



**ADAMS  
PATTERSON**  
GYNECOLOGY  
& OBSTETRICS  
WOMEN'S CARE CENTER OF  
MEMPHIS, M PLLC

6215 Humphreys Blvd.  
Suite 301  
Memphis, TN 38120  
Tel: 901.767.3810  
Fax: 901.682.2920

7705 Poplar Ave.  
Bldg. B, Suite 220  
Germantown, TN 38138  
Tel: 901.767.3810  
Fax: 901.753.7324

T. Franklin King, MD

M. Leigh Keegan, MD

Regina G. Healy, MD

Judith J. Williams, MD

Leah C. Tonkin, MD

B. Todd Chappell, MD

Miriah B. Denbo, MD

Sharon A. Butcher, MD

Elizabeth D. Heitman, APN

[www.adampatterson.com](http://www.adampatterson.com)

## VAGINAL OR CESAREAN DELIVERY INFORMED CONSENT

**Vaginal Delivery:** During your labor, your cervix will be examined periodically to see if it is dilating. Your baby will be monitored to be certain that he or she is tolerating labor well. Your uterine contractions will also be monitored. You may be placed in bed during labor and you will receive an IV.

If needed, during your labor your physician may place a fetal scalp electrode on the baby to allow a better assessment of the baby's heart rate. Your physician may place an internal monitor into your uterus that will help to evaluate your contractions.

For pain control you may choose:

1. An un-medicated labor
2. IV medication
3. An epidural

Your physician may augment your labor by giving you an IV medication named pitocin to make the uterus contract. Pitocin is a hormone (oxytocin) that your body makes naturally to make the uterus contract.

If your physician does not think you will be able to push the baby out or if it is necessary for the baby to be delivered quickly, your physician may place either forceps or a vacuum instrument on the baby to aid in the delivery. An emergent cesarean delivery may be necessary.

During a vaginal delivery in order to create adequate room for delivery and to prevent vaginal lacerations, an episiotomy may be performed. This is one or more cuts through the vagina that are made while you are pushing.

**Cesarean Delivery:** A cesarean delivery is when the physician makes an incision through the the abdominal wall, into the uterus and delivers the baby through this incision. This delivery is done in the operating room under sterile conditions. Depending on the type of anesthesia given, you may or may not be awake.

There are multiple reasons a cesarean delivery may be necessary. Some of the more common reasons include:

- \*The baby is in the breech position (buttocks or feet over the cervix).
- \*The baby is sideways in the uterus.
- \*Your cervix will not dilate adequately or past a certain point.
- \*The baby is not able to deliver while you are pushing or the baby cannot tolerate labor.
- \*You have had a previous cesarean delivery and may need another one.
- \*Previous surgery involving your uterus that does not allow you to deliver vaginally.
- \*An ultrasound has indicated the baby may be too large to deliver vaginally.

**Vaginal Birth After Cesarean Delivery (VBAC):** There are several medical factors that may preclude our encouraging you to have a trial of labor. The main consideration is the type of scar that was made on the uterus (womb) during your prior cesarean section. There may be other factors which make it inadvisable for you to have a trial of labor.

The most serious risk of a trial of labor is that the uterine scar can rupture. The chance of this happening is small, somewhere in the range of 1-2%. Because this can be life threatening, we will monitor you and your baby closely during labor. You should be aware that even with the best of care it is possible that both you and/or your baby could have a major complication, including death.

### **Post Delivery**

**Vaginal Delivery:** After the delivery of your baby, your doctor may examine your vagina and cervix to evaluate for any possible tears. Your doctor will also examine your uterus to make sure it is contracting down as it should. Your bleeding will be watched closely and it may be necessary for you to receive medication to help your uterus to contract so that the bleeding is controlled.

Any tears that are identified will be repaired by your physician as necessary.

After recovery from delivery you will be sent to a regular room and are usually discharged from the hospital within one to two days.

**Cesarean Delivery:** During your recovery from a Cesarean delivery you will be given pain medication either by IV or by mouth to control your pain. Your hospital stay will usually be between two and three days. Prior to discharge you will be given specific instructions to follow for when you return home.

### **Expectations of Outcomes**

**Vaginal Delivery:** There is no guarantee that once you begin labor you will deliver the baby vaginally. Even if you are fully dilated and pushing, a cesarean delivery may be necessary. If there is evidence that your baby is not tolerating the labor process, an emergent cesarean delivery may be performed. If you desire, your doctor will attempt to control your pain by the same methods stated above but please be aware that sometimes alleviating all pain may not occur.

If an episiotomy is performed or if there are lacerations the area will be sore for several days after the delivery.

**Cesarean Delivery:** Since this delivery is a major abdominal surgery you should expect some pain. You will be given pain medication. To help improve your post operative recovery it is very important that you get out of bed and walk some. This may be difficult the first couple of times and you should have someone to help you, but it will be beneficial in your recovery. It will take several weeks for you to fully recover from this surgery and you should not do any strenuous exercise or weight lifting without your physician's approval.

### **Possible Complications of Delivery**

All procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. The following are some of these possible complications.

#### **Vaginal Delivery—Maternal Risks:**

- **Pelvic floor dysfunction-** Evidence suggests that a vaginal delivery is a major factor in the development of pelvic floor dysfunction and may lead to fecal and urinary incontinence. An episiotomy may lead to injury to the anal sphincter and some of the musculature of the pelvic floor. The risk of anal sphincter injury may be somewhat increased, depending on how many babies you have delivered prior to this pregnancy. Certain factors can increase this risk such as delivery by forceps or a third or fourth degree laceration (tears in the vagina that affects either the anal sphincter or the mucosa of the anus/rectum), or a large baby.

- **Blood Clots-** Pregnancy is a risk factor for the development of blood clots in the veins of your legs and pelvis. Sometimes these blood clots can break off and go to your lungs. This risk is very small, but this can be life threatening.
- **Blood loss requiring a transfusion-** There is slight risk that the amount of blood lost during delivery may present a need for a transfusion. Although rare, a hysterectomy can be necessary due to uncontrolled bleeding.
- **Infection-** There is a small risk of developing infection in the uterus after delivery and if this occurs the infection may require treatment with antibiotics.
- **Shoulder Dystocia-** This occurs when, during a vaginal delivery, the head of the baby is delivered but the remainder of the body cannot be delivered. This would require your physician to perform certain maneuvers in order to deliver the infant's shoulders and abdomen. Shoulder dystocia can lead to the possibility of permanent nerve damage in the baby's shoulder and arm, hypoxic brain damage or fetal death. The majority of infants that have damage to the nerves of the shoulder and arm recover some or all of the functions of these nerves, but a portion of them do not. Certain conditions increase this rare risk such as maternal diabetes or a large baby.
- **Forceps and Vacuum-** delivery may be assisted by the use of forceps and/or vacuum. There is a small risk of injury to the soft tissue of the cervix, vagina or uterus. There is a small risk of hematomas as a result from injury to the blood vessels around the vagina.
- **Fistula-** Prolonged labor can sometimes cause tissue in the pelvic area to die. This can result in a communication forming between the bladder or rectum and the vagina. This discovery would require a surgical repair which may or may not be successful.

### Cesarean Delivery-- Maternal Risks

- **Infection-** Infection is the most common post operative complication following a cesarean delivery. Factors that would increase your risk for an infection include a long labor course, the use of internal monitors and an infection in your uterus prior to the cesarean delivery. Certain medical problems such as diabetes and obesity also increase the risk of infection.
- **Injury to the Bowel or Bladder-** The risk of this injury is approximately 1 in 1300 cesarean deliveries. Certain situations may increase this risk such as prior surgery or an abdominal infection.
- **Organ Injury-** As with any abdominal surgery there is always a possibility of inadvertent injury to the liver, spleen, colon, intestine, bladder, stomach, ureter, etc.. The injury may be minor and treated with relative ease or major when the repair is complicated and more extensive surgery is required. Treatment depends on the organ and severity of injury.
- **Bleeding/Hematoma-** When a blood vessel continues to leak or bleed after the procedure is concluded the area of collected blood is referred to as a hematoma. Over a period of time your body will usually reabsorb this collection of blood. Only rarely is surgical drainage necessary.
- **Blood Loss/Transfusion-** Significant blood loss is a risk. Small to moderate bleeding can usually be controlled easily however; a large amount of blood loss may require a blood transfusion. There is the possibility in the case of uncontrollable blood loss that a hysterectomy could be necessary.
- **Placenta Previa and Accreta with your next pregnancy-** Having a cesarean delivery will increase your risk of having either a placenta previa (a placenta covering the opening to the cervix) or a placenta accreta (an abnormal attachment of the placenta to the uterine wall) in your next pregnancy. A placenta accreta can be a life-threatening condition to the mother. Both of these conditions can occur after a vaginal delivery, but the chances are increased with a cesarean delivery.
- **Deep Vein Thrombosis/Pulmonary Embolism-** A deep vein thrombosis (DVT) is a blood clot in one of the veins of your leg or pelvis. A pulmonary embolism (PE) is a blood clot that forms and travels to the lungs. Both of these are possible after a vaginal delivery, but the chances are greater after a cesarean delivery.
- **Forceps or Vacuum-** It is possible that at the time of a cesarean delivery forceps or vacuum instruments may be used when necessary to deliver the baby from the uterus. There is a possibility of soft tissue damage to the uterus or surrounding tissue.

### Neonatal Risks with Cesarean Delivery

- **Accidental Lacerations-** There is a <1% risk of the baby having a cut in the skin while making the incision in the uterus.
- **TTN (transient tachypnea of the newborn)-** Babies born by cesarean section often have breathing problems due to amniotic fluid left in the lungs.

### **Neonatal Risks with Assisted Vaginal Delivery with Forceps and/or Vacuum**

- **Bruising of the Baby's Face and Scalp-** The forceps and vacuum may cause bruising to the baby's face and scalp even when they are used appropriately. The vacuum may leave a "lump" on the baby's scalp and the forceps may leave a mark on the baby's face where they were applied. These are usually temporary and will resolve with time.
- **Skull Fractures-** Forceps or vacuum instruments could possibly cause a break or compression in a bone in the baby's head. Skull fracture can be seen in unassisted vaginal delivery or cesarean delivery, but the risk is increased with the use of these instruments. Most of these heal without treatment and do not cause permanent damage. Rarely, long term effects can be seen.
- **Cephalohematomas-** This is a collection of blood under the scalp of the baby. This collection is from damage to a blood vessel either by the vacuum instrument or forceps. Although this is sometimes seen with unassisted vaginal delivery, the risk is increased if forceps or vacuum instruments are used.
- **Subgaleal Hematomas-** This is a collection of blood under the baby's scalp but is usually larger than a cephalohematoma. This condition can be life-threatening for the baby. This risk is relatively rare and occurs almost exclusively with a vacuum instrument delivery.
- **Retinal Hemorrhage-** This is a condition where there is bleeding inside the eye. This condition can be seen after an unassisted vaginal delivery, but is more common after either a vacuum or forceps delivery. Long term damage from this complication is extremely rare.
- **Intracranial Hemorrhage-** This is a bleed inside the brain. The risk of this following a vacuum delivery is 1 in 860 deliveries and the risk following a forceps delivery is 1 in 664 deliveries. This can cause permanent damage or death.

Pregnancy and childbirth carry inherent risks. This information is not intended to list every possible complication that may occur during labor and delivery. It is intended to be a broad overview of information that will give you a good understanding of all that is involved as it becomes necessary for you to make informed decisions. We also hope this will help you to have a better understanding of any decisions your physician may make. We want to answer all questions and concerns you may have.