

INFORMED CONSENT AND REQUEST FOR EXTERNAL CEPHALIC VERSION:

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

PATIENT'S NAME _____

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

1. This diagnosis requiring this procedure is a pregnancy in which the baby is breech (baby's buttocks and/or legs presenting into the birth canal) or in another malpresentation.
2. The nature of the procedure is manually turning the baby by pushing on the patient's abdomen.
3. The purpose of this procedure is to move the baby from a breech or other malpresentation into a vertex presentation (baby's head will enter the birth canal).

4. MATERIAL RISKS OF THIS PROCEDURE

As a result of this procedure being performed there may be material risks of:

INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS OR PARTIAL PARALYSIS, PARAPLEGIA OR QUADRIPLÉGIA, BRAIN DAMAGE, CARDIAC ARREST, OR DEATH.

5. In addition to these material risks, there may be other possible risks involved in this procedure, including but not limited to:
 - a. inability to move the baby into a vertex presentation;
 - b. separation of the placenta from the wall of the uterus before delivery of the baby;
 - c. pressure against the umbilical cord which may result in decreased blood flow to the baby;
 - d. Rh or other sensitization, which is exposure of the mother to the baby's blood, which in certain circumstances may result in the development of antibodies against the baby's red blood cells. This may necessitate the administration of Rhogam to women whose blood type is Rh-negative;
 - e. maternal discomfort during the procedure;
 - f. possible need for immediate surgery or other additional surgery, which might include a Cesarean Section.
6. The likelihood of success of the above procedure is: () good; () fair; () poor.
7. The practical alternatives to this procedure are:
 - a. Cesarean Section for breech presentation or other malpresentation;
 - b. vaginal delivery of the baby in a breech presentation or other malpresentation in certain situations;
 - c. not to perform the external cephalic version. Some babies may change into a vertex presentation without any procedure at all.
8. The likelihood that the patient will require a blood transfusion or administration of blood products is:
() likely; () not likely; () unknown due to:

Available alternatives to blood transfusion are intra-operative blood salvage, plasma volume expanders, synthetic volume expanders, and others.

I understand that the physician, medical personnel and other personnel and other assistants will rely on statements about the patient from a variety of sources, the patient's medical history and other information in determining whether to perform the procedure or the course of treatment of the patient's condition and in recommending the above procedure.

I understand that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

I acknowledge and understand that during the course of the procedure described in Paragraph 2 above, conditions may develop which may reasonably necessitate an extension of the original procedures or the performance of procedures which are unforeseen or not known to be needed at the time this consent is obtained. I therefore consent to and authorize the persons described in the last paragraph of this consent to make the decisions regarding the performance of and to perform such procedures as they may deem reasonably necessary or desirable in the exercise of their professional judgment, including those procedures that may be unforeseen or not known to be needed at the time this consent is obtained. This consent shall also extend to the treatment of all conditions which may arise during the course of such procedures including those conditions which may be unknown or unforeseen at the time this consent is obtained.

I also consent to diagnostic studies, tests, anesthesia, x-ray examinations and other treatment or courses of treatment relating to the diagnosis or procedures described herein.

I further consent to retention by the hospital of any tissues, specimens, organs or limbs removed from the patient's body during the proposed procedures to be examined by pathologists, to be used for scientific or teaching purposes, and to be disposed of in the discretion of the hospital and its medical staff.

The hospital and the patient's physician have an educational role in the training of medical or paramedical personnel. I consent to such students observing and participating in the patient's care under supervision.

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 THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND THAT ANY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY. ALL BLANKS OR STATEMENTS REQUIRING COMPLETION WERE FILLED IN AND ALL STATEMENTS I DO NOT APPROVE OF WERE STRICKEN BEFORE I SIGNED THIS FORM. I ALSO HAVE RECEIVED ADDITIONAL INFORMATION INCLUDING BUT NOT LIMITED TO THE MATERIALS LISTED BELOW RELATING TO THE PROCEDURE DESCRIBED HEREIN.

I voluntarily consent to allow Dr. _____ or any physician designated or selected by him or her and all medical personnel under the direct supervision and control of such physician and all other personnel who may otherwise be involved in performing such procedures to perform the procedures described or otherwise referred to herein.

Witness

Person Giving Consent

Relationship to patient if not the patient:

Date _____ Time _____

Patient unable to sign because: _____

Additional materials used, if any, during the informed consent process for this procedure: