

Consent for Maternity services from Women's Health Partners, LLC

Congratulations on your pregnancy and thank you for choosing our practice for your care. We believe that patients should enjoy the time of pregnancy, but we are obliged to inform you of some of the health risks associated with pregnancy. We pride ourselves on the open communication we believe our patients want. If, at any time, you have issues you need to discuss, please do so with your physician or midwife. If we cannot resolve your problems, feel free to obtain a second opinion. If you feel it is necessary, you may change practices to another doctor or midwife outside of our office. Women's Health Partners operates as a group practice. You will have a primary physician, but you will be asked to see all of the doctors at least once during your pregnancy. When you go into labor, you will be delivered by the on-call physician, so please make an effort to meet all the physicians. The midwives take call for their patients in a similar fashion and they have 24-hour emergency backup from the doctors.

I understand and agree to this policy (INITIALS): _____

Risks and Complications:

About 10% of pregnancies will be associated with some **significant** complication. More women actually suffer complications from pregnancy than from using birth control pills or having surgery. These complications include but are not limited to the following: ***miscarriage, ectopic pregnancy, appendicitis, gall bladder disease, kidney stones, cervical incompetence, blood clotting disorders & hemorrhage requiring transfusion, embolism, stroke, heart attack, infections, hypertension, diabetes, liver and kidney failure, premature birth, stillbirth, preterm labor, prolonged bed rest, hospitalization, and maternal death.*** Patients who are obese, have chronic illnesses, or are in poor health have increased risks.

The process of delivery either by vaginal or C-section birth can also lead to ***irreversible physical changes in the body, chronic pain, scarring, back injury, urinary incontinence, prolapse of the female organs, fistulas, bowel or bladder injury, D& C for retained placenta, hysterectomy, wound infections, hematomas, or the need for surgery at the time of delivery, or in the future.***

Anesthesia by spinal, epidural, or general ***does not always relieve all of the pain,*** and can be complicated by ***spinal headache, back pain, paralysis, and death.***

Finally, children can be born with ***cerebral palsy, mental retardation, Erb's palsy (arm weakness), fractured bones, learning disabilities, and birth defects.***

I understand the above risks and complications (INITIALS): _____

Blood Transfusions:

In the event of severe obstetrical hemorrhage or low blood count which may be life threatening, **I agree and give my consent to receive blood products.**

I understand and agree (INITIALS): _____

Release of Liability:

As physicians and midwives we provide a standard of care that we provide for every pregnant patient; however, **complications and adverse outcomes will happen solely as a consequence of the pregnancy and will occur despite the best possible care.** As such, when you become pregnant, you assume the above risks and outcomes, and agree not to hold Women's Health Partners, LLC, its physicians, midwives, and employees responsible for these outcomes, or for any subsequent disabilities, surgeries, or other interventions necessary in the treatment of the mother or newborn due to complications of pregnancy.

I understand and agree to this release of liability (INITIALS): _____

Warnings:

The following list of substances and situations must be avoided during pregnancy: drugs such as Tetracycline, Lithium, Coumadin, & Accutane. Use of any medicine during pregnancy has to be weighed against the potential risk of not taking that medicine. If the use of medicine is necessary, I agree to accept the potential risk associated with that medicine. ***We insist that all patients refrain from cigarette smoking, alcohol, and drug abuse, as these dramatically increase your chances of all complications during pregnancy.***

I understand and agree (INITIALS): _____

Contacting us:

If a problem arises during your pregnancy we are available 24 hours a day. If you cannot contact us through the usual method, you may go directly to the hospital. **We return urgent phone calls within 15 minutes so if you do not hear from us in an emergency, call again. We ask that you cover non-urgent items at your office visits so we can keep the phone lines open for labor and emergencies.**

I HAVE CAREFULLY READ THIS CONSENT AND AGREE TO ABIDE BY ITS TERMS. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND I UNDERSTAND THE CONSENT. I UNDERSTAND THAT THIS CONSENT DOES NOT LIST EVERY POSSIBLE OUTCOME DURING AND AFTER PREGNANCY. PLEASE SIGN IN THE PRESENCE OF A MIDWIFE OR PHYSICIAN.

SIGNED _____ DATE _____ NAME (print) _____

WITNESS _____ DATE _____ Account # _____