group and that any member of that call group may deliver my baby.

**1. PROCEDURES:**

**Vaginal Delivery**

The baby is delivered through the vaginal canal, with the help of the medical provider. The procedure may or may not include an episiotomy (incision in the vaginal opening). At times, the use of a vacuum (suction) device or forceps (special instruments that are placed around the sides of the baby’s head) are needed to assist the delivery. Most babies are delivered head first, but some are delivered feet or buttocks first. Anesthesia, if required may include IV pain medications, epidural, spinal, pudendal, local or general.

**Cesarean Section**

The baby is delivered through an incision in the mother’s abdomen and uterus, occasionally with the help of forceps or a suction device. A Cesarean Section may be scheduled or required for many reasons. These reasons include, but are not limited to having a previous Cesarean Section, the baby may not tolerate labor and have drops in the heart rate, or the baby may not be head first which is called “malposition,” or the baby may not be descending through the birth canal properly. Anesthesia may include epidural, spinal, or general anesthesia.

**RISKS AT THE TIME OF DELIVERY:**

Retained Placenta - The placenta (afterbirth) usually is delivered in one piece but on occasion fragments of the placenta may be retained in the uterus during vaginal or cesarean birth which can cause bleeding, infection, and may require D&C, hysterectomy, and blood transfusions.

Emboli – During vaginal or cesarean birth the amniotic fluid which surrounds the baby may enter the mother’s circulation (amniotic fluid embolus) or a blood clot may form in a vessel, come loose and go to the lung (pulmonary embolus). These are serious complications which may result in maternal and/or fetal death.

Uterine Rupture - I understand that if I have had previous uterine surgery, there may be an increased risk of uterine rupture prior to or during delivery.

Uterine Atony – The uterus may not contract properly after vaginal or cesarean birth causing excessive bleeding or hemorrhage. This can usually be controlled by medications and/or uterine massage.

Maternal and/or Fetal Death - Rarely occurs prior to or during vaginal or cesarean delivery.

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Tissue Injury During Vaginal Birth- Vaginal birth causes extreme pressures on the tissues and organs of the pelvis. This can result in tears of the vagina, rectum, cervix, or uterus which can later cause urinary or fecal incontinence, prolapse of the uterus and vaginal walls, and/or pain with intercourse. Occasionally patients develop a large bruise or hematoma of the pelvis which may require surgery to drain. Sutures used for repair of vaginal tears or episiotomies usually heal quickly but on occasion poor healing or infection may require prolonged treatment. Rarely a fistula (hole) can develop between the vagina and rectum or the vagina and bladder.

Shoulder Dystocia during Vaginal Birth- Rarely after delivery of the baby's head the shoulders may become entrapped behind the pubic bone and can be difficult to deliver. This condition is called "shoulder dystocia" and is very difficult to predict. Even with proper use of maneuvers to deliver the shoulders, nerve injuries to the baby's neck and upper extremities are possible. Specific risks or complications associated with these maneuvers include the need for emergency cesarean section, uterine rupture, trauma to the fetus and maternal and/or fetal death.

Risks associated with Forceps and Vacuum Devices- Occasionally vaginal and cesarean deliveries are assisted by the use of forceps or a vacuum apparatus which can be life saving for the baby. These devices when properly applied usually cause no injuries to the fetus but often leave a mark on the baby that is temporary. In rare instances, even with proper use injuries to the baby can occur. Risks include cephalohematoma (swelling under the skin with bruising of the head), cranial (skull) fractures, facial bruises, intraventricular (brain) hemorrhage, retinal hematoma (bruising of portion of the eye) and facial nerve palsy.

Additional Risks of Cesarean Section- Risks and complications include pain, numbness, scarring, dehiscence (separation of incision), hematoma (a collection of blood in the tissues), bruising, need for hysterectomy, risks of anesthesia, bleeding, infections, the formation of adhesions which may cause a bowel obstruction or other problems later, injury to the internal organs such as bladder, bowel, ureters, nerves, blood vessels and the baby itself. These complications are rare but do occur on occasion.

General Surgical Risks – I have been informed that there are risks attendant to the performance of any surgical procedure, such as severe loss of blood, infection, the formation of blood clots which may break loose and go to the lung or other areas, reaction to anesthesia or other medications, cardiac and/or respiratory arrest, complete or partial paralysis, brain damage, injury to internal organs, death and others as well as the specific risks listed above. At times a return trip to the operating room may be required to repair injuries, control bleeding, drain hematomas or abscesses, to cut adhesions, or other reasons. I am aware that the practice of medicine and surgery and the administration of hospital care, are not exact sciences, and I acknowledge that no guarantees have been made to me as to the results of the operations or procedures described.

### **THE FOLLOWING PROCEDURES MAY BE PERFORMED AND HAVE ADDITIONAL RISKS SPECIFIC TO THAT PROCEDURE:**

**Induction of Labor:** I, \_\_\_\_\_ understand that induction of labor has the following possible risks:

- I understand that drugs may be used to induce labor; the membranes may be ruptured artificially, or a combination of both may be used.
- I understand that the drug(s) used may over stimulate my uterus and could cause contractions too close together and/or could cause distress in my baby requiring a cesarean section or rarely cause a rupture or tear in the uterus.
- I understand that I may fail to go into labor despite the medication and may require a cesarean section for delivery.

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- I understand that labor may start but I may not make satisfactory progress to deliver vaginally and may need a cesarean section to deliver.

**External Cephalic Version (ECV):** I understand that External Cephalic Version (ECV) has the following specific risks and limitations:

- I understand that I may have side effects from the drug used to relax my uterus. These side effects are rare but can include nervousness, drowsiness, tremors, palpitations (awareness of my heart beating). I understand these usually only last a few minutes. I understand I may notice some discomfort during the procedure, but if I experience pain, I should alert the physician.
- I understand that even if the ECV has an average success rate of 58% and even if the ECV is successful, my baby may not remain in the head down position.
- I understand that there is a small chance I may need an immediate cesarean section, should my baby's health be seriously affected by the ECV. This would include slowing of the heart rate and bleeding.

2. **Unforeseen and/or Additional Procedures** – I understand that, during the course of the procedures described above, it may be necessary or appropriate to perform additional procedures that are unforeseen or not known at the time of this consent. I, therefore, authorize and request that the above named physician and such assistants or other physicians as may be designated by him/her perform such procedures as are necessary and desirable in the exercise of professional judgment.
3. **Anesthesia** – I consent to the administration of any anesthesia deemed necessary in the course of the procedure.
4. **Recuperation** – I understand my recuperation and the likelihood of achieving my care and treatment goals will vary depending upon my overall health status. I have discussed any questions I may have with my physicians.
5. **Alternatives** – My physician/provider and I have discussed the surgical and non-surgical alternatives to the procedures to be performed. We have agreed upon the procedure and approach that best meets my needs and physical condition. I understand that circumstances encountered may require the physician/provider to alter the planned approach.
6. **Care for Child** – I authorize the above named physician/provider and such assistants as may be designated by him/her to perform such procedures and to render such treatment as are necessary in the exercise of his/her professional judgment to my baby.
7. **Tissue Disposal** – I authorize the hospital to dispose of the placenta, umbilical cord (afterbirth) and any severed tissue, organs, or body parts in accordance with its policies.
8. **Observers and Education** – I consent to the admittance of technical advisors, students, and/or observers, in accordance with ordinary practices of the hospital. I understand that some hospitals use closed circuit television to monitor the progress of patient care in their operating rooms. I consent to the taking of photographs and video tapes and the preparation of drawings and similar illustrative graphic material. I also consent to the use of such photographs and other materials for scientific purposes, provided my identity is not revealed by the pictures or by the descriptive text accompanying them. Materials felt to be pertinent to my care and which will be included in my medical record will be appropriately labeled with my identifying information.
9. **Blood Transfusion and Blood Component Therapy Consent or Refusal** – I, . . . understand that a transfusion of whole blood or blood components may be given for one or more of the following reasons: Red blood cells to correct anemia and to increase the oxygen delivery to the body, or platelets and /or plasma components to help my blood clot and prevent bleeding.  
Risks of not receiving blood component therapy: shock, liver failure, kidney failure, cardiac problems, respiratory problems, neurological problems, and possibly my death and /or the death of my baby.

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### Risks associated with blood transfusions and blood component therapy:

- **Common reactions** that are usually not dangerous, including: bruising, chills, fever, rash, hives, or other allergic reactions.
- **Less common reactions** but more serious risk including: Kidney failure, heart failure, anemia, or shortness of breath.
- **Very rare reactions** that could be life-threatening including: Acquiring infectious diseases or other conditions such as:
  - 1) Hepatitis (risk of 1:150,000) which is an inflammation of the liver;
  - 2) Human Immunodeficiency Virus (HIV, risk of 1:2,000,000), which causes a decrease in human T cells that are needed to fight off infections and can cause a disease known as Acquired Immune Deficiency Syndrome (AIDS).
  - 3) Risk of death or serious bodily injury
  - 4) Other risks discussed by my physician/provider

### Alternatives to transfusions: (Each of which has its own risks)

- 1) Artificial blood components and volume expanders
- 2) My blood that is recycled during surgery. (Only possible for certain types of surgery.)
- 3) Medications to increase the body's ability to make more blood cells; must be given ahead of time.
- 4) Autologous blood (my own blood donated before surgery) -must be collected 1-3 weeks ahead of time.
- 5) Directed donors (blood donated by people I choose). Requires three business days and has not been found to be safer than the general blood supply.
- 6) Other alternatives discussed by my physician/provider.

### **Source of blood for transfusions:**

I, . . ., understand that the hospital is provided blood and blood products by our community blood bank, the Florida-Georgia Blood Alliance, which is licensed and registered with the Food and Drug Administration (FDA). I agree that the blood or plasma supplied for my use is incidental to the rendition of services and that no guarantee or warranty of fitness or quality, express or implied, has been made to me and none is applicable to the blood supplied or the transfusion procedure.

Blood products received by the hospital are stored, prepared, and infused in accordance with the American Association of Blood Bank's current standards to ensure patient safety. I have had a chance to ask questions and have received answers that satisfy me. No guarantees have been made to me about the outcome of transfusion therapy.

**I understand that I have the right to accept or refuse a transfusion or blood component therapy and I understand and accept the consequences of that decision.**

**I understand that I can change my mind about the transfusion decision I make at any time by telling my physician and signing a new consent/refusal form**

### **Initial the following blanks as applicable:**

\_\_\_ **Yes**, I voluntarily consent to the transfusion of blood and blood components, and I agree to accept the risks and consequents of the transfusion.

\_\_\_ **No**, I do not consent to the transfusion of blood and blood components. I agree to accept the risks and consequences of refusing transfusion. I hereby release the hospital, its employees, agents, and representatives, my physician, from all liability for any unfavorable consequence or adverse outcome arising from my refusal to permit transfusion.

