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General Informed Consent for Risk Factor

Identify Risk: > or = to 42 wks Gestational Age by known LMP. No active labor established.
(NOTE: Oregon DEM Guidelines Establish 43 weeks GA as "Absolute Risk" and unsafe for birth at home)

Define the Risk:

According to the "Guide to Effective Care in Pregnancy and Childbirth" 2nd Edition, possible bad outcome can include but is not limited to an infant with loss of subq fat, dry cracked skin, meconium staining and may include asphyxia, respiratory distress, convulsions, and death....Perinatal mortality is increased in post-term pregnancies. Some of this increase is due to congenital malformations which are more frequent in post-term pregnancies (i.e. anencephalics-sam). The incidence of neonatal seizures, a marker of perinatal asphyxia, is between two and five times higher in infants born after 41 weeks..... _____

Explain medical treatment/procedure for the risk in easily understood language: What is proposed/ What is available alternative

Medical protocol would usually be to attempt hospital induction of labor using pitocin or cytotec if the baby appears to be healthy and has reactive heartbeat. Baby's heartbeat would need to be monitored. This is not without risk.

If mother is healthy and baby's heartbeat is reactive, some mothers choose self-induction of labor at home as an alternative. This can involve getting acupuncture treatments, using lovemaking to encourage labor, having the midwife do a cervical sweep of the membranes, using nipple stimulation with electric breast pump, ingesting herbs and/or homeopathics and sometimes even castor oil. Baby's heartbeat would need to be monitored with the onset of significant uterine activity. Natural self-induction at home can often take greater than 24 hours to establish active labor. This is not without risk, but there is little other than anecdotal documentation on such inductions.

The midwife's experience with the risk factor was discussed as

I, Laura, have experience helping post-dates pregnancies have good outcomes at home with naturally induced labors.

Client was asked if they had questions and their questions were answered:
Yes/No More....

Signature:

"I have read the above and understand the risks of the situation and have had opportunity to ask questions about this. By signing this I am claiming that I am choosing not to accept a medically induced labor and I am also not accepting to attempt natural induction at home. I understand that my midwife will need to terminate care on _____ at _____ if () I am not in active labor defined as 4cm dilation or greater with UC/s regular frequency of at least 5 min/60 sec OR () the baby is not born; as per her Licensing Guidelines OAR Chapter 332, Divisions 015-030.

I take full responsibility for the outcomes of my choices for myself and my baby."

MOTHER'S NAME

DATE

MIDWIFE NAME

DATE