

**E. Tn. Ob/Gyn**

**A Division of Healthstar Physicians**

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**INDUCTION OF LABOR CONSENT FORM**

I hereby give my consent for the performance of the following: **Induction of Labor.**

My physician has explained the reason he/she is recommending induction is: \_\_\_\_\_ . I understand that my physician may order medications or other means to soften and open my cervix and start contractions. Medications may be used to induce labor. The risks and complications of these medications have been explained to me.

I understand that the risks of an elective induction of labor include, but are not limited to:

- Greater chance of a cesarean birth delivery
- Greater chance of a longer labor
- Abnormal or excessive contractions (caused by medications used to induce labor) may lower the baby's oxygen supply and heartrate, which may result in emergency delivery, either vaginally or by cesarean birth
- Uterine rupture - while rare, may cause injury or death to me and/or my baby.

My physician may decide to use a balloon catheter device for induction and has reviewed the possible risks of such device, including cervical tears.

**I understand and fully assume these risks.**

My physician has also explained that:

- A vaginal delivery may require forceps and/or a vacuum extractor, physical maneuvers and positioning changes or an episiotomy (incision in the space between the vagina and rectum), and that the risks include but aren't limited to: bowel, bladder and/or pelvic floor injury, pain and discomfort, infection, bleeding, possible additional surgeries and injury to my baby.
- There is a possibility that a cesarean section delivery may be needed depending on my individual labor progress and the tolerance of my baby to the labor forces. The risks of a C-Section include, but aren't limited to, bleeding, infection, pain and discomfort, scarring or hernia development at the incision, damage to bowel or bladder, need for additional surgery, and injury to my baby.
- In certain circumstances a cesarean section performed under general anesthesia may be necessary to accomplish the immediate delivery of my baby.
- Post-delivery, medications may be necessary to cause the uterus to contract and control bleeding.

**I understand and fully assume these risks.**

My physician has also explained the expected outcomes of the procedure, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

My physician has explained the practical alternative to this procedure, i.e. not inducing labor, and I understand the risks and benefits associated with it.

My physician has explained to me that other physician(s) and healthcare personnel will participate in my care. I extend this authorization to these other physician(s) and healthcare personnel. Although unlikely, in the event my physician is not available to perform the above treatment or procedure, I understand this authorization may be extended to these other physician(s) and healthcare personnel. If possible, however, I will be notified of the substitution.

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

After discussing all of the above, including the risks and alternatives, my physician has given me an opportunity to ask questions and seek further information. I do not require further information at this time, and I am prepared to proceed with the recommended treatment or procedure. I believe my physician has honored my right to make my own informed healthcare decision. I give my consent voluntarily and certify that I can give valid consent. I understand I can revoke this consent at any time up until the time and treatment or procedure is started. If the signature below is of an authorized representative, the authorized representative certifies that he/she is legally authorized to provide consent on behalf of the patient listed below.

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Patient's Printed Name

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Signature of Patient (or Authorized Representative)

Relationship to Patient

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Time

Date

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Signature of Witness (preferably a family member)