

## Prenatal Informed Consent

I, \_\_\_\_\_, authorize Laura M. Erdman, MD, Lindsay H. Morrell, MD, their associates, and such assistants as may be selected by them, to treat the following condition or conditions: pregnancy, any complications for pregnancy, delivering the fetus.

My physicians have explained to my satisfaction the procedures, surgery, or treatment necessary to treat my condition, and I understand them to be as follows: vaginal delivery; c-section; operative vaginal with forceps or vacuum; possible oxytocin to stimulate labor; use of tocolytic agents such as terbutaline, magnesium sulfate, and nifedipine to stop premature labor.

I understand that during the course of the procedures, surgery, or treatment, unforeseen conditions may be discovered or become apparent that require an extension of the original procedure, treatment, or surgery or a different procedure, operation, or treatment from that described to me by my physician. I, therefore, authorize my physician, her associates, consultants, and assistants to perform such additional medical treatment, surgery, or procedures as they, in the exercise of their professional judgment, deem necessary and desirable to treat conditions that later develop or become apparent, and which are not now known to my physician.

My physician has explained to me that the following are the principal generally recognized risks and possible consequences associated with the treatment, surgery, or procedure now proposed: pain, hemorrhage, infection, rupture of uterus, emergency hysterectomy, injury to bladder or ureter or other organs, maternal death, fetal injury or death, or need for blood transfusion.

My physician has informed me that there are no alternatives to the above procedure (i.e. delivery of my baby).

I have also been informed that there are other serious risks, such as severe blood loss, infection, and cardiac arrest, which may happen in the performance of medical treatments or surgical procedures. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no promises or guarantees have been made to me about the success or results of the treatment, operation, or procedures proposed.

I understand that I will be given anesthesia for any operations performed on me by a physician, anesthesiologist, or a nurse anesthetist. I authorize and request that such anesthesia be administered as the physician in the hospital's Department of Anesthesiology and their designees may deem proper and advisable for the purpose of an operation. I further authorize my physician and her assistant or designees to administer such local anesthetics as they may deem proper and advisable in connection with any operation or procedure performed on me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_