

NORTH FLORIDA OB GYN, LLC

CONSENT TO TREAT FOR PREGNANCY

The Obstetricians and Certified Nurse Midwives of North Florida OB GYN, LLC wish to welcome you to our practice. We consider this to be a very enjoyable specialty because our patients are generally healthy women eagerly awaiting the arrival of their babies. We believe that good communication and an environment of mutual respect and cooperation help ensure a healthy mother and baby. We want you to be informed about the events and risks associated with pregnancy.

A patient's lifestyle is an important part of her health, pregnant or not. It is important for patients with medical conditions to work with her physicians to become as healthy as possible prior to becoming pregnant. This may include exercising, weight loss or medication changes. Obesity, smoking, poor eating habits, drug use, and lack of exercise can potentially lead to complications for the mother and baby. Patients are ultimately responsible for their lifestyle choices. Approximately 3%-4% of all babies are born with birth defects. Smoking, certain medications, illicit drugs, alcohol, infectious diseases, complications of other medical conditions such as diabetes, and hereditary conditions are a few examples that can lead to birth defects. Often there is no identifiable reason for birth defects. Stillbirth is rare and often there is no obvious cause.

Pregnancy is a normal process for women, but the risk of complications always exists. These infrequent complications may occur with little to no warning despite our best efforts to prevent them. Our goal is to educate our patients and their partners about these risks so that they are aware and better prepared in the unlikely event any of these complications are encountered.

Early Pregnancy

During the first few months of pregnancy nausea and vomiting are common. Occasionally it becomes severe enough to require hospitalization. Miscarriage occurs in approximately 20% of pregnancies. Bleeding with abdominal cramping are usually early signs of potential miscarriage. Early pregnancy loss may require surgery (Dilatation & Curettage). Loss of pregnancy after the first trimester is rare and is most often due to problems with premature cervical dilation or rupture of membranes.

Ectopic Pregnancy: Ectopic pregnancy is a pregnancy located outside the uterus, most commonly in the fallopian tube. Unchecked, tubal ectopic pregnancies can rupture and cause life threatening hemorrhage. Typical signs of ectopic pregnancy include abdominal pain, vaginal bleeding and shoulder pain. Any abdominal pain or bleeding in the first trimester should be reported to your physician. Occasionally medications can be used to treat ectopic pregnancy but more commonly surgery is needed to remove the ectopic pregnancy, tube or ovary.

Medical conditions such as diabetes, heart disease, high blood pressure, and herpes require special attention in pregnancy. It is therefore, extremely important to completely disclose all of your medical and surgical history to your physician. Pregnancy may worsen some conditions. Many of these conditions require more intensive management and may require more frequent visits to properly control. It is the patient's responsibility to keep all scheduled appointments.

Infections, mostly minor are common in pregnancy. These include upper respiratory, urinary tract, and vaginal infections. Infections in the uterus are less common but can be very serious. Any infection that occurs in a non pregnant state can also occur during pregnancy.

It is important that patients inform their physician of any Gynecological procedures they have had in the past, particularly procedures that involve the cervix.

Late Pregnancy

Complications in late pregnancy can include heavy vaginal bleeding due to placental abnormalities or location, or early separation of the placenta from the uterine wall. Other complications in pregnancy can relate to inappropriate growth of the baby, premature birth, incompatibility of baby's and mother's blood. Pregnant women are prone to develop varicose veins, phlebitis, and occasionally blood clots in the legs.

Preeclampsia (Toxemia)

Preeclampsia is a condition resulting in high blood pressure, protein in the urine, and swelling. It may be mild or severe. The hallmarks of preeclampsia are elevated blood pressure, rapid weight gain, swelling of the hands and feet, and spillage of protein in the urine. These symptoms should be promptly reported to your physician. In most cases mild preeclampsia can be managed in the outpatient setting, but occasionally hospitalization is required. The treatment for preeclampsia is delivery of the baby. Strict pre-delivery management includes bed rest, diet modifications, medications, and fluid management. Sometimes these measures are needed to prolong pregnancy and allow time for the baby to mature enough for a safe delivery.

Eclampsia- is a severe form of preeclampsia characterized by severely elevated blood pressures, seizures, and on occasion coma. Life threatening complications for the mother can include kidney or liver failure, and uncontrollable hemorrhage.

Complications at the time of delivery

Occasionally vaginal deliveries are assisted by the use of forceps or a vacuum apparatus. These are called operative vaginal deliveries and when properly performed can be life saving for the baby. These devices when properly applied usually cause no injuries to the fetus but may leave a mark on the baby that is temporary. In rare instances, even with proper use injuries to the baby can occur. These instruments are not used unless the benefit to the mother and fetus outweigh the risks, and the mother has consented to their use. 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.

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.

The placenta (afterbirth) usually is delivered in one piece but on occasion fragments of the placenta may be retained in the uterus which can cause bleeding , infection, and may require D&C, hysterectomy, and blood transfusions. Other serious complications include amniotic embolus (fluid entering the circulation) or pulmonary embolus (blood clot in the lungs).

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 and prolapse of the uterus and vaginal walls. 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.

Cesarean Section- is the surgical delivery of a baby through an incision through the abdomen and uterus. Cesarean Section may be required for many reasons. The baby may not tolerate labor and have drops in the heart rate. The baby may not be head first called “malposition”. The baby may not be descending through the birth canal properly. Cesarean Section as with any surgery has risks and complications. These include pain, numbness, scarring, dehiscence (separation of incision), hematoma (bruising), placenta retention, hysterectomy, risks of anesthesia, bleeding, infections, 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.

Vaginal Birth after Cesarean Section (VBAC) - Women who have had one previous Low Transverse Cesarean Section may attempt a vaginal delivery in a subsequent pregnancy unless her physician indicates otherwise. If VBAC is attempted and unsuccessful, repeat Cesarean Section carries a slightly greater risk of post operative infection of the uterus. The most serious complication of VBAC is uterine rupture which occurs in approximately 1% of cases. If uterine rupture occurs, bleeding which may require blood transfusion may occur as well as bladder injuries and the possible need for hysterectomy. In rare cases uterine rupture can result in fetal or maternal death.

Anesthesia - There are several types of anesthesia used in pregnant patients most commonly local, regional, or general. Any patient could have an adverse reaction to anesthesia or be allergic to the medications used. General anesthesia can rarely result in aspiration pneumonia. Regional anesthetics such as spinal or epidural can cause headaches, leg or back pain, or a drop in blood pressure and possible fetal distress requiring immediate Cesarean section.

Blood transfusions are only given when absolutely needed and can also result in allergic reactions to any of the blood components as well as a risk of transmission of Hepatitis or HIV.

After Delivery

The period of care after delivery is called the “post partum period”. Problems during this period may include itching from sutures after episiotomy or laceration repair, vaginal discharge, infection, depression, breast pain, lack of sleep, and back or leg pain from spinal or epidural anesthesia.

IT IS IMPOSSIBLE TO LIST EVERY SINGLE EMERGENCY OR COMPLICATION OF PREGNANCY. THIS "INFORMED CONSENT" IS NOT INTENDED TO ALARM THE PATIENT, BUT TO REMIND THE PATIENT THAT LIFE AND PREGNANCY ARE NOT WITHOUT RISK. WE ASK THAT YOU AND YOUR PARTNER ACKNOWLEDGE RECEIPT OF THIS INFORMATION BY SIGNING BELOW. THIS DOCUMENT WILL BECOME PART OF YOU MEDICAL RECORD. WE WILL BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE. YOU MAY REQUEST A COPY OF THIS DOCUMENT FOR YOUR PERSONAL RECORDS.

My condition and the risks of these procedures and alternative treatments have been explained to me. I have had an opportunity to ask questions and I understand the information I have been provided. I agree to follow any and all pre and post procedure instructions given to me and to contact the office if I have any problems.

My provider will test me for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as required by Florida law 64D-3.042. I understand I can refuse any or all of these tests listed in this paragraph and must inform my provider in writing if I wish to refuse these tests.

I understand my provider may test me for drug/alcohol use and that the test results are considered to be super confidential information. The test results may only be released by specific written authorization, court order or as required by law. I understand that the test results are necessary to provide appropriate care to me and my unborn child.

I acknowledge that I must keep all appointments and call in blood sugars and blood pressures if so directed. It is SOLELY my responsibility and if I do not comply, it will be considered an episode of non compliance and may result in being discharged from the practice.

I, _____, consent to allow the physicians and providers, which may include ARNP and ARNP Certified Midwives of North Florida OB GYN, LLC. to treat me for my pregnancy and understand that they may need to perform certain procedures as described above and any additional procedures they deem medically necessary unless I refuse such procedures at that time.

I specifically authorize the release of all prenatal records, including super confidential information (i.e. HIV-AIDS, sexually transmitted diseases, mental health and drug/alcohol), to the hospital for the purpose of treatment of myself and my unborn child during: (i) my pregnancy, (ii) labor and delivery and (iii) antepartum care.

(Signature of patient or legal guardian)

(Date)

(Signature of partner)

(Date)

(Signature of witness)

(Date)