



VAGINAL DELIVERY CONSENT FORM



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Revision Cause: Document number has been modified.

PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....
.....

- In order for you to decide on the procedure to be performed, you have right to be informed about your condition and the recommended delivery methods.
- This document and explanation gives you information about the definition, necessity, risks of treatment, treatment alternatives regarding vaginal delivery and the consequences you may encounter if the treatment is not applied.
- If you have difficulty in understanding any of the information provided to you, please ask your doctor to explain it.

VAGINAL DELIVERY: After the hygienic preparation of the person who will give birth, an elastic cannula is placed in the arm vein. In this way, fluids, pain or birth pain medications, urgently needed drugs may be given without loss of time that can be dangerous and occur any time. After the cervix has reached sufficient width, the leading part of the baby (head or anus) goes through the birth canal and comes out. The placenta and membranes come in half an hour after the baby is born.

The intensity and frequency of heart beats and birth pains are recorded continuously with the help of an electronic instrument to control the baby's health and to diagnose possible dangerous situations (Cardiotocography). This can be done externally, through the abdomen, or by connecting an electrode to the child's scalp when the amniotic sac is opened. An instrument may be used for measuring the pressure of labor pain. For this purpose, two instruments are placed on the abdomen to measure the intensity of the baby's heart beats and pains. If you reject these methods of control, situations that may be harmful to children may not be diagnosed timely.

Birth pains usually start spontaneously, but birth pains may need to be started with medication to protect the mother and/or baby from danger. It may be necessary to start birth prematurely due to mother's disease (such as high blood pressure due to pregnancy or diabetes) or baby's condition (such as blood group incompatibility, oxygen failure, placenta failure, premature aging, or late delivery time).

Shortly before the baby's birth, episiotomy is performed under local anesthesia when necessary. This is to shorten the pressure that is critical for the baby. With this, mother's external genital tension and thus rupture injuries will be prevented. Episiotomy may be needed more in those who have had birth for the first time than those who have had birth more than once or with vacuum or forceps.

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Vacuum or forceps are used when it is necessary to speed up the birth, when the mother who is giving birth is unable to push, and sometimes when it is necessary to eliminate the resulting birth pause. These are used when it is necessary to prevent or eliminate difficult situations. Thus, the mother and/or child will not be harmed. In this case, there may be additional minor ruptures, which are occasionally treated by the physician despite the previous episiotomy, and often healed without causing any complaints.

Depending on the application of vacuum or forceps, skin swelling, mild discoloration or abrasions occurring on the head of the child will pass in a short time. these are not important problems for the child.

A cesarean section may be recommended at a completely normal birth, due to circumstances that threaten maternal and infant health during birth and are unlikely to be detected in advance.

Events leading to this include:

- The birth does not progress
- Asphyxiation diagnosis in baby
- Meconium diagnosis
- Bleedings that cannot be anticipated in advance
- Increased blood pressure or deterioration of the general condition of the mother

After birth, the placenta usually is delivered from the vagina within an hour, but for reasons that cannot be anticipated beforehand, the birth of the placenta may not occur.

There may be unexplained and maternal life-threatening bleeding due to postpartum hysterectomy. In these cases, surgery may be necessary to remove the uterus and to ligate the large veins to the uterus.

After birth, deep ruptures may occur in birth tract, cervix and uterus. These ruptures may need to be repaired under anesthesia. In case of maternal life-threatening bleeding, surgery may be necessary to remove the uterus and to ligate the large veins to the uterus.

ALTERNATIVES TO VAGINAL DELIVERY I was told that birth could be performed by cesarean section.

BLOOD COMPONENTS: I accept the use of blood components when necessary.

CONSENT FOR THE CASES THAT CANNOT BE FORESEEN: I understand that my doctor may be able to reveal different situations that require additional or different treatments other than the scheduled procedure required by my condition during the procedure. In this case, I agree that my doctor shall make an appropriate additional attempt required by my condition and health.



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Matters surgeon would like to know about patient:

Medicine used:

Bleeding time:

Allergy:

Other diseases:

Surgeon's notes about briefing:

.....
.....

Surgeon's stamp and signature:

Consent explanation of patient or guardian:

- My doctor has made necessary explanations regarding my health status.

I have received detailed information about planned treatment/intervention, why it is necessary, intervention procedure and other treatment choices, their risks, possible results if I am not treated, success rate of treatment and its side effects.

- I have understood the points I had to pay attention to before and after the treatment.
- It was stated that all relevant documents about me and samples received during diagnosis/treatment/intervention could be used for educational purposes.
- My doctor answered all my questions clearly
- I have learned about persons who will apply treatment/intervention.

I am calm and rational and I consider myself to have the ability to make proper decisions.

- I am aware that I do not have to give consent for this treatment/intervention if I do not want and/or I can stop the procedure in any stage I want.

Note: Please write "I have read, understood and therefore accept this form." with your handwriting and sign.

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Place/Date/Time:

NOTE: If the patient is not able to give consent, identification information and signature of person who

- Both parents (guardians) have to sign this form. If only one of the parents has signed the form, the signer must prove that he/she is taking care of himself/herself or that the other parent has given permission.

The person provides information in cases when direct communication cannot be made with the patient (e.g. interpreter):

I have interpreted the information defined in this "Informed Consent Form" to patient/patient's parent/relative explicitly.

Name - Surname:

Address:

Date / Time:

Signature:

Signature of Patient/Patient's Guardian/Relative

Name - Surname:

Date / Time:

Signature:

Doctor who informed the Patient

Name - Surname:

Date / Time:

Signature: