SAFE HANDS
DR Daniela Krick
GYNAECOLOGIST & OBSTETRICIAN
FACHÄRZTIN FÜR FRAUENHEILKUNDE
MBBCH(WITS) DIPOBST(SA) FCOG(SA) MMED(UCT)

INFORMED CONSENT AND REQUEST FOR VAGINAL DELIVERY

Client's Name: _____ **Partner/Birth Partner's Name:** _____
Estimated Due Date (EDD): _____

PLEASE DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENT. THE SUBJECT OF ANY RELATED QUESTIONS CAN BE DISCUSSED IN THE CONSULTATION WITH DR. KRICK.

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

1. Having been diagnosed as pregnant, I will require assistance with the delivery of my baby even if my pregnancy is considered an uncomplicated pregnancy and have had a normal vaginal delivery before.
2. The nature of a vaginal delivery is the delivery of the baby through the maternal birth canal (vagina) which may, and probably will, incur trauma to the maternal perineum/tissue.
3. Every attempt at a normal vaginal delivery is essentially a trial of labour, as I understand that unforeseeable complications can occur at any stage during the process that may necessitate an alternative form of delivery, either caesarean section or an assisted vaginal delivery.
4. Monitoring and management of a trial of labour will necessitate regular vaginal examinations by the attending labour ward midwives and/or responsible doctors in order to monitor my progress in labour.
5. Monitoring and management of an uncomplicated trial of labour also necessitates intermittent monitoring of my baby's heart rate. Ideally this will be done through an electronic heart rate monitor called a cardiotocograph (CTG) which will be strapped to my abdomen at times by two elastic bands.
6. The interval at which my baby will be monitored by CTG will be individualised to me, my unborn baby and the progress of my labour. How often my baby is monitored will be discussed with me but ultimately the decision will be dictated by guidelines on safe obstetric care, in order to ascertain my baby's well-being and response to the labour.
7. Trauma associated with vaginal delivery can include uncontrolled perineal tears, swelling and/or bleeding.
8. A number of unforeseen complications can arise during the final days of my pregnancy, up to and including the labour process despite a perceived "normal" low-risk pregnancy.
9. Although vaginal delivery is considered the natural way of birthing my baby, I understand that being delivered through the maternal birth canal does not necessarily protect my baby from unforeseen physical or neurological injury.
10. Possible immediate and delayed maternal risks of labour and/or vaginal delivery include (but are not limited to) risks of: infection, allergic reaction, episiotomy, instrumental trauma to the perineum, disfiguring, scarring, uterine rupture, sexual dysfunction, significant blood loss necessitating blood transfusion with possible exposure to HIV, Hepatitis and other infections diseases, emboli (blood clot in veins of legs, pelvis or lungs), retained placenta necessitating emergency surgery, temporary or permanent loss of anal sphincter function with faecal incontinence, perineal floor dysfunction with pelvic organ prolapse, urinary incontinence, fistula formation (see glossary), emergency caesarean section, post-delivery haemorrhage necessitating resuscitation and emergency /repeat-surgery, hysterectomy, infertility (inability to have any more children) and death.
11. Possible immediate and delayed risks to the unborn or newborn baby include (but are not limited to) risks such as: infection, foetal distress/compromise, meconium aspiration, umbilical cord complications/bleeding, shoulder dystocia, obstructed labour, malpresentation of the presenting part, soft tissue swelling of the head or face, bruising from labour/delivery methods, scalp lacerations or bleeding, foetal clavicle/humerus fracture, hypoxia, brain damage and death.

Please sign here to indicate that you've read this first page: _____

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The following procedures have been discussed and explained during consultation as possible unforeseen supplementary procedures that may be necessary in order to minimise risk of injury to either mother or baby during the labour/delivery process:

Please initial on every line if discussed:

a) Episiotomy

Cutting (under local anaesthetic) the perineum with scissors during the second stage of labour, from the posterior vaginal opening in a medio-lateral direction in order to facilitate safe "tearing" of the vaginal tissue away from the anus and its vital muscles. This is only done when the baby's head is crowing and only if the perineum is too tight to allow safe delivery of the fetal head.

a) _____

b) Syntocinon® / Syntometrine® admission

A synthetic hormonal medication that is injected into the mother's thigh/buttock after delivery of the baby with the aim of expediting delivery of the placenta & contraction of the uterus. This prevents excess blood loss and the possible need for a transfusion (with its associated risks).

b) _____

c) Active delivery of the placenta – Brandt-Andrews method

Assisting the placenta to be delivered through controlled umbilical cord traction and counter pressure on the maternal abdomen in order to minimise the risk of maternal bleeding.

c) _____

d) Assisted delivery (Forceps/Vacuum)

Use of instruments (either a metal forceps or Kiwi®/silicone/metal vacuum cup) applied to the foetal head and through gentle traction during maternal contractions, assist the delivery. This is usually done if there is a concern for foetal well-being/or if there is a very long second stage of labour and potential for maternal exhaustion.

d) _____

e) Blood / blood product transfusion

The need to order and transfuse emergency blood or blood products into the mother's veins may arise due to unforeseen complications during the labour. **Signing this line signifies specific consent for such a transfusion as will be provided by the public blood bank for such emergency indications.**

e) _____

Dear patient, please initial each statement after you have read and understood the contents there of:

1. I understand that having a vaginal delivery is a personal decision that Dr Krick and/or colleagues will guide me towards and through. The decision to aim for this form of delivery is primarily my decision, but I understand that my baby's well-being may also be influenced by this decision.

1) _____

2. I understand that the alternative form of delivery is an elective Caesarean section, which can be offered on request, but is also associated with foetal, anaesthetic and surgical risks.

2) _____

3. I understand that the risks as described on the first page of this document are mostly unpredictable, often unavoidable and applies to all women attempting a normal labour and vaginal birth.

3) _____

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www.drdkrick.co.za | PR NO: 069 9993
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4. I understand that the practice of medicine, and in particular obstetrics, is not an exact science and that NO GUARANTEES have been made to me concerning expected results or outcomes for myself or my baby.

4) _____

5. I understand that if any of these mentioned potential complications should occur during a trial of labour, there may NOT be enough time to convert to an emergency Caesarean section and prevent the death of permanent brain injury of my baby.

5) _____

6. I understand that during the course of this trial of labour it may be necessary or appropriate to perform additional procedures which are unforeseen, not specified on this form or not known to be needed at the time this consent is given. As far as it can be shown that Dr Krick/colleague has made a reasonable attempt to inform me/my proxy and to obtain reasonable consent, I trust Dr Krick/appointed locum colleagues attending to me and my baby during labour to make decisions regarding additional procedures as the need arises.

6) _____

7. I have been made aware that Dr Krick does not guarantee her presence at my labour/delivery or if there are any concerns that might occur before that time, but that she works with a group of obstetric specialists (male and female) who will be available in her absence through the Christiaan Barnard Netcare Hospital Labour ward.

7) _____

In case I (as the signatory and primary patient) for reasons unforeseen/unplanned become incapacitated due to medical or other reasons to express my will or wishes during or related to the labour/delivery process, I nominate _____ (my partner/spouse/parent/family/friend), contact number _____ to act as authoritative and decision-making proxy for myself and my unborn child. I understand that this implies the nominated person will make decisions on my behalf when I am unable to. These decisions may involve my or my child's emergency management, including decisions on intervention through or continuation of life support. It remains my responsibility to inform this person that they have been nominated a proxy before such a situation arises.

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 questions have been answered to my satisfaction. I have been given adequate time to ask questions and discuss my concerns and I conclude that additional information has been provided where requested.

I therefore consent to authorize Dr Daniela Krick and/or associated partners/locum doctors to make the necessary decisions required during my trial of labour. I consent to deviation from my discussed and disclosed birth preferences/plan if circumstances dictate such actions by said professional obstetric care providers.

_____	_____	_____
Patient	**Signature**	**Date**

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Glossary of medical terms

Aspiration	To breathe in something not intended for the lungs
Embolism	A blood clot in the deep veins of the legs or pelvis which can lead to small fragments dislodging and getting stuck in the lungs, which is a life-threating complication.
Fistula	Opening/track between two organs or areas within the human body.
Haemorrhage	Bleeding
Hypoxia	Inadequate oxygen supply
Hysterectomy	Permanent removal of the uterus through surgery
Infertility	Inability to conceive/have a baby
Meconium	Baby's bowel content passed while in the uterus (Baby-poo)
Pelvic organ prolapse	Uterus or bladder coming down in or even through the vaginal opening, due to weakened pelvic floor muscles.
Perineum	The skin, muscle and tissue around the vagina, urethra and anus.
Retained placenta	An "after-birth"/placenta that does not naturally expel which greatly increases the risk of dangerous maternal bleeding.
Shoulder dystocia	A complication of a vaginal delivery where the baby's head is delivered but the shoulders get stuck behind the mom's pelvic bones. This is a very dangerous situation for both mom and baby and can lead to brain injury, permanent physical injuries of nerves or bones, or even death of the baby. It is mostly unpredictable but is associated with diabetic pregnancies, obese mothers and big babies.
Uterine rupture	Tearing/bursting of the uterus muscle layer which will usually result in severe maternal blood loss, foetal distress/brain damage/death, emergency surgery and possible loss of fertility due to the need for a life-saving hysterectomy.

Any additional comments:

_____

_____

_____

_____

_____	_____	_____
Patient	**Signature**	**Date**

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