



South Shore Health

Obstetrical and Gynecology Department

Care During Labor and Delivery – Consent

Having a baby is a natural event. Most mothers and babies go through labor and birth without serious problems. Even so, certain conditions may come up toward the end of your pregnancy that can affect the medical care you need, or require tests or procedures.

Described below are common practices you might experience during your time at the hospital. If you have questions, be sure to ask your clinician.

Labor

- 1) Nurses will work with your doctor or midwife to take care of you.
- 2) You will probably have a blood test during labor to measure your blood count.
- 3) When you arrive at the hospital in labor, usually, a nurse will put a fetal monitor on your abdomen to check the baby's heartbeat. If the heartbeat is normal, the monitor may be removed. The baby's heartbeat will then be checked from time to time during the labor.
- 4) Many women need extra fluids during labor. An intravenous line (IV) is one way to supply fluids. An IV is also necessary for providing certain types of pain relief and/or antibiotics.
- 5) If you feel you need pain relief, your doctor or midwife can offer several possibilities that are safe for you and your baby. These include:
 - Medication: You can be given a medication as a shot or through an IV line. You might get a little drowsy. Allergic reactions are rare, but can happen.
 - Epidural: An epidural is the most common form of pain relief for birth. An anesthesia specialist will place a thin flexible tube in your back. This procedure will take 20 minutes or longer. He or she can give you pain relief medication through the tube. This will diminish most of the pain of labor.
- 6) If your labor slows down, your doctor or midwife might give you the hormone-like drug Pitocin® (through an IV) to make your contractions stronger and closer together.
- 7) If your baby needs to be checked more closely than can be accomplished with an external monitor (about 10-25 percent of pregnancies), then an internal monitor electrode is placed on the baby's head. Very rarely, this can cause an infection of the baby's scalp.

Vaginal Birth

- 1) Labor contractions slowly open the cervix. When the cervix is completely open, contractions, along with your help, push the baby through the birth canal (vagina). Usually, the baby's head comes out first, then the shoulders, followed by the rest of the body.
- 2) About 10-15 percent of mothers need some help getting the baby through the birth canal. A doctor (or midwife) may apply a special vacuum cup for forceps to the baby's head to help the mother push the baby out. Large studies have shown that the vacuum cup and forceps are safe.
- 3) In approximately one percent of births, the shoulders do not come out easily, a condition called shoulder dystocia. If this happens, your doctor or midwife will try to help free the baby's shoulders. Shoulder dystocia may cause a broken collar bone or arm for the baby or nerve damage to the baby's arm. Most often, these problems heal quickly. Shoulder dystocia may cause tears around the vaginal opening and bleeding after birth.

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- 4) Many women will get small tears around the vaginal opening. Sometimes a doctor or midwife will cut some tissue to make the opening bigger (episiotomy).
- 5) Most women with tears or an episiotomy will need stitches. The stitches will dissolve during healing. The area will be swollen and sore for a few days. Rarely, infection may occur. About one percent of the time, a tear or cut may extend to the rectum. Most often, after repair, this heals with no problems. Rarely, continued problems with bowel movements may occur.
- 6) Normally, the uterus will expel the placenta soon after birth. In about one percent of births, this doesn't happen and the doctor or midwife must reach into the uterus and remove the placenta. If this happens, you may need anesthesia so he or she can remove the placenta.
- 7) All women lose some blood during childbirth. A woman is more likely to lose a lot of blood if:
 - the placenta doesn't pass on its own,
 - she is having twins or triplets, or
 - labor lasts a very long time.
- 8) Pitocin® can help reduce bleeding after birth. If bleeding is very heavy, other drugs can help contract the uterus. Very few women (less than one percent) need a blood transfusion after vaginal birth.

Cesarean Birth

- 1) Approximately one out of four mothers give birth by cesarean. Some cesareans are planned, while others are unexpected.
- 2) During cesarean birth, a doctor delivers the baby through an incision in the mother's abdomen.
- 3) The most common reasons for cesarean birth are:
 - the cervix doesn't open completely,
 - the baby doesn't move down the birth canal,
 - the baby needs to be delivered quickly because of a problem for mother or baby, and
 - the baby is not in a position that allows for a vaginal delivery.
- 4) Anesthesia is always used for a cesarean section delivery. Close to 95 percent are performed using spinal or epidural technique, so the mother is awake during the procedure. About five percent of cesarean sections are performed using general anesthesia.
- 5) Blood loss is greater with cesarean birth than with a vaginal birth. It is still rare (12 in 1,000) to need a transfusion.
- 6) Infection is more common after cesarean birth. Often, doctors give antibiotics during the birth to help prevent this.
- 7) A thin tube called a catheter will drain the bladder during the operation.
- 8) In less than one percent of cesarean sections, the operation may cause damage to the bowel or urinary system. Most of the time these problems will be recognized and corrected during the operation.
- 9) In less than one percent of cesarean sections, the baby might be injured during the birth. When this does happen, it is usually minor.

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After Birth

- 1) The chance of uterine infection after a vaginal birth is 2-3 percent; after cesarean birth, the chance of uterine infection is 20-30 percent. Antibiotics can lower the risk, but won't guarantee that you won't get an infection.
- 2) You may have cramps as the uterus returns to its normal size. This cramping gets stronger with each birth. You may notice it more when breastfeeding.
- 3) If your baby is delivered vaginally, you will probably have discomfort around the vaginal opening. If you have a cesarean birth, you will have pain from the incision in your abdomen. Ask your doctor or midwife for pain relief if you need it.
- 4) Vaginal bleeding is normal after birth. It will lessen over 1-2 weeks. About one percent of women have heavy bleeding and need treatment. Sometimes this type of bleeding can happen weeks after birth.
- 5) Most women feel tired and weepy after birth. For about one percent of new mothers, these feelings don't go away, or get worse. If this happens, ask your doctor or midwife for help.
- 6) After a vaginal birth, women can usually be discharged on post-partum day 1 or 2. After a cesarean section, women can be discharged on post-partum day 3 or 4.

Newborn

- 1) At one and five minutes after birth, the baby will be assigned Apgar scores. The scores measure the baby's heart rate, breathing, color, muscle tone, and vigor. These scores assist your pediatrician and the nursery staff in planning the care of your baby.
- 2) About 3-4 percent of babies are born with birth defects. Many do not hurt the baby (such as extra fingers or toes). Some, such as some heart abnormalities, can be serious.
- 3) Approximately 7-10 percent of babies are born before term (less than 37 weeks of pregnancy), or have a problem that will require some form of special care. Approximately six percent of all newborn babies require treatment in a Special Care Nursery (Level II nursery) and three percent require admission to a Neonatal Intensive Care Unit (Level III nursery).
- 4) Three to four of every 1,000 newborns have serious bacterial infections of the blood, lungs, and—in rare cases—the surface of the brain and spinal cord. If you carry Group B Strep, develop a fever during labor, or if your membranes (bag of waters) are ruptured for a long time, you may be given antibiotics during your labor to reduce the risk of infection to your baby.
- 5) Some babies have an increased risk of infection or show signs of infection. Your pediatrician may decide to send blood or cultures to the laboratory for analysis. After the baby is born, he or she will be given eye drops and an injection of Vitamin K. You will also be encouraged to have your baby vaccinated against Hepatitis B.

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Rare Events

Some problems during pregnancy and birth don't happen very often. But you should know what some of them are.

- 1) A few babies are born too early to survive or have serious medical problems. About 7-10 out of 1,000 babies die in late pregnancy (stillbirth) or soon after birth.
- 2) About 3 out of every 1,000 mothers develop blood clots in their legs after giving birth. These blood clots can travel to the lungs.
- 3) In about 1-2 out of 1,000 births, a doctor must remove the uterus (hysterectomy) to stop heavy, uncontrollable bleeding. This means a woman cannot become pregnant again.
- 4) About 6 out every 1,000 women receive blood transfusion after giving birth. The risks associated with blood transfusion include an allergic reaction, fever, circulatory overload, or infection. The chance of contracting hepatitis from a transfusion is 1 in 100,000; the chance of contracting HIV is less than 1 in 1,000,000.
- 5) Very rarely (less than 1 in 10,000), mothers don't survive childbirth. Causes might include extremely severe bleeding, problems caused by other medical conditions, high blood pressure, and blood clots in the lungs.

SSH Drug Screening Policy

If the following circumstances apply, you will be asked to provide urine (or blood) for drug screening:

- Current substance abuse treatment
- History of drug/alcohol abuse
- No prenatal care, delayed prenatal care (first visit after twenty (20) week gestation)
- If you exhibit symptoms/behaviors suggestive of impairment/intoxication from recent substance abuse
- Suspected abruption (separation of placenta from uterus)

Summary

Most babies are born healthy and most mothers go through labor and birth without serious problems. You should realize though, that pregnancy and childbirth have some risks. Many of the possible problems sound very frightening. Remember, most of these problems are uncommon, and the most serious events are quite rare.

Your health care team will watch carefully for signs of possible problems. They will do their best to identify them early, explain them, and offer you treatment. Your health care team looks forward to caring for you during labor and birth, and to delivering a healthy baby.

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Authorization for Obstetrical Care

- I have read Care During Labor and Birth.
- I understand what has been discussed with me, as well as the content of this form. I have been given the opportunity to ask questions and have received satisfactory answers.
- I understand that no guarantees or promises have been made to me about expected results of this pregnancy.
- I am aware that other risks and complications may occur. I also understand that during the remainder of my pregnancy or during labor, unforeseen conditions may be revealed that require additional procedures.
- All of my questions have been answered and I consent to obstetrical care during my birthing experience. I understand that some of the procedures described above may occur. I retain the right to refuse any specific treatment. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

Patient Name (print) _____

DOB or Patient ID# _____

Patient Signature _____

Date: _____

Clinician Name (print) _____

Date: _____

Clinician Signature _____

Date: _____

I refuse blood transfusion under any circumstances and have signed a separate form for the refusal of blood products.

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