INDUCTION OF LABOR REQUEST / CONSENT

I hereby authorize RAYMOND C. LACKORE MD and/or such associate(s) as he may select, to administer medication in an attempt to help make my cervix soften, dilate, and "thin out" or efface in a process designed to simulate labor in pregnancy. I was told that I could weigh the benefits and risks and decide not to have an induction.

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(Patient Initials)

My (Best Estimate) Due Date is: _______________________. My Cervical Exam is: ___________________________.

The specific reasons for my induction are (American College of Obstetrics and Gynecology recognized):

_____ Pregnancy-induced hypertension, Preeclampsia, eclampsia
_____ Premature rupture of membranes
_____ Postterm pregnancy
_____ Maternal medical conditions (e.g., diabetes, kidney disease, lung disease, chronic hypertension)
_____ Fetal compromise (e.g., severe fetal growth restriction, isoimmunization)
_____ Chorioamnionitis
_____ Fetal demise
_____ Abruptio placentae
_____ Logistic reasons, risk of rapid labor, distance from hospital, or psychosocial indications

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(Patient Initials)

I understand that I have the right to seek a consultation from a second physician.

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(Patient Initials)

I was told that the following alternatives may apply to me:

_____ Leave the pregnancy alone at this time accept the natural course, awaiting spontaneous labor.
_____ Rupture membranes and start pitocin to cause progress toward delivery.
_____ Use of prostaglandin tablet (Cytotec, misoprostol) to cause ripening and progress toward delivery
_____ Use of Pitocin alone at first and leave the membranes intact.

_____ Other: ________________________________

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(Patient Initials)
I have been told that NATURAL LABOR AND DELIVERY may subject me to a variety of discomforts and risks. Most patients (and their infant) in natural labor may experience natural problems ranging from minor to fatal. These include nausea, vomiting, pain, bleeding, blood transfusion (including risks of hepatitis and AIDS), infection, poor healing, vaginal hernias (weakening of the bladder/cystocele or rectum/rectocele), tears at the vaginal opening, tears into the rectum, future painful intercourse, and risks of cesarean section. Unexpected conditions may occur in natural labor including rare blood clots to the lungs, fatal amniotic fluid emboli, unintended injury to other pelvic or abdominal structures such as fallopian tubes, ovaries, bladder, ureter (tube from kidney to bladder), or bowel. Nerves going from the pelvis to the legs may be injured. Hematomas of the pelvis may form requiring immediate surgery. Any such injuries may require immediate or later additional surgery to correct problem. Following natural delivery dangerous blood clots may form in the legs or lungs. Following natural delivery or Cesarean section, physical and sexual activity will be restricted in varying degree for an indeterminate period of time, but most often 4-8 weeks. I understand that if before delivery I have had relationship problems, sexual problems, a psychological / psychiatric disorder, these issues all clearly increase the risk of psychological or sexual problems after delivery.

I have been told that with induction of labor ALL OF THE ABOVE RISKS OF NATURAL LABOR ARE FULLY PRESENT. In addition, with induced labor, there may be increased risks:

- Contractions that are too strong (hyperstimulation)
- Heart rate changes in the baby from stress
- Failure to make progress in labor
- Placental separation (abruption) with heavy bleeding
- Need for emergency cesarean section
- Fetal damage or death.

While most of the risks above are those of natural labor (including the risk of permanent fetal damage or death) research has shown that induction may increase the risks mentioned above. Finally, I understand that it is impossible to list every possible undesirable effect and that the condition or situation for which induction is done should justify the risks taken.

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(Patient Initials)

I understand that I will be in the hospital for approximately 2-3 days

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(Patient Initials)

I have read and understood the information provided above. I have been given a full opportunity to ask questions and have discussed this information with Dr. Lackore. The procedure necessary to treat my condition, the possible risks and benefits, and alternatives of therapy that are associated with this procedure have been explained to me by RAYMOND C. LACKORE MD. I am aware that the practice of medicine is not an exact science, and have also been informed there are other risks which are attendant to any procedure, and I acknowledge that no guarantee(s) or assurance(s) has (have) been made to me as to the result(s) that may be obtained concerning this procedure.

My signature below indicates I am willing to accept the known risks of induction.

__________________
(Patient Initials)

Patient’s Signature: ___________________________  Date: ____________
Witness: ___________________________  Date: ____________
Physician: ___________________________  Date: ____________