

APPENDIX H

Primary Cesarean Delivery on Maternal Request

THE BENEFITS AND RISKS OF A SCHEDULED ELECTIVE PRIMARY CESAREAN DELIVERY

1. A cesarean delivery can be planned; the date can be chosen.
2. You may not experience labor.
3. The most common problems with cesarean delivery are hemorrhage (uncontrolled bleeding) and infection. Both are higher risk for cesarean deliveries than for vaginal births.
4. For the mother, blood loss is usually greater with a cesarean than with a vaginal delivery. Approximately 12 in 1,000 of all women having a cesarean need a blood transfusion.
5. Injury to the urinary system (the bladder and drainage to and from the bladder) occurs in less than 1 in 200 women who deliver by cesarean. These problems are usually identified and repaired at the time of the cesarean. Vaginal delivery does not eliminate risk of injury to the urinary system.
6. Injury to the mother's bowel (intestines, colon, or rectum) is rare at the time of cesarean. It occurs in less than 1 in 1,000 cesareans. Such an injury will usually be recognized and fixed at the time of the cesarean. Injury to the mother's bowel almost never happens after a vaginal delivery.
7. A cesarean delivery can result in serious problems in subsequent pregnancies. Occasionally, the placenta in a future pregnancy implants over the old cesarean scar, which is usually near the cervix (the opening of the womb to the birth canal). This increases the risk of bleeding and premature delivery. The chance of the placenta implanting in the wrong place increases with each additional cesarean.
8. Having had one cesarean increases the chance of having another one. Each cesarean increases the risk of scarring afterwards and may increase the difficulty of future surgeries. There is also a small but increased risk for rupture of the uterus during labor for women who have had a previous cesarean.
9. Rarely, the inability to get pregnant, or chronic pelvic pain, may result from scar tissue (adhesions) that may form after cesarean delivery.
10. Rarely, a hysterectomy (removal of the uterus) may be needed for the treatment of uncontrollable bleeding.

Authorization for Primary Cesarean Delivery on Maternal Request

- I have read *Primary Cesarean Delivery on Maternal Request*.
- I understand that I have the option for vaginal delivery and that I do not have specific medical indications for cesarean delivery.
- I understand the risks and benefits of an elective primary cesarean delivery as explained above and as explained by my clinician. I am aware that other risks and complications may occur.
- I understand what has been discussed with me, including this form. I have been given the chance to ask questions and have received satisfactory answers.
- No guarantees or promises have been made to me about expected results of this pregnancy.
- I am aware that other risks and complications may occur. I also understand that during the remainder of my pregnancy, or during labor, unforeseen conditions may be revealed that require additional procedures.
- I know that anesthesiologists, pediatricians, resident doctors, and other clinical students/staff may help my doctor or midwife.
- I retain the right to refuse any specific treatment.
- All of my questions have been answered.

I request and consent to elective primary cesarean delivery. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

Patient Name (print)

DOB or Patient ID#

Patient Signature

Date

Time

Clinician Name (print)

Clinician Signature

Date

Time