INFORMED CONSENT AND REQUEST FOR VAGINAL DELIVERY

The following has been explained to me in general terms and I understand that:
• The diagnosis requiring this procedure is pregnancy.
• The nature of the procedure is the delivery of the infant through the birth canal with the possible use of forceps or vacuum extraction. An episiotomy (enlarging of the vagina by an incision in the space between the vagina and rectum) may be performed as part of a vaginal delivery.
• The purpose of this procedure is to deliver the infant.
• As a result of the procedure being performed, there may be MATERIAL RISK(S) 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 quadriplegia, brain damage, cardiac arrest, or death.
• In addition to these material risks, there may be other possible risks involving this procedure including but not limited to: possible injury to bowel, bladder, ureter, or other pelvic or abdominal structures; possible fistula formation (an opening between bowel, bladder, ureter, vagina and/or skin) caused by an injury to bowel, bladder, or ureter; possible formation of blood clots; possible emboli (clots of blood and other material) that may travel to other parts of the body; possible rupture of the uterus that might require a hysterectomy (removal of the uterus, fallopian tubes and/or ovaries); possible injury to the infant; possible blood loss necessitating transfusion which carries the risk of exposure to AIDS, hepatitis, and other infectious diseases; possible need for immediate surgery or other additional surgery, which might include a Cesarean Section.

• The likelihood of success of the above procedure is: ( ) Good ( ) Fair ( ) Poor

• The practical alternative to this procedure, the prognosis (predicted future medical condition) is possible increased risk to both the patient and the infant.

I understand that the physician, medical personnel and other assistants will rely on statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure or the course of treatment for 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 understand that during the course of the procedure described above it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at the time this consent is given.

I consent to and authorize the persons described herein to make the decisions concerning such procedures. I also consent to and authorize the performance of such procedures as they deem

necessary or appropriate. 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.

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 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 RECEIVED ADDITIONAL INFORMATION INCLUDING BUT NOT LIMITED TO THE MATERIALS LISTED BELOW RELATING TO THE PROCEDURE DESCRIBED HEREIN.

I voluntarily consent to allow Dr. Mary Margaret O'Neill or any physician designated or selected by him/her and all medical personnel under the direct supervision and control of such physician and all other personnel who may otherwise referred to herein. Unless rescinded, this consent will remain in effect until delivery.

Signature of Patient _____
Date Time _____

Witness _____ _____
Date Time _____

Person giving consent (if not patient) _____
Relationship to patient _____
Date Time _____
Reason patient is unable to sign: _____ _____

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