



Holland Hospital

Patient Consent for the Administration of Nitrous Oxide During Labor or the Postpartum Period

My obstetrical provider has explained the potential risks and benefits of breathing nitrous oxide during labor or the immediate post-partum period to me. Alternative methods of pain control have also been explained to me. I understand some of the possible side effects of nitrous oxide include: nausea, dizziness, dry mouth, drowsiness, and tingling in my fingers. I understand that nitrous oxide will not remove all sensations of discomfort and pain. The following are reasons I may not be a candidate for use:

- a) I have a Vitamin B12 deficiency
- b) I have used methadone/suboxone within the last 5 days
- c) I have received sedative drugs, including narcotics, in the two hours prior to administration of nitrous oxide
- d) I have impaired consciousness or am intoxicated
- e) I have a history of recent bowel obstruction, lung collapse, eye surgery, or increased intra-cranial pressure
- f) I have impaired oxygenation and/or circulation
- g) My baby appears to be in distress

If I wish to stop using nitrous oxide at any time during its administration, I may voluntarily discontinue use immediately. I will inform nursing staff of this decision and may select another form of pain control management as deemed appropriate by my provider. I understand that I will have to wait until the effects of nitrous are gone, and I can clearly understand counsel and participate with instructions if I request an epidural. I understand that there is no conclusive research on the risk to my baby of using nitrous oxide.

I understand that using nitrous oxide may make me feel unsteady for brief periods of time. If I need or want to get out of bed while using nitrous oxide, I will do so only with the assistance from the Boven Birth Center Staff.

I agree to hold the mask on my own. I will not allow others to hold the mask to my face or utilize any other form of external support, including pillows, straps, etc., to maintain the mask on my face.

I will not allow anyone else to use nitrous oxide and understand that anyone observed attempting to hold the mask for me or utilizing the mask to administer nitrous oxide to him/herself will be removed from the Boven Birth Center. This action by anyone in my room will also result in the removal of the nitrous oxide; I will no longer be permitted to use the nitrous oxide myself.

I understand and agree to the above and wish to use nitrous oxide for my labor pain at this time and/or have it available for use in the immediate postpartum period as indicated. I have had the opportunity to ask questions of my provider, which have been answered to my satisfaction.

Patient Signature

Date / Time

Obstetrical Provider Signature

Date / Time

