



## Operative Vaginal Delivery Consent During Labor

Patient's Initials: \_\_\_\_\_

1. I understand that a vacuum extractor is a device that would attach by suction to my baby's head, and would be used to deliver my baby. \_\_\_\_\_
2. I understand that the baby's head must be positioned head first, to allow the use of the vacuum extractor. \_\_\_\_\_
3. My doctor will decide if my baby's head is low enough to be delivered with the vacuum extractor and is at the following level in my pelvis: (to be determined at the time of use)  
0 to +2 (more than halfway out)  
+2 to +4 (three-fourths of the way out)  
Baby's head is visible (almost out) \_\_\_\_\_
4. I understand that I have the following other options for delivering my baby: natural birth without the use of the vacuum forceps, a cesarean section, or a forceps delivery. \_\_\_\_\_
5. I understand there may be other reasons that my doctor feels that I may require a vacuum-assisted delivery, for example:  
a. I am exhausted.  
b. I am unable to push my baby out  
c. My doctor is concerned about my baby's health.  
d. My labor is too long. \_\_\_\_\_
6. I understand that the risks to my baby are low with the vacuum-assisted delivery. In rare instances, the use of the vacuum might cause bleeding into my baby's scalp (subgaleal bleed) which is a collection of blood between the skull's covering and the scalp; or, even more rarely bleeding inside my baby's brain. \_\_\_\_\_
7. I understand that the decision to have a vacuum-assisted deliver is entirely my own. The options of cesarean delivery, forceps delivery, and natural birth have also been discussed with me. \_\_\_\_\_
8. I understand that of all the ways to deliver my baby, cesarean section may carry the lowest risk of problems for the baby after delivery. \_\_\_\_\_
9. I understand that if I deliver my baby vaginally instead of by cesarean section, I most likely will have fewer problems after delivery and a shorter hospital stay. \_\_\_\_\_
10. I understand that if I deliver my baby vaginally, there is a chance that I could develop at some time in the future, stress urinary incontinence (a loss of urine whenever I cough, sneeze or jump) or difficulty having a bowel movement. \_\_\_\_\_
11. I understand that even if I choose a vacuum delivery, I still may not deliver my baby vaginally, and I could end up delivering by cesarean section. \_\_\_\_\_

***I have read and understand the Vacuum Procedure and its risks. I also understand that signing this form now does not mean I want the Vacuum used for my delivery, but I will make that decision if the situation arises at the time of delivery.***

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time