



Vincent Obstetrical and Gynecology Department
Care During Labor and Delivery

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.

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.

Authorization for Obstetrical Care

- I have read Care During Labor and Delivery.
- 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.
- I know that resident doctors and other clinical students/staff may help my doctor or midwife.
- I understand that tissue or other specimens removed from me as necessary during obstetrical procedures, including placental tissue, may subsequently be used by the Hospital, its affiliates, or other academic or commercial entities for research, educational purposes (including photographing), or other activity, if it furthers the Hospital's missions.
- 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.

_____ (Initials)

Patient Signature _____

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4



Fold



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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) Most often, one nurse will work with your doctor or midwife to take care of you. In some hospitals, doctors training in obstetrics or anesthesia (residents) may also help care for you.
- 2) Other clinicians in-training, including medical students, student midwives, or student nurses, may ask to help your doctor, midwife or nurse.
- 3) You will probably have a blood test during labor to measure your blood count.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) 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.
- 8) 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.
- 9) In some cases (less than one percent), the doctor or midwife needs a blood sample from the baby's scalp to find out more about how the baby is tolerating labor. The sampling is like having your finger pricked. On rare occasions, the area where the sample was taken will bleed or get infected.

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 or 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.

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4



Patient Signature _____

