

Clinic / Doctor: Klinik / Praxis:



Patient data: Patientendaten:

englisch

Expected date of delivery: Der Geburtstermin ist am (Datum):

## Dear mother-to-be,

soon, your child will be born. This is an exciting and happy occasion for everyone involved. The delivery of your child is to take its natural course. The doctor will only intervene if your well-being or that of your child is in any way threatened.

The following text regarding measures which may have to be taken during birth is intended to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain the different measures to you and inform you of any risks specific to your case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the measures suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

### SURVEILLANCE DURING LABOUR

#### ÜBERWACHUNG WÄHREND DER GEBURT

In order to be able to surveil the child during birth, a so-called CTG (cardiotocogram) is normally used. This involves two sensors being attached to the pregnant woman's outside abdominal wall, which are then connected to a measuring device. Using ultrasound, one of the two sensors will record the child's heartbeat. The second sensor will register the mother's labour pains.

The CTG will be repeated several times over the course of the delivery in order to be able to detect any irregularities right away. This method is entirely pain-free for both mother and child and bears no risks. If the amniotic sac has already broken, one of the sensors can also be attached to the child's head in order to record its heartbeat. In some situations, this method can make differentiating between the mother's and the child's heartbeat easier, or it may become necessary if the lead through the abdominal wall is insufficient or impossible.

In some cases, a special type of ultrasound examination (a so-called Doppler sonography) may be undertaken. It is used to check the blood flow in the child's vessels and heart.

In order to measure the labour contraction pressure, a probe is sometimes inserted into the uterus during labour.

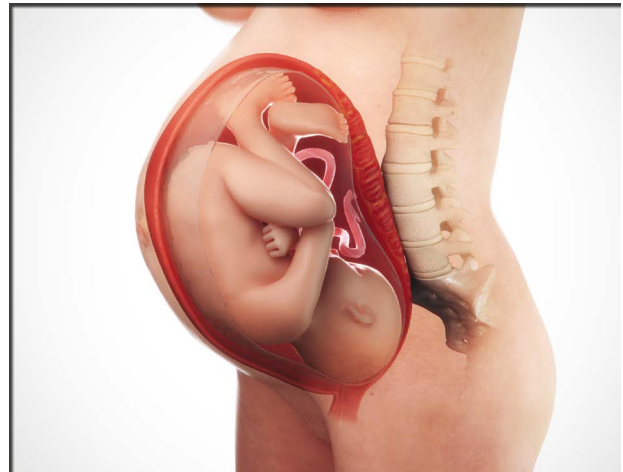
If the cervix is already dilated enough, a small blood sample can be taken from the child's scalp and examined in particular cases (so-called fetal scalp blood sampling). Such blood testing can help detect any potential threat to the child in time and respond accordingly.

### MEASURES FOR PAIN RELIEF MASSNAHMEN ZUR SCHMERZLINDERUNG

The birth of a child is an exhausting and painful process which is experienced differently by different women as far as the strain is concerned. In prenatal classes, pregnant women learn certain techniques to help reduce pain. If those do not suffice, medication is available nowadays to help alleviate the pain during labour. Since you are pregnant, only particular types of medication can be administered to you in order to make sure the child's well-being is not threatened.

Usually, a peripheral venous cannula is inserted into your lower arm in order to be able to administer medication quickly should the need arise, such as medication to alleviate pain or to induce or suppress labour contractions.

Once the cervix is completely dilated, the so-called expulsive phase begins. A local anaesthetic applied to the vagina (referred to as pudendal anaesthesia) or perineum can help alleviate the pain during this phase.



Epidural analgesia (EDA) is a highly effective and safe method of alleviating extreme labour pains. It involves a low dosage of a local anaesthetic being injected through a thin plastic tube (catheter) into the area close to the spinal cord. This will lead to the nerves leading from the spinal cord to the abdomen being anaesthetised, thus alleviating the labour pains. If needed, analgesics can continuously be applied through the catheter.

If you would like to receive epidural analgesia during delivery, you will receive a separate information sheet regarding this method.

### INDUCTION OF LABOUR GEBURTSEINLEITUNG

In most cases, labour can be allowed to take its natural course at the end of a pregnancy. However, if the mother is suffering

from certain illnesses (such as diabetes) or in particular situations which may constitute a danger to the child (such as premature rupture of membranes, toxæmia of pregnancy [so-called preeclampsia], placental insufficiency), inducing labour with medication is often reasonable.

Even in healthy women, labour induction is recommended after seven to ten days have passed since the calculated due date in order to ensure the well-being of the child.

Either a balloon catheter for cervical ripening inserted into the cervical canal (a so-called Foley catheter) or medication can be used to induce labour.

In order to induce labour contractions, the hormones oxytocin or prostaglandin can be administered. Oxytocin is administered via an intravenous drip, while prostaglandin is available as a gel, tablet or via a vaginal insertion system (a so-called inserter) into the vagina or the cervix. Some types of medication have not yet been officially approved for use in labour induction and are administered in so-called „off label use“. Your doctor will inform you if such medication is to be used in your case.

Labour induction can be successful after a few hours. However, in some cases, it may take several days. If labour contractions do not start despite the administration of medication, it may be necessary in some cases to use a Caesarean section to deliver the child. You will receive a separate information sheet if this is to be done in your case.

If the natural labour contractions do not suffice to deliver the child, labour may have to be supported by administering medication. If, by contrast, labour contractions are very strong and frequent, it may be necessary to suppress the contractions with medication.

## OBSTETRIC FORCEPS AND VENTOUSE DELIVERY

### ZANGE UND SAUGGLOCKE

If the natural birth process comes to a halt or if the child's well-being is in danger, the delivery will have to be brought to an end quickly. Depending on how far along a woman is in the delivery process, the doctor will decide whether forceps or ventouse delivery or a Caesarean section is to be preferred.

Sometimes, small pressure marks or minor skin lesions on the child's head will result from the use of such instruments. They usually heal within a matter of a few days though.

## EPISIOTOMY DAMMSCHNITT

In particular cases, for instance if the child's position at birth is disadvantageous, if the child is born prematurely, if it is particularly large or if forceps or a ventouse have to be used, it may sometimes be necessary to widen the birth opening through a so-called episiotomy. This incision is carried out under local anaesthesia or during a pushing contraction since the perineum is stretched strongly at that moment and thus less pain-sensitive.

## POSSIBLE ADDITIONAL MEASURES

### MÖGLICHE ERWEITERUNGSMASSNAHMEN

The placenta usually comes loose of its own accord after birth and is expelled as the so-called afterbirth. If this does not occur, strong bleeding may result and the placenta will then have to be removed by hand under local or short anaesthesia. A curettage will then often be needed as well in order to ensure the placenta is fully removed.

Should severe blood loss occur, the use of donor blood/blood components may be required. Injuries, for instance due to an episiotomy or a tear of the perineum, will have to be treated under local or general anaesthesia.

If the uterus does not contract sufficiently after the delivery of the baby, hormones may have to be taken.

## DIRECTIONS FOR PREPARATION AND AFTERCARE

### HINWEISE ZUR VORBEREITUNG UND NACHSORGE

#### Preparation:

**Medication:** Please inform your doctor of any medication you take or inject on a regular basis. Please also cite any medication (over-the-counter or herbal remedies) you have taken within the past eight days prior to the delivery of your child. Your doctor will let you know if and for how long you should stop taking your medication.

#### Aftercare:

Please inform your doctor or midwife immediately should you experience **abdominal pain, fever, strong bleeding, sudden subsiding of lochia or soreness or reddening of the breasts**. These symptoms may appear even days after birth and must be examined immediately.

Please do not use any tampons and refrain from sexual intercourse during the postpartum period until lochia has stopped completely. Your doctor will provide you with specific instructions.

If your blood type is Rh-negative, your **newborn child's blood type will be determined** as a standard procedure. If your child is Rh-positive, you will receive an injection (Anti-D prophylaxis) during the first few hours after birth to keep your body from developing antibodies which could lead to complications during your next pregnancy.

## RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

### RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

#### General risks

**Allergic reactions**, for instance to medication or latex, can lead to skin rash, itching, swelling, nausea and coughing. Severe reactions such as shortness of breath, spasms, tachycardia or **life-threatening circulatory shock** are rare. They may then result in permanent organ damage, such as brain damage, paralysis or kidney failure requiring dialyses.

**Infections** at an injection site, including syringe abscess, tissue death (necrosis) or vein inflammation (phlebitis), rarely occur. In most cases, such infections can be treated successfully with antibiotics. In extreme and exceptional cases, an infection that has spread beyond control can lead to **life-threatening blood poisoning** (toxæmia).

**Bleeding** may occur after giving birth. Depending on the cause, either medication will be administered to help the uterus contract, or, if the bleeding stems from an injury incurred during birth, the injury will be treated accordingly. Should severe blood loss occur, the use of donor blood/blood components (**transfusion**) may be required. This and, if needed, the administration of Anti-D prophylaxis can lead to transmission of diseases, such as hepatitis in very rare cases (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases.

**Damage to the skin, soft tissue or nerves** - for instance through injections, bruising, syringe abscess, disinfectants or positioning during birth - may occur. Numbness, paralysis and pain may then result. They are usually temporary. In some cases,

permanent nerve damage, tissue death or scarring may occur. When the baby's head breaks through the birth opening, this may lead to a tear of the perineum; in extreme cases, the sphincter muscle may be injured.

Once the baby's head has appeared, its **shoulders may get stuck in the birth canal** (shoulder dystocia), especially if the child is very heavy, if the mother has diabetes or if forceps or a ventouse are used. Special hand manoeuvres will then have to be used to deliver the child. In rare cases, the child may incur injuries (such as paralysis of the arms, bone fractures, cerebral bleeding) which may result in permanent damage or even in the death of the child.

Since medication may be used during birth which **has not yet been approved** for the use in pregnant women, the occurrence of **unprecedented complications** cannot be ruled out entirely despite extensive positive experiences with using such medication.

#### Particular risks posed by the use of forceps or a ventouse

Injuries to the vagina or the perineum are more common than and are usually treated under local anaesthesia. On rare occasions, the uterus, the intestine or the bladder may be injured, making surgical intervention necessary.

The use of forceps or a ventouse may lead to skull fractures, cerebral bleeding and permanent paralyses in the child in very rare cases.

#### Special risks associated with episiotomy

An episiotomy can lead to pain, bruising and infections.

With patients predisposed to delayed wound healing or wound healing disorder, painful scarring and abnormal proliferation of scar tissue (keloids) may occur. This may result in temporary or permanent discomfort during sexual intercourse. Surgical measures may then have to be taken.

If the perineum tears after an episiotomy and the tear goes all the way to the anus, damage to the sphincter muscle may result at worst, leading to incontinence.

#### Special risks associated with birth induction through medication

The medication used can lead to circulatory problems, nausea or diarrhoea in rare cases. Labour-inducing medication can lead to sudden strong contractions, which will then have to be suppressed with medication or lead to a Caesarean section being required.

## Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of treatment in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

yes=ja no=nein

### Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days?  yes  no

**Angaben zur Medikamenteneinnahme:** Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?

If so, which ones? \_\_\_\_\_  
Wenn ja, welche?

Do you take any other medications?  yes  no

Nehmen Sie andere Medikamente ein?

If so, which ones: \_\_\_\_\_  
Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)  
(Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you given birth before?  yes  no

Haben Sie schon einmal entbunden?

If so, how many times and what way?  
Wenn ja, wie häufig und auf welche Art (Kaiserschnitt od. Spontangeburt)?

Did you have problems with earlier deliveries?  yes  no

Kam es bei einer früheren Entbindung zu Problemen?

If so, what kind of problems?  
\_\_\_\_\_  
Wenn ja, welche Art?

Was there anything special during this pregnancy?  yes  no

Gab es während dieser Schwangerschaft Besonderheiten?

If so, were you hospitalised?  yes  no  
Wenn ja, hatten Sie eine stationäre Aufnahme?

Do you have or have you ever had any of the following diseases or symptoms:

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders?  yes  no

increased tendency to bleed (e.g. frequent nosebleeds, increased bleeding after surgery, minor wounds or dental treatment, stronger or longer menstrual bleeding),  tendency to bruise (frequent bruising possibly for no particular reason).

**Bluterkrankung/Blutgerinnungsstörung?**  Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung, verstärkte oder verlängerte Regelblutung),  Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders?  yes  no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity?  yes  no

Medications,  foods,  contrast media,  iodine,  sticking plaster,  latex (e.g. rubber gloves, balloons),  pollen (grass, trees),  anaesthetics,  metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

**Allergie/Überempfindlichkeit?**  Medikamente,  Lebensmittel,  Kontrastmittel,  Jod,  Pflaster,  Latex (z.B. Gummihandschuhe, Luftballon),  Pollen (Gräser, Bäume),  Betäubungsmittel,  Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: \_\_\_\_\_  
Sonstiges:

Contagious diseases?  yes  no

Hepatitis,  tuberculosis,  HIV.

**Infektionskrankheiten?**  Hepatitis,  Tuberkulose,  HIV.

Any other: \_\_\_\_\_  
Sonstiges:

Predisposition to impaired wound healing, abscesses, fistulas, excessive scar formation (keloids)?  yes  no

Neigung zu Wundheilungsstörungen, Abszessen, Fisteln, starker Narben-Bildung (Keloide)?

Any other acute or chronic diseases / illnesses?  yes  no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: Bitte kurz beschreiben: \_\_\_\_\_

**Doctor's notes regarding the pre-procedure interview**

Ärztl. Dokumentation zum Aufklärungsgespräch

**To be completed by the doctor** Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken bei der Patientin ergeben können, nähere Informationen zu den Alternativ-Methoden, Folgen der geburtshilflichen Maßnahmen) habe ich die Patientin im Gespräch näher aufgeklärt:

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**Capability to give wilful consent:**

Fähigkeit der eigenständigen Einwilligung:

- The patient is capable of making decision on the recommended procedure by herself and issuing its consent for the procedure. Die Patientin besitzt die Fähigkeit, eine eigenständige Entscheidung über den empfohlenen Eingriff zu treffen und ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by the carer, i.e. guardian with the evidence of guardianship. This person is entitled to making a decision on behalf of the patient. Die Patientin wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne des Patienten zu treffen.

Place, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

**Rejection of methods by the patient:**

Ablehnung der Patientin

Dr. \_\_\_\_\_ has provided me with detailed information regarding the obstetric methods at hand and has also pointed out the disadvantages of rejecting them which could result for me and my baby. I have understood the information provided to me and **reject the following methods.**

Frau/Herr \_\_\_ hat mich umfassend über möglichen geburtshilflichen Maßnahmen und über die sich aus meiner Ablehnung ergebenden Nachteile für mein Kind und mich aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und lehne **folgende Maßnahmen** ab.

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City, date, time [Ort, Datum, Uhrzeit]

Signature of the patient/guardian/tutor/possible witness  
[Unterschrift der Patientin / Betreuer / Vormund / ggf. des Zeugen]**DECLARATION OF CONSENT**

EINWILLIGUNGSERKLÄRUNG

Please tick the appropriate fields and confirm your statement with a signature: Bitte kreuzen Sie die zutreffenden Kästchen an und bestätigen Sie Ihre Erklärung anschließend mit Ihrer Unterschrift:

- I hereby confirm that I have understood all the parts of this explanation for patients.** I have read this explanatory document in its entirety (four pages). During my explanatory appointment, Dr. \_\_\_\_\_ has given me a comprehensive explanation of the possible obstetric methods, its risks, complications and side effects in my specific case, and the advantages and disadvantages of the alternative methods.

**Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (4 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn \_\_\_ wurde ich über möglichen geburtshilflichen Maßnahmen, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall umfassend informiert.

- I hereby deliberately waive my rights to more detailed explanations.** However I also confirm that I have been informed by the treating physician of the necessity of the procedures, of their type and extent, and of the fact that the procedures have their risks.

**Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über die Erforderlichkeit der Maßnahmen, deren Art und Umfang sowie über den Umstand, dass die Maßnahmen Risiken bergen, informiert wurde.

- I would like to receive **epidural analgesia** during labour.

Ich möchte eine **Periduralanästhesie** bei der Geburt.

- I hereby assure that I have no further questions and do not need additional time for consideration.** I consent to the procedures. I have answered all questions to my anamnesis completely and to my best knowledge. **Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme den vorgeschlagenen Maßnahmen zu.** Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures (donor blood transfusion, thrombosis prevention) as well as to any required changes or additions to the procedure. I was also informed that medication may be used which has not yet been approved for the use in pregnant women. Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen (Fremdblutübertragung, Thromboseprophylaxe), sowie auf erforderliche Änderungen oder Erweiterungen des Eingriffs. Ich wurde auch darüber informiert, dass ggf. Medikamente zum Einsatz kommen, die für Schwangere noch nicht zugelassen sind.

I affirm that I am in a position to follow the medical instructions I have received in regard to what is expected of me. Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

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- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of the patient / parents / legal guardian(s) [Unterschrift Patientin / der Eltern\* / Betreuer]

Copy/Kopie:

- received/erhalten  
 waived/verzichtet

Signature Copy received/waived  
Kopieerhalt/-verzichtet

\*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.

