

## Vaginal Birth Informed Consent

The following has been explained to me in general terms and I understand that:

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 (an enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

As a result of the procedures for childbirth being performed, there may be risks of: infection, allergic reaction, scarring, blood loss, possible future pelvic floor dysfunction, pain and discomfort, injury to urinary tract, and possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury).

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to allow \_\_\_\_\_ or any Physician/CNM designated or selected by him or her and all medical personnel under the direct supervision and control of such physician to perform the procedures described or otherwise referred to herein.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Timed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Timed

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Timed