

LABOUR & DELIVERY

Labour Risks

Labour is generally a safe procedure and major complications are uncommon. However, there are risks to labour and vaginal delivery. These risks include:

- Pain during labour
- Tears in vagina / vulva / anus / Intentional Episiotomy
- Bleeding
- Infection
- Incontinence
- Failure of placenta to expel spontaneously and completely (Retained Products of Conception)
 - Manual removal of placenta may be required either in the delivery suite or operating theatre
- Non-reassuring fetal status (NRFS) or fetal distress
- Poor progress of labour

If the progress of labour is poor, oxytocin may be needed to augment the progress. Oxytocin is a natural hormone that increases the frequency and intensity of the uterine contractions. The use of gradually increasing Oxytocin dose with medical and nursing supervision, and continuous CTG monitoring IS SAFE. There are however risks with the use of Oxytocin and they include :-

- hyperstimulation (excessive uterine contractions which may result in non-reassuring fetal status) which could be detected on CTG and acted upon by stopping the oxytocin infusion or administering a drug to transiently stop the uterine contractions
 - drop in blood pressure, and nausea or vomiting
- Possible need for instrumental assistance with forceps or vacuum in the second stage of labour
 - The choice of instrument is largely dependent on the specific characteristics of labour
- Possible need for Caesarean section in the first or second stages of labour
- Others
 - Shoulder Dystocia with risk of permanent morbidity and potential mortality
 - Post Delivery Bleeding with risk of surgical intervention and potential womb removal

Labour Care and Possible Other Procedures

- The purpose of this has been explained to me by my doctor.
- I agree to the use of oxytocin if my doctor feels that it is appropriate or needed.
- My doctor(s) may need to do other procedures during the delivery. This could include an urgent instrumental delivery with forceps / vacuum, or even a Caesarean section. If my doctor feels that it is needed or appropriate, I agree to these added procedures.

This consent is taken on _____ (Date)

<i>Patient Signature</i>	<i>Doctor</i>	<i>Witness</i>
<i>Patient Name</i>	DR ANTHONY SIOW YEW MING MCR 06533A	EVELYN THAM YEE LING AGNES TAN SOO YEE
<i>Patient ID</i>	DR QUEK SWEE CHONG MCR 05707Z	LIM MEI JUN