



**CONSENT FOR SURGERY
ANESTHESIA OR OTHER INVASIVE
PROCEDURE, TREATMENT OR
THERAPY**

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I ACKNOWLEDGE MY INFORMED CONSENT FOR and request the described surgical or other invasive procedure(s), treatment or therapy as scheduled by my physician and CGH Medical Center. I also understand that I may revoke this consent prior to the performance of the procedure(s), treatment, or therapy.

SURGICAL OR OTHER INVASIVE PROCEDURE(S), TREATMENT OR THERAPY TO BE PROVIDED:

Medical Induction of Labor

See description of treatment/procedure.

As part of this request, I state that I am satisfied that I have made an informed consent for such surgical or other invasive procedure(s), treatment, or therapy which my physician and I have discussed. Specifically, my physician has informed me about:

1. my medical condition, problem or diagnosis;

To induce labor and delivery of your baby.

LMP-EDD _____ EDD-early US _____ Best EGA at Induction _____

Gravidity/Parity _____ GBS Status _____ Induction Date _____

Time _____ Bishop Score _____

Bishop's Score Calculation

Parameter	0	1	2	3
Dilatation	0	1-2	3-4	5-6
Effacement	0-30	40-50	60-70	≥ 80
Station	-3	-2	-1,0	≥ +1
Consistency	Firm	Medium	Soft	
Position	Posterior	Middle	Anterior	

ACOG Patient Safety Checklist No. 5

Medical indication for induction

- 41+weeks
- Gestational Hypertension
- GDM
- PROM
- Oligohydramnios
- IUGR
- Multiples w/ Complications
- Cholestasis of Pregnancy
- Liver Disease
- Pulmonary Disease
- Chorioamnionitis
- Other _____
- Preeclampsia
- Chronic Hypertension
- Diabetes (Type I or II)
- Fetal Demise
- Unstable Lie
- Fetal Malformation
- Multiples w/o Complications
- Heart Disease
- Renal Disease
- Isoimmunization
- MFM Recommendation (list below)



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- Indications for Elective Induction
 - Patient or provider choice/ convenience
 - Risk of rapid labor
 - Distance from hospital
 - Psychosocial indications
- Gestational age of 39 weeks 0/7 weeks or older confirmed by either of the following criteria:
 - US at less than 20 weeks of gestation that supports gestational age of 39 weeks or greater
 - Fetal heart tones have been documented as present for 30 weeks
- Labor induction education provided to patient
- Patient reminded to call The Birthing Center prior to leaving home on the day of induction

2. the nature and purpose of the proposed procedure, treatment, or therapy:

This procedure involves using medicine to cause you to go into labor and deliver your baby.

Your doctor may need to open your cervix before inducing your labor. The cervix is the lower, narrow end of the uterus that opens into the vagina. Your uterus is your womb. This is where the baby grows during pregnancy. Your doctor may open your cervix with medicines taken by mouth or inserted in your vagina. Your doctor may apply medicine to your cervix or inject it in your cervix.

To cause contractions in your uterus and induce your labor, your doctor may:

- * Give you medicine. This may be taken by mouth or through a vein in your arm.
- * Insert medicines in your vagina and/or apply them to your cervix.
- * Make a small tear in the sac around your baby. This is done by using a tool placed in the vagina and cervix. This releases the fluid in the sac.
- * Insert a finger in your cervix to separate your uterus from the sac around your baby.
- * Insert and expand a small balloon inside your uterus.

You may feel some cramping in your abdomen when your doctor induces your labor. Your doctor may give you a medicine to help with any pain or discomfort.

3. the significant risks and consequences of the proposed procedure, treatment, or therapy:

- * Cramping, bleeding, or spotting.
- * Diarrhea or other bowel problems.
- * Nausea and/or vomiting.
- * Infection.
- * Injury to the baby during delivery.
- * Reactions to medicine(s) given or used during or after the procedure.
- * You may need additional tests or treatment.
- * Bleeding. You may need blood transfusions, blood products, or other treatments. This may be discovered during the procedure or later.
- * Damage to the cervix or nearby structures. This may be discovered during the procedure or later.
- * Damage to the uterus or nearby structures. This may be discovered during the procedure or later.
- * Need for an emergency C-section.



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* Overly strong uterine contractions. Your uterus may rupture. This risk is increased if you have had previous surgery on your uterus.

* Uterine perforation. This is when a hole or tear is made in the uterus.

4. the prognosis of the proposed procedure, treatment, or therapy:

If you choose not to have this procedure, your labor may be delayed. This may be normal. However, in some cases delayed labor may put you and/or your baby at risk of serious health problems.

5. the benefits of having the proposed procedure, treatment, or therapy:

This procedure may bring about your labor. This is intended to lead to delivery of your baby.

6. appropriate alternatives to the proposed procedure, treatment, or therapy:

* Watching and waiting with your doctor.

* Other procedures to assist in delivery of your baby. These can include surgery such as cesarean section. This involves cutting through your belly and womb to deliver your baby.

* You may choose not to have this procedure.

7. the fact that some aspects of my care may be provided by my physician's duly authorized designee(s).

8. I consent to the photographing or video taping of the operations or procedures to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures or the descriptive texts accompanying them.

9. I consent to the disposal by hospital authorities of any tissues or body parts which may be removed.

10. I consent to providing my Social Security number to medical device manufacturers for the purpose of tracking any implantable device as ruled by the FDA.

I have been informed and understand that some physicians and their mid-level providers who may be performing this procedure at CGH Medical Center are not employees or agents of this hospital but are employees of an independent physician group.

- I understand that a sales representative from a medical company may be present during my surgical procedure to provide verbal and/or technical advice to my surgeon/physician.
- I understand that a clinical/technical representative associated with the medical equipment used for my procedure may adjust and/or calibrate the equipment/device under the supervision of the surgeon/physician during my procedure.
- I understand that there will be a student or visiting physician observing in my procedure.

**I FULLY UNDERSTAND WHAT MY PHYSICIAN AND I HAVE DISCUSSED, AND ALL MY
QUESTIONS HAVE BEEN ANSWERED.**



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Date/Time _____ AM/PM

Patient Name (Please Print)

Witness

Patient's Signature

Relationship (if signed by other than patient, state
reason.)

I hereby certify that I have informed the patient of the nature of the surgical procedure(s) to be performed and the inherent risks involved.

Provider Signature -

Date/Time _____ AM/PM

Other Participants in Consent Process (if applicable):

Name and Relationship