

**PATEL & PATEL, M.D., INC.**  
**Obstetrics & Gynecology**  
**Kiran R. Patel, M.D., F.A.C.O.G.**  
**401 Division Street, Suite 306**  
**South Charleston, WV 25309**  
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**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**WRITTEN AND INFORMED CONSENT TO OBSTETRICAL PROCEDURES**  
**ACKNOWLEDGMENT OF RECEIPT OF RISK INFORMATION**

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**INFORMATION AND ACKNOWLEDGMENT**

**PROCEDURE**

- A. Vaginal delivery with probable episiotomy (incision of vagina for delivery space) and repair of same.
- B. Possible cesarean section (abdominal delivery).
- C. Circumcision, if desired. Discuss any questions you have concerning circumcisions with your physician.
- D. Anesthetic, other than that covered by Anesthesia Department.

**PHYSICIANS**

- A. All procedures will be performed by Kiran R. Patel, M.D., and such associates.

**GENERAL INFORMATION**

Generally, all deliveries are anticipated to be done vaginally except in the case of repeat c-sections. However, due to complications of pregnancy, cesarean section (abdominal delivery) must be used. Some examples of these complications are failure to progress despite good labor; lack of space in the mother's pelvis to allow the baby to pass through; the placenta lying in front of the baby (frequently associated with bleeding); premature separation of the placenta (prior to delivery of the baby) from the uterine wall; fetal distress i.e. slow and/or irregular fetal heart rate which does not respond to conservative measures; maternal medical problems (i.e., Diabetes) requiring early delivery of baby, etc. In most instances, except the rare dire emergency, there will be sufficient time to explain the need for cesarean section to both you and your significant other if they are available.

**KNOWN RISK**

Most pregnancies are uncomplicated regarding the prenatal periods, labor, delivery and a normal healthy baby is born of a normal, healthy mother. Unfortunately, despite all efforts to insure such a situation, occasionally problems arise that cannot be altered or uncontrolled. These problems range from the very minor such as breakdown of an episiotomy site; breast engorgement; to the more complicated such as thrombophlebitis, pulmonary embolus (blood clot in the lung), 1 death in 7,000 deliveries; toxemia or pregnancy with 1% risk of persistent elevated blood pressure and kidney involvement leading to death. Most all complications are treatable so that the patient is left with none or few sequelae. Ten to 15% of pregnancies end in premature deliveries with known risks of prematurity (respiratory distress syndrome, bleeding in the brain, cerebral palsy, etc.). Statistically 12.7 of 100,000 pregnant women die from pregnancy with a large percentage of these in the very low socio-economic group. In the same context, approximately 6 of 1,000 infants die while still in the uterus or in the first 30 days of life. Statistically 3% of infants are known to have birth defects of varying degrees.

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Every week of all pregnancies has an inherent risk for death of the fetus. Between the 28th and 34th week, this risk is the lowest at 2 stillbirths out of 1000 live births (25 out of 100,000 for pregnancies with no congenital abnormalities and 6.2/1000 overall). After 34 weeks, this risk begins to increase by 1 every 2 weeks. At 40 weeks the risk has more than doubled at 5 stillbirths out of 1000. After 40 weeks, the risk goes up by 1 every week. For pregnancies with no congenital abnormalities (>40 years old, the other ages are similar), this risk is lower, but the rate that the risk increases after 34 weeks is more pronounced. At 35 weeks, the risk has doubled, at 39 weeks, the risk has tripled, and at 40 weeks, the risk is 6 times greater. It is estimated that 10%-60% of these deaths could be prevented by routine detection of fetal distress and appropriate medical intervention.

Good obstetrical care requires good communication between physician and patient, and the patient must assume a certain degree of responsibility in communicating family history regarding congenital abnormalities or diseases known to affect or have affected pregnancies in other members of their family.

You should furnish your obstetrician with a written list of any medications you have been taking since the onset of your pregnancy.

In spite of all the mentioned and unmentioned risks, very few effects (other than very minor ones - nausea, pressure symptoms, heartburn, etc.) are experienced in modern day obstetrics.

**TO THE PATIENT:** You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing not only the risks and hazards involved, but also if you opt to do nothing.

I (WE) voluntarily request Kiran R. Patel, M.D., as my physician, and such associates, technical assistants, and other healthcare providers as they may deem necessary, to treat my **PREGNANCY**.

I (WE) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (WE) voluntarily consent and authorize these procedures: **VAGINAL DELIVERY OR CESAREAN SECTION**.

I (WE) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (WE) authorize my physician, such associates, technical assistants, and other healthcare providers to perform such other procedures which are advisable in their professional judgment.

**I (WE) (initial one)                      DO/DO NOT                      consent to the use of blood and/or blood products as deemed necessary.**

I (WE) understand that treatment of my medical condition may require transfusions of blood, blood components or derivatives, and I (WE) voluntarily consent to and authorize such transfusion(s).

I (WE) understand that there are risks and hazards related to blood transfusions, however unlikely, included but not limited to the following:

1. Allergic reactions, including hives and itching.
2. Fever, sometimes accompanied by chills.
3. Heart failure.
4. Infection by bacteria, parasites, or viruses, including malaria, hepatitis and AIDS.
5. The possibility of blood incompatibility, which can result in severe complications including kidney failure and (rarely) death.

I (WE) have been given an opportunity to ask questions, and my physician or his associates have explained possible alternative forms of treatment, the risk of transfusions, the procedures to be used, and the hazards involved.

I (WE) understand that no warranty or guarantee has been made to me as the result or cure.

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Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical and/or diagnostic procedures planned for me. I (WE) realize that common to surgical, medical and/or diagnostic procedures is the potential for infection, blood clots in the veins and lungs, hemorrhage, stroke, allergic reactions, and even death. I (WE) also realize that the following risks and hazards may occur in connection with this particular procedure.

#### **IF VAGINAL DELIVERY**

1. Injury to bladder and/or rectum, including a hole (fistula) between bladder and vagina and/or rectum and vagina.
2. Hemorrhage possibly requiring blood administration and/or hysterectomy and/or artery ligation to control the bleeding.
3. Sterility.
4. Brain damage, injury or even death occurring to the fetus before or during labor and/or vaginal delivery whether or not the cause is known.
5. Episiotomy breakdown, infection, etc.

#### **IF CESAREAN SECTION DELIVERY**

1. Injury to bowel and/or bladder.
2. Injury to tube (ureter) between kidney and bladder.
3. Brain damage, injury or even death occurring to the fetus before or during labor and/or cesarean delivery whether or not the cause is known.
4. Uterine disease or injury requiring hysterectomy.
5. Sterility.
6. Wound (incision) infection, breakdown, etc.

I (WE) understand that anesthesia involves additional risks and hazards but I (we) requires the use of the anesthetics for the relief and protection from pain during the planned and additional procedure. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (WE) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (WE) understand that other risks and hazards resulting from the spinal and epidural anesthetics include headaches and chronic pain.

I (WE) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment risks of non-treatment, the procedures to be used, and the risks and hazards involved. This includes the understanding that all DNR (Do Not Resuscitate) orders and/or advance directives are suspended while in the operating suite unless special circumstances are discussed prior to surgery on an individual basis by the surgeon, anesthesiologist and the patient or legal next of kin. I (we) believe that I (we) have sufficient information to give this informed consent.

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I authorize Kiran R. Patel, M.D., and such associates, to take still photographs, motion pictures, transmissions, and/or video-tape recordings, provided my identity is not revealed by the pictures or by the descriptive test accompanying them. I have been informed verbally and in writing that a hysterectomy (surgical removal of the uterus) will render the individual on whom the procedure is performed permanently incapable of bearing children.

#### **ACKNOWLEDGMENT**

The undersigned acknowledges that the above information was disclosed and explained in full to me by Kiran R. Patel, M.D., or his associates prior to signing this form. I was encouraged to and was given full and complete opportunity to ask questions about this information or any other questions regarding my pregnancy and that all of my questions were answered freely and satisfactorily.

Prior to signing this form, I understand the information furnished to me regarding my pregnancy and the risks associated with it and have been so informed by my doctor and/or his associates.

I am aware that obstetrics is not an exact science and that the nature and possibility of results or complications **cannot** be anticipated with complete accuracy.

**I acknowledge that no guarantees, expressed or implied, have been made as to the results, both maternal and fetal, of my pregnancy.**

I hereby waive, release and relinquish Dr. Kiran Patel, his agents, employees and assistants from any and all claims of liability arising from or related to the performance of this procedure, other than occasioned by their gross and wanton negligence. This directive shall be binding on my heirs, executors, and assigns.

#### **REVIEW OF CONSENTS AT INTAKE (FIRST) APPOINTMENT**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of witness/spouse**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of physician and/or associate**

\_\_\_\_\_  
**Date**

#### **REVIEW OF CONSENTS AT THIRD TRIMESTER (will be done later in pregnancy)**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of witness/spouse**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of physician and/or associate**

\_\_\_\_\_  
**Date**

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**YES / NO (please check one)**

- ☐ ☐ Sensitive/Bleeding Gums
- ☐ ☐ Loose/Broken/Decayed Teeth
- ☐ ☐ Dental Visit within the last year
- ☐ ☐ Do you intend to breastfeed
- ☐ ☐ Are you currently breastfeeding
- ☐ ☐ House built before 1978
- ☐ ☐ Cats or birds in the home
- ☐ ☐ Tobacco: 2nd or 3rd hand smoke
- ☐ ☐ Disabled
- ☐ ☐ Unemployed or Inadequate Income
- ☐ ☐ Husband/Partner employed
- ☐ ☐ Homeless
- ☐ ☐ Unstable Housing
- ☐ ☐ Education less than 12 years
- ☐ ☐ Currently in foster care
- ☐ ☐ Inadequate transportation
- ☐ ☐ Inadequate social support
- ☐ ☐ Unplanned pregnancy
- ☐ ☐ Nutritional concerns
- ☐ ☐ Eating Disorder
- ☐ ☐ Domestic violence
- ☐ ☐ Difficulty with reading/understanding
- ☐ ☐ Do you have internet access
- ☐ ☐ Have either of your parents had a problem with drugs or alcohol
- ☐ ☐ Has your partner had a problem with drugs or alcohol
- ☐ ☐ Have you used drugs during this pregnancy
- ☐ ☐ Have you ever been a victim of abuse or violence
- ☐ ☐ Has your partner's anger ever worried or scared you
- ☐ ☐ Have you ever felt down or hopeless
- ☐ ☐ Have you lost interest in things you used to do for fun

**YES / NO (please check one)**

- ☐ ☐ Have you ever smoked cigarettes
- ☐ ☐ Do you currently smoke cigarettes
- ☐ ☐ If yes, how many per day \_\_\_\_\_
- ☐ ☐ I quit (when) \_\_\_\_\_
- ☐ ☐ Does your partner smoke

**REASON FOR LATE ENTRY TO PRENATAL CARE**

- |                          |                             |
|--------------------------|-----------------------------|
| YES                      | 13+ Weeks Pregnant          |
| <input type="checkbox"/> | Does Not Apply              |
| <input type="checkbox"/> | Insurance Enrollment Delay  |
| <input type="checkbox"/> | Unaware of Need for PNC     |
| <input type="checkbox"/> | Couldn't Find a Doctor      |
| <input type="checkbox"/> | Abortion desired            |
| <input type="checkbox"/> | Financial                   |
| <input type="checkbox"/> | Childcare Issues            |
| <input type="checkbox"/> | Access to Pregnancy Testing |
| <input type="checkbox"/> | Transportation              |