

Women's Health Partners, LLC

Diplomates American Board of Obstetrics & Gynecology

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Consent for Maternity Services

Congratulations on your pregnancy and thank you for choosing our practice for your care. We believe pregnancy should be an exciting and enjoyable time, while also recognizing our responsibility to inform you about the potential health risks associated with pregnancy and childbirth. We pride ourselves on maintaining open communication with our patients. If at any time you have concerns or issues you would like to discuss, please feel free to speak with your physician or midwife. If we are unable to resolve your concerns, you are always welcome to seek a second opinion. Should you feel it is necessary, you may also transfer your care to another physician or midwifery practice outside of our office.

Women's Health Partners operates as a group practice. Although you will have a primary physician or midwife, we encourage you to meet all of the providers in the practice at least once during your pregnancy. When you go into labor, your delivery will typically be attended by the on-call physician or on-call midwife. The midwives take call for their own patients in a similar fashion and have 24-hour physician backup available at all times.

Please understand that, on occasion, unforeseen circumstances or emergencies may make your primary provider or the scheduled on-call provider unavailable. In such cases, your delivery may be attended by another physician or midwife within our practice, or by the hospital-based obstetrical hospitalist team.

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

Release of Liability:

As physicians and midwives, we have a standard of care that we provide for every pregnant patient; however, **complications and adverse outcomes could happen solely as a consequence of the pregnancy and could 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, physician assistants 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 have read, understand, and agree to this policy (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 must 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 have read, understand, and agree to this policy (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.

Patient Signature

Date

Account #

Patient Name (Print)

Witness

Date