

## Labor Induction/Augmentation Consent Form

I, \_\_\_\_\_, authorize Dr. \_\_\_\_\_ or his/her designee to perform a labor induction/augmentation. Labor induction is the use of medications or other methods to bring on (induce) labor and the birth of your baby. Labor augmentation is the use of medications or other methods to increase the frequency and/or strength of contractions, after the onset of spontaneous labor, when expected progress is not being made.

### Benefits of Labor Induction:

For some pregnancies, having the baby is safer for you and your baby than continuing the pregnancy. Your provider may need to induce your labor if you have not started labor on your own or if you have problems that present a risk to you and/or your baby.

### Reasons for Labor Inductions:

- Post dates pregnancy (more than 40 weeks)
- Medical problems that may harm the baby or mother
- High blood pressure during pregnancy
- Bag of water has broken
- Elective induction may be appropriate after 39 weeks
- There may be other reasons for induction

### Benefits of Labor Augmentation:

For some labors, you may not progress as expected. Sometimes contractions slow down, stop, or become so irregular that your doctor may recommend augmentation.

### Kinds of Labor Induction/Augmentation:

- If your cervix is not ready for labor, we can use certain medications to make it soft and able to stretch for labor. Prostaglandins are drugs that can be used to prepare or ripen the cervix for labor. Prostaglandins are inserted into the vagina or taken by mouth.
- Oxytocin (Pitocin) is a medication used to induce/augment labor. This is a medicine that causes the uterus to contract. When oxytocin is used to induce labor or make contractions stronger, it flows into your bloodstream through an intravenous (IV) tube in your arm. A pump hooked up to the IV tube controls the amount that you are given. Staff will carefully monitor you and your baby while you are receiving the drug.
- Another method of cervical ripening that can be used is placement of a fluid-filled balloon inside the cervix. This is left in place to provide gentle pressure to make your cervix open.
- If it has not broken already, your doctor may break your bag of water (amniotic sac) to get your contractions started or to make them stronger.

### Potential Risks of Labor Induction/Augmentation:

- Induction may lead to longer labor and increased chance of the need for instrument-assisted delivery, such as forceps or vacuum extractor.
- Experiencing too many contractions of the uterus, which may cause fetal instability requiring emergency delivery.
- Uterine rupture, although extremely rare, possibly causing internal and/or external bleeding, which may require blood transfusions and/or hysterectomy. I understand there may not be enough time to operate to prevent death or permanent brain injury to either me or my baby.
- Induction prior to 39 weeks of pregnancy brings increased risk for your baby, including breathing, feeding and other problems of prematurity.



By signing this form, I acknowledge and understand that I am consenting to labor induction/augmentation and acknowledge the following:

- Labor Induction—as opposed to spontaneous labor at a later date—may have associated risks and potential complications.
- My medical condition has been explained to me by my obstetrical provider.
- The reason for and/or the purpose of the procedure has been explained to me.
- The nature of the procedure has been explained to me.
- The risks and benefits of the procedure have been explained to me.
- The alternatives to this procedure have been explained to me.
- All of my questions about the procedure have been answered to my satisfaction.

I have read this consent form. I fully understand it and authorize my physician/designee to perform the procedure.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ am/pm  
Patient Signature Date Time

**\*\*If a patient is otherwise unable to consent, please complete the following:**

I \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_  
of the patient and that the patient is unable to consent because \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ am/pm  
Signature of person completing on behalf of the patient Date Time

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ am/pm  
Witness Signature Date Time

I have explained the Labor Induction procedure to the patient, including the risks identified above. The patient and/or her representative have communicated to me that she/they understand and consent to the procedure.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ am/pm  
Obstetrical Provider Signature Date Time

