

Informed Consent for Induction of Labour

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition

The doctor has explained that I/my child/myhave the following medical condition:

.....

and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

.....

I authorise Dr. and his/her associates to perform the above treatment/ procedure.

The doctor should document the site and/or side where relevant to the procedure:.....

.....

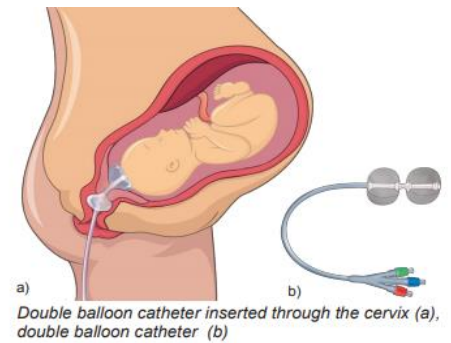
Introduction

During labour, the cervix (the passage from the womb to the vagina) opens gradually before the baby is born. Induction of labour means starting labour artificially before its natural onset. Drugs may be used to induce labour, the membranes may be ruptured artificially, the cervix may be opened mechanically or a combination of these techniques may be used.

The choice of method depends on individual clinical factors, including how ready is your cervix for the delivery.

There are four common ways to induce labour:

- **Balloon catheter (with one or two balloons):** A soft, thin tube (catheter) will be passed into the vagina and through the cervix. Then a small balloon at the end of the catheter will be filled with water. The balloon will help the cervix to soften and open up (dilate). The balloon catheter will usually be left in situ for about 12 hours. Sometimes, the catheter will fall out by itself as the cervix opens.
- **Prostaglandin:** A gel or pessary (like a small tampon) will be inserted into the vagina. This will slowly release artificial prostaglandin over a number of hours causing the cervix to soften and open up (dilate). You will have to lie down for at least 30 minutes afterwards to help it work on the cervix.
- **Artificial rupture of membranes (breaking your waters):** During a vaginal examination, a small opening will be made in the membranes around the baby. This allows the fluid around the baby to drain out and can sometimes be enough to get the contractions going. Walking around afterwards may help the contractions start. However, most women will also need an artificial oxytocin infusion to start their contractions.
- **Oxytocin:** Natural oxytocin is a hormone that causes the uterus to contract. Artificial oxytocin in an intravenous (IV) drip which is used to start or increase contractions. It is usually only started after the water has broken. During labour, the baby's heart rate will be monitored with a CTG machine.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Benefits (To be documented by doctor)

- To reduce the risk of your baby opening their bowels and passing their first poo (meconium) whilst in the womb, as this is more likely to occur the longer a pregnancy continues.
- If the pregnancy continues after your due date, inducing the labour so that you can give birth to your baby which will end the discomfort of being heavily pregnant.
- If there is a risk to you or your baby's health, your doctor may advise you to have your labour induced early as this is safer for you/your baby. If your water has broken and after 48 hours your labour still has not started, inducing labour so that your baby can be born reduces the risk of you and your baby developing an infection.
- To facilitate the easy delivery of baby.
- If either you or baby is at risk, this procedure helps in starting the labour pain.
- Others, if any specify:

Alternatives (To be documented by doctor)

- An alternative to having your labour induced is to wait for it to start naturally.
- Caesarean operation
- Others, if any specify:

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Risks and Complications (To be documented by doctor)

Common Procedure Specific Risks

- The drugs may over stimulate the womb, so there may be contractions that are too rapid or disordered. This may be treated medically, but if this fails, a caesarean section may be needed.
- Despite treatment, labour may not happen and surgery (caesarean section) may be required.
- Labour may start but may not make satisfactory progress to delivery. Very rarely there may be concern that the induction process may damage the womb (uterus). For this an emergency caesarean section may be needed or the baby may need to be helped out with instruments (For example: Forceps or vacuum).
- Induction of labour has the following possible risks to the baby:
 - The baby's cord may prolapse (come out of the cervix before the baby is delivered). If this happens, it will need an emergency delivery, by caesarean section.
 - Over-stimulation of the uterus may cause the baby distress.
 - Some of the above risks are more likely if you smoke, are overweight, diabetic, have high blood pressure or have had previous heart disease.
- Others, if any specify:

Patient Specific Risks

- 1)
- 2)
- 3)
- 4)

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment /procedure including the risks that are specific to me and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its risks and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- I understand that if organs or tissues are removed during the surgery that these may be retained for tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
- It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above named physician / surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. **Yes** **No**
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. **Yes** **No**

Hospital Logo

Patient Identification Label

Informed Consent for Induction of Labour

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
Declaration by the Doctor I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.				
Name and Signature of the Doctor with Reg No:			Date and Time:	