

This form is for optional use. It is intended for patient informed consent purposes only, and does not authorize or obligate SoonerCare reimbursement.

CONSENT FORM FOR ELECTIVE INDUCTION OF LABOR
("elective" means that the induction of labor is being done without medical indications)

I hereby authorize Dr _____ and/or other medical staff, including medical students and residents and fellows in training of the physician's choice, to perform upon _____ (patient's name) an elective induction of labor and any other surgical or diagnostic procedures that may be required to complete the delivery of my baby. I have discussed the risks and benefits of this procedure with my physician. I accept the risks of the procedure as opposed to allowing labor to begin spontaneously at a later date.

PLEASE INITIAL EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS, PLEASE ASK THE DOCTOR BEFORE INITIALLING

The established risks of elective induction of labor are:

_____ An increased risk of the need for cesarean birth (surgical abdominal birth). This risk is greater if this is your first pregnancy at term, and if your body has not yet prepared the cervix (opening of the uterus) for labor.

_____ Risk that the induction will not establish labor. I have discussed this risk with my physician and I understand that if the induction does not result in labor, I may be released to my home when it is safe for me and my fetus to do so.

_____ I have also discussed the use of cervical "ripening agents" with my physician and I understand their separate risks of:

a. Too many contractions of the uterus to the point that my fetus may become unstable and require emergency delivery, either vaginally or by cesarean birth.

b. I also understand that rarely the uterus may rupture under these circumstances and cause the death of my fetus and severe bleeding, long-term complications or death to myself.

_____ I understand that if I have a cesarean birth, I am likely to require cesarean births for all future children I may deliver. I understand that each cesarean birth will carry the risks associated with surgical abdominal birth. I understand that certain risks of these following cesarean births also exist.

_____ An increased risk that instruments (forceps or vacuum extractor) may be used to accomplish a vaginal delivery, if necessary.

_____ I acknowledge that there may be an increased risk for the need of blood transfusion, and I give my full consent to receive blood and blood products as necessary *unless specifically stated here:* _____

_____ I have discussed the risks associated with various drugs and anesthetic techniques that may be used to reduce the pain associated with labor and delivery, either vaginally or by cesarean birth, and I understand and accept these risks.

_____ I understand the nature and the purpose of these procedures. The risks, benefits, possibility of complications, as well as expected results and medical alternatives, have been explained to me by my physician.

_____ I understand the consequences of refusing the recommended procedure(s). These consequences have been explained to me by my physician.

_____ I have been given the opportunity to ask questions and these questions have been answered to my satisfaction.

_____ I can refuse this procedure without jeopardizing any current or future medical treatments.

_____ I acknowledge that no guarantees have been given to me regarding the results of this or other necessary procedures during my care.

_____ I have read the information entitled: _____ (place name of patient educational brochure here) AND I UNDERSTAND THE RISKS AND BENEFITS OF THE PROCEDURE. _____ (initials)

MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ AND UNDERSTOOD THIS CONSENT AND THAT ALL MY QUESTIONS ABOUT THE PROCEDURE(S), ALTERNATIVE PROCEDURE(S), AND RISKS OF EACH HAVE BEEN ANSWERED IN LANGUAGE THAT I UNDERSTOOD.

Signature of patient _____ Date _____ Time _____

I have explained the procedure(s), alternatives, and risks to the person(s) whose signature(s) are affixed above:

Physician's Signature _____ Date _____ Time _____

Signature of Witness _____ Date _____ Time _____