



5992

# NORTHSIDE HOSPITAL

English - Spanish

AFFIX PATIENT LABELS OVER THIS BOX

BAR CODE MUST FALL BETWEEN THESE LINES

**DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS**

PATIENT'S NAME \_\_\_\_\_ DATE: \_\_\_\_\_

The following has been explained to me in general terms and I understand that:

1. The diagnosis requiring this procedure is pregnancy.
2. The nature of the procedure is the delivery of the infant through the birth canal with the possible use of forceps or vacuum extraction. An episiotomy (an enlarging of the vagina by an incision in the space between the vagina and rectum) may be performed as part of a vaginal delivery.
3. Initiation or stimulation of labor may be indicated for the woman and/or baby for a medical reason or because the benefits of delivering the baby outweigh the risks of induction or augmentation. Labor may be induced with a prostaglandin agent or with pitocin. The potential risks of this procedure include risk of cesarean section for "failed induction;" excessive uterine contractions which could potentially lead to decrease in blood flow to the baby and/or interruption of oxygen flow, abruption of the placenta, or rupture of the uterus; excessive fluid retention with higher pitocin infusions; or delivery of a premature infant if prior to term.
4. The purpose of this procedure is to deliver the infant.
5. **MATERIAL RISKS OF THIS PROCEDURE**  
As a result of this procedure being performed there may be material risks of: INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS OR PARTIAL PARALYSIS, PARAPLEGIA OR QUADRIPLEGIA, BRAIN DAMAGE, CARDIAC ARREST, OR DEATH.
6. In addition to these material risks, there may be other possible risks involved in this procedure, including but not limited to:
  - a. possible injury to bowel, bladder, ureter or other pelvic or abdominal structures;
  - b. possible fistula formation (an opening between bowel, bladder, ureter, vagina and/or skin) caused by an injury to the bowel, bladder or ureter;
  - c. possible formation of blood clots;
  - d. possible emboli (clots of blood or other material that might travel to other parts of the body);
  - e. possible rupture of the uterus that might require a hysterectomy (removal of the uterus, fallopian tubes and/or ovaries);
  - f. possible injury to infant;
  - g. possible blood loss necessitating transfusion which carries the risk of exposure to AIDS, hepatitis or other infectious diseases;
  - h. possible need for immediate surgery or other additional surgery, which might include a Cesarean Section.
7. The likelihood of success of the above procedure has been discussed with me.
8. The practical alternative to this procedure is a Cesarean Section.
9. If the patient chooses not to have the above procedure, the prognosis (predicted future medical condition) is the possible increased risk to both the patient and the infant.
10. The likelihood that the patient will require a blood transfusion or administration of blood products has been discussed with me.  
Available alternatives to blood transfusion are intra-operative blood salvage; plasma volume expanders; synthetic volume expanders; and others.

I understand that the physician, medical personnel and other personnel and other assistants will rely on statements about the patient from a variety of sources, the patient's medical history and other information in determining whether to perform the procedure or the course of treatment for the patient's condition and in recommending the above procedure.

I understand that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

I acknowledge and understand that during the course of the procedures described in Paragraph 2 above, conditions may develop which may reasonably necessitate an extension of the original procedures or the performance of procedures which are unforeseen or not known to be needed at the time this consent is obtained. I therefore consent to and authorize the persons described in the last paragraph of this consent to make the decisions regarding the performance of and to perform such procedures as they may deem reasonably necessary or desirable in the exercise of their professional judgment, including those procedures that may be unforeseen or not known to be needed at the time this consent is obtained. This consent shall also extend to the treatment of all conditions which may arise during the course of such procedures including those conditions which may be unknown or unforeseen at the time this consent is obtained.

I also consent to diagnostic studies, tests, anesthesia, x-ray examinations and other treatment or courses of treatment relating to the diagnosis or procedures described herein.

I further consent to retention by the hospital of any tissues, specimens, organs or limbs removed from the patient's body during the proposed procedures to be examined by pathologists, to be used for scientific or teaching purposes, and to be disposed of in the discretion of the hospital and its medical staff.

The hospital and the patient's physician have an educational role in the training of medical or paramedical personnel. I consent to such students observing and participating in the patient's care under supervision.

I understand that upon request, Northside Hospital may agree to attempt to obtain a cord blood specimen. However, I understand this service is a courtesy only and I agree that the hospital will not be liable in the event the specimen is not obtained or improperly obtained.

**BY SIGNING THIS FORM I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND/OR EXPLAINED TO ME, THAT I FULLY UNDERSTAND ITS CONTENTS, AND THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND THAT ANY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY. ALL BLANKS OR STATEMENTS REQUIRING COMPLETION WERE FILLED IN AND ALL STATEMENTS I DO NOT APPROVE OF WERE STRICKEN BEFORE I SIGNED THIS FORM. I ALSO HAVE RECEIVED ADDITIONAL INFORMATION INCLUDING BUT NOT LIMITED TO THE MATERIALS LISTED BELOW RELATING TO THE PROCEDURE DESCRIBED HEREIN.**

I voluntarily consent to allow Dr. \_\_\_\_\_ or any physician designated or selected by him or her and all medical personnel under the direct supervision and control of such physician and all personnel who may otherwise be involved in performing such procedures to perform the procedures described or otherwise referred to herein.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

\_\_\_\_\_  
Relationship to patient if not the patient

\_\_\_\_\_  
Interpreter (if applicable)  
Note to staff: if telephone interpretation provided, record name of company and interpreter ID number.

\_\_\_\_\_  
Reason Patient unable to sign

## INFORMED CONSENT AND REQUEST FOR VAGINAL DELIVERY