



INFORMED CONSENT FOR GIVING BIRTH IN HOSPITAL

PLEASE READ, SIGN and DATE

Name Hospital.....

Consultant..... Midwife

Dear Mrs/Ms/Miss

This hospital supports the view that women have choice and in order properly to exercise that choice they need to be fully informed of the risks in association with childbirth. You will already have had information about the risks of home birth. The following are the risks of a hospital delivery.

This hospital operates a shift system which means it is unlikely that you will be attended by the same midwife throughout your labour.

Because we are short of staff you are unlikely to have the continuous support of a midwife as she will probably be trying to attend to at least two other women.

As this hospital has a 25% caesarean operation rate this means that you have at least a 1 in 4 chance of having a caesarean operation. Please be aware that this is major abdominal surgery that doubles the risks of maternal mortality, increases the risk of damage to other internal organs and blood vessels, carries a risk of infection, which may prolong a hospital stay, interferes with the establishment of breastfeeding and delays post operative recovery.

Research has also shown that caesarean operations produce harmful side effects according to which anaesthetic is used, lowers fertility rates in women, increases the risk of future miscarriage and incidents of post natal depression, adversely affects the baby because of the anaesthetic used, can accidentally cut the baby as the incision is made, produces babies who are less likely to breastfeed, results in babies with breathing difficulties because they haven't received the benefits of being squeezed through the vaginal canal, increases the risk of

miscarriage, produces a greater risk of childhood asthma and results in a greater risk of Sudden Infant Death Syndrome.

As the World Health Organisation has stated that there is no improvement to maternal or infant health when the caesarean section rates exceeds 10% you should understand that we are trying to reduce this.

This hospital is a medical training centre, so in March and September we have a new intake of junior doctors and the caesarean section and forceps delivery rates increase at that time. But, please be aware that doctors have to be trained and you may be the person especially selected as a training subject.

As a first time mother you may wish to stay in hospital for a number of days in order to establish breast feeding. However, as we are short of staff and the postnatal wards are grossly understaffed you are unlikely to receive consistent advice and you will be vigorously encouraged to leave as soon as possible as we need the bed.

At one time midwives were required to visit a postnatal woman for at least 10 days. We have introduced a system that allows the midwives to make a judgement about your needs in this respect, so you are unlikely to be visited on more than a couple of occasions.

You should understand that in this hospital, which is a high technology obstetric unit, only 1 in 6 women expecting their first baby will have a normal, straightforward, birth and only 1 in 3 women expecting their subsequent babies will have a normal birth.

This hospital applies a time limit on the second stage of labour, this is not applied for your benefit it is imposed in order to ensure that you deliver as quickly as possible so that we can use your bed for another woman.

At this hospital many midwives (despite the research showing the advantages of leaving the cord alone until it has stopped pulsating) will cut the cord very soon after the baby is born, this has adverse effects on the baby, but you need not worry we have resuscitation equipment at hand to help the baby breathe.

At this hospital many women will give birth on their backs, despite the research indicating how this position increases the difficulty in pushing the baby out and causes trauma to both mother and baby.

During your labour you may find that your room is visited by multiple members of staff, many of whom will fail to introduce themselves or justify their reasons for being there.

This hospital prefers women to be quiet when they are in labour as shouting or screaming may upset others in the ward, especially the doctors. Therefore, in order to maintain a more subdued atmosphere, you will regularly be offered a range of opiate-based drugs – either in the form of pethidine or diamorphine (also known as heroin). Please be aware that this can lead to an increased chance of your child becoming a drug addict in later life and if administered at the wrong time during labour, will result in your baby being born in a dangerously stupefied state. Do not worry, as the medical staff will inject the baby with an antidote as soon as it is born.

Visiting hours for husbands and partners are between 11am – 3pm and 6pm – 9pm. Although postnatal midwives will be on hand for advice, they are extremely busy and therefore you will be expected to cope on your own with your new baby in between these times and overnight.

Wherever possible, this hospital operates a system of continuous electronic foetal monitoring. This has not been shown to improve outcomes for mother or baby, however, it will lead to an increased likelihood of a caesarean section.

At this hospital, our philosophy is 'one size fits all', therefore, we would prefer it if you did not write a detailed birth plan as this interferes greatly with our ability to make decisions about your care without your knowledge or consent. If you feel a birth plan must be undertaken, a simple 'I would like a natural birth with gas and air' will suffice.

A hospital birth involves a much higher risk of serious infection. In the event that this happens to you, this hospital will bear no responsibility, however, you are welcome to utilise NHS facilities for your recuperation. Should you develop sepsis as a result, the intensive care department can be found on another floor and the good news is that it has more open visiting hours. The bad news is that your baby may not be allowed to stay with you there, so your husband/partner will be expected to divide their time between visiting you in the intensive care unit and your baby in the postnatal ward or neonatal unit.

If you would like an epidural or spinal block during your labour, please note that this will interfere with your body's natural production of oxytocin hormones and therefore will be likely to impair the bonding between you and your baby. In turn, this may lead to a higher chance of postnatal depression and unsuccessful breastfeeding.

If your baby is presenting by the breech research has shown that more damage is caused when the doctors attempt a vaginal delivery than if they do a caesarean operation, so they will invariably recommend a caesarean operation. Skilled midwives trained in the Cronk/Evans breech birth procedures are able to assist a woman to birth her baby by the breech with excellent outcomes. Unfortunately, the midwives in this hospital have not taken advantage of regaining these lost skills so you will need to do your own research to locate these midwives if you want a vaginal breech birth.

DATE:.....

SIGNED:.....

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