



INFORMATION AND CONSENT FORM FOR OPERATIVE VAGINAL DELIVERY

Labor and delivery is a natural process. However, 10-15% of all deliveries in the United States are assisted by a vacuum extractor or forceps. This is called an Operative Vaginal Delivery. The indication for forceps or vacuum is determined at the time of delivery. This information and consent form allows you to be familiar with them well in advance of delivery.

POSSIBLE REASONS TO USE FORCEPS OR VACUUM:

1. The mother is unable to push the baby out of the birth canal, either due to exhaustion, epidural numbness, or baby's position.
2. The physician has concluded that the baby is not tolerating the labor and should be delivered more quickly.
3. The mother's health is at risk by allowing her to keep pushing.

BENEFITS: Safety for the baby, avoidance of cesarean section, and shortening of the pushing stage of labor. Studies comparing outlet forceps deliveries (with baby's head very close to delivery), vacuum deliveries, and spontaneous vaginal deliveries have shown no differences in school performance, speech, or risk of neurological abnormality.

RISKS: Both forceps and vacuum extraction are very safe, but there are some risks, as with all deliveries. These techniques can tear the mother's vagina and pelvic area. The risk of later bowel or bladder incontinence may be increased. They can leave temporary marks or bruising on the baby's scalp and face. (Bruises usually go away quickly but can cause jaundice.) Operative delivery, with other risk factors, may increase the risk of shoulder dystocia (the baby may get stuck partway out), causing injury to the baby's arm. Serious problems, including permanent injury or infant death have rarely occurred. It is possible that the obstetrician will decide to abandon the operative vaginal delivery and proceed with a cesarean section if at anytime he/she decides that a cesarean is now needed.

ALTERNATIVES TO OPERATIVE VAGINAL DELIVERY: cesarean section or continued attempt at normal vaginal delivery. The recommended alternative to an abandoned operative vaginal delivery will depend on one's individual circumstances.

RISKS OF A CESAREAN SECTION are those of a major surgery, including bleeding, infection, and a small risk of damage to bowel or bladder and need for additional surgery. All future pregnancies will be at higher risk due to the uterine scar. There may be a delay in delivery of a baby who is in trouble, resulting in injury (in some instances, operative vaginal delivery may result in delivery sooner than emergency cesarean section).

CONSENT: I have read and understand the informed consent above, and I have had an opportunity to ask questions. I understand the risks and potential benefits. All of my questions have been answered. I agree to an operative vaginal delivery should my obstetrician so advise.

Patient Signature

Witness

Print Patient Name

Physician Name

Date