

Informed Consent for Forceps Delivery

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition

The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and
 his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

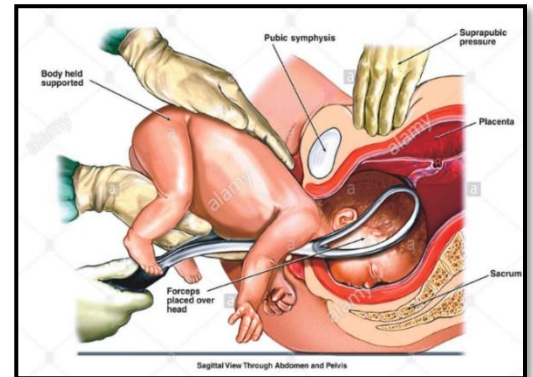
Introduction

A forceps delivery is a form of assisted vaginal delivery which may sometimes be needed during vaginal childbirth. Forceps is an instrument consisting of two metal ladle-like devices (shaped like a pair of large spoons or salad tongs with a curve to snugly fit around the baby's head), which are maneuvered to cradle and grasp the baby's head and help guide the baby out of the birth canal.

Forceps delivery is done during the second stage of normal vaginal delivery. The doctor will first administer a local anaesthesia into your perineum and perform an episiotomy. Then the doctor will gently insert two or more fingers inside your vagina and beside your baby's head and slide one part of the forceps between the fingers and the baby's head, followed by positioning the other half of the forceps on the other side of the baby's head.

The doctor will lock both parts of the forceps to safely secure the baby's head in between them. If the baby is facing upwards, then between your contractions, the doctor will use the forceps to gently shift the position of the baby's head. As the labour progresses, the doctor may remove the forceps before the widest part of the baby's head goes through the birth canal or he/she may retain the hold of the forceps. When you experience the next contraction, the doctor will gently guide the baby through the birth canal using the forceps.

Please Note: If after using the forceps, the doctor is not able to move the baby after three pulls or the baby is not delivered within 20 minutes, then the doctor will most likely suggest an emergency C-section. Alternatively, the doctor may also opt for vacuum extraction.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)

- Studies show that forceps-assisted deliveries are associated with less failure which may be of critical importance with foetal distress.
- It helps in delivery of baby during emergency, when either mother or baby is at risk.
- It ensures faster delivery when foetal compromise is suspected.
- To provide relief where the second stage of labour is delayed owing to maternal exhaustion or other reasons.
- To enable safer delivery in cases where maternal pushing is not advisable – cardiac problems, cerebral aneurysm or proliferative retinopathy.
- Others, if any specify:

Alternatives (To be documented by doctor)

- Vacuum extraction
- Caesarean
- Others, if any specify:

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Risks and Complications (To be documented by doctor)

Maternal Risks	Foetal Risks	Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> • Vaginal tears during the delivery • Bladder injuries • Urethra injuries • Post the delivery, you may experience: <ul style="list-style-type: none"> ➤ Faecal and/or urinary incontinence ➤ Perineum pain ➤ Difficulty while urinating ➤ Anaemia ➤ Weakening of the muscles supporting the pelvic organs • Bleeding • Others, if any specify: 	<ul style="list-style-type: none"> • Bruising on the baby's face due to the usage of forceps which will disappear in a few days • Nerve damage to the face caused by the pressure of the forceps • Facial palsy • Skull fracture • Internal bleeding within the skull • Temporary eye trauma due to the pressure of the forceps • Seizures • Others, if any specify: 	1) 2) 3) 4) 5)

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment /procedure including the risks that are specific to me and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its risks and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that if organs or tissues are removed during the surgery that these may be retained for tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
- It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above named physician / surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Hospital Logo

Patient Identification Label

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
Declaration by the Doctor I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.				
Name and Signature of the Doctor with Reg No:			Date and Time:	