

INFORMATION REGARDING LABOR AND DELIVERY PROCEDURES

(SUPPLEMENTAL SHEET TO NO. 2 ON THE TREATMENT & PROCEDURE CONSENT FORM)

Each birth is special. We want every mother and baby to be safe and healthy. In this consent, we talk about usual ways we take care of you and your baby while you are in the hospital. We also talk about **problems that can happen (risks) and additional things we can do to help**. We will plan to talk about this before you are in the hospital and again in the hospital.

- **Cervical Exam:** A doctor checks inside your vagina to know how open the cervix (opening to the womb) is and how far down the birth canal the baby has moved.
- **Ultrasound:** We place a tool on top of your belly or inside your vagina, so the doctor can see the baby.
- **Fetal Heart Rate and Contraction Monitoring:** We listen to the baby's heart. We measure how often and strong the uterus (sac around the baby) tightens. We do this with external (outside) or internal (inside) devices. With internal testing, there could be an infection, or a small mark left on the baby's head where the device was placed. We can sometimes tell if there is a problem with the baby using these tests. We cannot see all fetal problems with these tests.
- **Medications:** Special medications are used to stop premature (early) labor. We can also use them to induce (start) or help labor. We sometimes use medications so you have less pain. Most medications given to the mother do pass in small amounts to the baby.
- **Vaginal Delivery:** A woman's cervix opens fully which allows the fetus to come through the birth canal as she pushes to deliver the baby through her vagina. As the baby comes out, the baby can get injured. This can happen in all deliveries including natural delivery, delivery with vacuum or forceps, or cesarean deliveries.
- **Episiotomy:** Sometimes surgical cuts need to be made in the area between the vagina and the anus (perineum). Episiotomies are sometimes done right before the baby is born to help widen the opening of the vagina. Performing an episiotomy makes the birthing process go faster, making it easier for the baby to be delivered. This is not done routinely. It is done when mom and baby are in danger and the baby needs to come out more quickly.
- **Natural Cuts or Tearing (Lacerations):** Can occur anywhere along the birth canal.
- **Placenta:** The placenta is an organ that develops during your pregnancy. It is connected to your womb to support the growing fetus. This organ is delivered or removed following the birth of a baby.
- **Operative Vaginal Deliveries:** A vacuum or forceps can be used to help bring out a baby when the birth needs to happen faster, to help the mother or baby. Operative deliveries can only be done when the cervix is fully opened and the head of the fetus starts to come down through the birth canal.
 - **Vacuum-Assisted Births:** A large plastic cup is placed against the baby's head and a pump creates suction that gently pulls on the cup to help the baby come down and out. Common injuries to the newborn include bruising and cuts to the scalp skin. The bruising may lead to jaundice (yellowing) of the skin. It is rare, but possible, for the baby to have bleeding in the brain from the vacuum. We know that tearing the mother's vagina can happen, too, because of the vacuum.
 - **Forceps-Assisted Births:** Forceps have two metal curved paddles and handles to help bring the baby out if he/she is not easily coming out. Because of where the blades need to be placed on the baby's head, there can be injury to the eyes, skull fracture, facial nerve damage, bleeding inside the brain, face and scalp bruising or cuts. Like with the vacuum, the forceps can cause tears in the mother's vagina.
- **Repair of Lacerations and Episiotomies:** We can stop bleeding using suture (special thread) to repair the vagina and perineum. It is rare, but the repair can get infected and need antibiotics or surgery. Episiotomies and lacerations may be painful and take a long time to heal. Sex can be painful later. Episiotomies, tears to the rectum or an accident related to the bladder could make urination difficult. A rectovaginal fistula (a hole between rectum and vagina) or incontinence (loss of urine or stool) can occur and require surgery.
- **Retained Placenta:** Part of the placenta stays in uterus (and cause bleeding, pain and infection) and needs to be removed by surgery.
- **Cesarean Delivery:** This is a major abdominal, surgical procedure performed to deliver a fetus through the abdomen rather than the vagina. **Additional risks of cesarean delivery will be discussed when needed if time and urgency permit.**

Risks and Benefits: Delivering a baby is usually simple. We expect you and your baby to do well. Problems like high blood pressure, bleeding, infection, changes in your baby's heart rate and other issues can happen. We watch mothers and their babies closely in the hospital. We use procedures only when needed. Procedures can cause problems and sometimes require additional care.

These are some of the problems that can result:

- Loss of blood that needs transfusion
- Infection, bleeding or damage to the bowel, bladder and other organs
- Blood clots which could travel to the brain, heart or lungs. These could cause injury or death.
- Damage to the baby, infection and other issues that mostly improve but can sometimes have long-lasting effects.

Please ask your doctor or nurse if you have questions about delivering a baby.

ACKNOWLEDGEMENTS

I understand the risks and benefits of the pregnancy and delivery care that has been described, including my choices and what might happen if there is no treatment. **If my own physician/nurse midwife cannot be there, another physician/nurse midwife may manage my pregnancy, including labor and delivery, as well as care after delivery.** The maternity center obstetric providers include both male and female providers. Therefore, I understand it is likely that both male and female providers will be involved in my care over the course of my hospitalization. I understand that if I have anesthesia, the anesthesiologist or anesthetist will speak with me about the risks and benefits to the mother and baby. There will be a separate Consent for Anesthesia.