Primary Cesarean Delivery on Maternal Request

If you have never had a cesarean delivery, but have asked for one this time, then please read the following.

THE BENEFITS AND RISKS OF A SCHEDULED ELECTIVE PRIMARY CESAREAN DELIVERY

1. A cesarean delivery can be planned. The date can be chosen. You avoid a long labor. The risks of a vaginal delivery are avoided.

2. The most common problem with cesarean delivery is infection. The rate is higher for cesareans than for vaginal births.

3. 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.

4. 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.

5. Injury to the mother’s bowel (intestines, colon, or rectum) is rare. 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.

6. A cesarean delivery can lead to serious problems in future pregnancies. Occasionally, the placenta in a future pregnancy can implant over the old cesarean scar. This increases the risk of bleeding and premature delivery. The chance of the placenta implanting in the wrong place increases with each additional cesarean.

7. 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 an increased risk for rupture of the uterus during labor for women who have had a previous cesarean.

8. Rarely, the inability to get pregnant, or chronic pelvic pain, may result from scar tissue (adhesions) that may form after cesarean delivery.

9. Rarely, a hysterectomy (removal of the uterus) may be needed.
Authorization for Primary Cesarean Delivery on Maternal Request

☐ I have read Elective 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 __________