

CONSENT TO OBSTETRICAL TREATMENT

The goal of obstetrics is for every pregnancy to culminate in a healthy mother and a healthy baby. Advances in medicine have reduced some of the risks of injury and death but there is no guarantee of a successful outcome. Your baby may suffer serious problems at birth because of natural processes and complications that are beyond your control and the control of your physician.

During your pregnancy, your doctor may recommend limitations on your activities, referral to other physicians, hospitalization or other medical treatment. You should discuss with your doctor any proposed treatment and other alternatives available to you and make sure your questions are answered. It is your right and responsibility to share in all decisions about the care you will receive.

Unexpected complications can occur during your pregnancy or labor which may require prompt delivery of your baby. Drugs are available to stimulate labor, instruments such as forceps may be used and delivery by cesarean section may be recommended. Each of these procedures involves substantial and significant risks. Should forceps or cesarean section be recommended by your primary physician, a physician who specializes in obstetrics will be called to perform the procedure.

Should an emergency arise, the availability of hospital anesthesia and surgery personnel may affect how quickly your baby can be delivered. In the hospital where your delivery is planned, anesthesia and surgery personnel are present in the hospital at all hours. The hospital has demonstrated the capability of an emergency delivery in most cases within 30 minutes after notification of personnel, but may not always be able to do so.

By signing this document you acknowledge that there are substantial and significant risks to both mother and child in the childbirth process and there can be no guarantee of a successful outcome.

In reference to payment

Please be aware that Dr. Savage DOES NOT accept all insurance plans for pregnancy. If you change insurance companies during your pregnancy, you may need to transfer your OB care to another provider.

Patient name _____ Date _____

Patient signature _____ Date _____

Witnessed by _____ Date _____