טופס הסכמה: ביצוע היפוך חיצוני של עובר במצג עכוז

CONSENT FORM: EXTERNAL CEPHALIC VERSION (ECV)

A breech delivery at the expected date is associated with increased risk to the mother and fetus. A vaginal breech delivery is linked with increased fetal morbidity and mortality. Thus when the fetus has a breech presentation at the time of delivery, cesarean section is advised at this time. External rotation of the fetus from a breech presentation to a cephalic presentation before delivery is likely to avoid the need for a cesarean section.

The probability of success of the version varies from 50%-75%. The chance of success is high in repeated births, in thin women, when the uterus and abdominal muscles are relaxed, when the placenta is not in front, with presenting feet, and when the amount of amniotic fluid is normal. The chances of success decrease with the following conditions: in active labor, breech presentation in a previous delivery, when there is an abnormality of the uterus and when the weight of the fetus is low. Nevertheless, these conditions are not a contraindication to an attempt at external version.
The conditions necessary for external version are: a single fetus with breech presentation in a pregnancy of more than 36 full weeks, normal quantity of amniotic fluid, and normal fetal monitoring.

External version is carried out in the maternity ward and requires preparation for cesarean section, including: assessment by ultrasound and fetal pulse recording, arranging intravenous infusion, and sometimes a medication for relaxation of the uterine muscle and other preparations. The version itself is performed by means of pressure on the abdomen and rotation of the fetus to a cephalic presentation.
For 1-2 hours after the version (whether it was successful or not), the woman must remain under supervision during which fetal pulse recording is carried out. The decision on discharge from the hospital or conducting the delivery will be made in keeping with the follow-up findings.

Name of Woman: _____ _____ _____ _____
Last Name First Name Father's Name ID No

I hereby declare and confirm that I received a detailed verbal explanation from:
Dr. _____ _____
Last Name First Name
regarding external version of the fetus in my uterus from a breech presentation to a cephalic presentation (hereafter : external version).

The reasons for performance of the procedure and the chances of its success have been made clear to me. It has been explained to me from gathered experience that it is expected that the procedure does not cause direct physical damage to the fetus.

It has been made clear to me that after the version slowing of the fetal pulse is liable to occur. This usually passes within a number of minutes without treatment. It has also been made clear to me that rarely a complication may occur related to the umbilical cord, or separation of the placenta or rupture of the membranes with prolapse of the umbilical cord. These will require immediate cesarean section. Also, a number of cases of intrauterine fetal death following version have been described in the medical literature without an association to the version having been clarified. It has been explained to me that if I am discharged from hospital, I shall have to have strict follow-up of the fetal pulse and if necessary report to the maternity ward.

I hereby give my consent to the performance of external version.

Date	Time	Woman's Signature

Name of Guardian (Relationship)	Guardian's Signature (for incompetent, minor or mentally ill patient)

I hereby confirm that I provided the patient / the patient's guardian* with a detailed verbal explanation of all the abovementioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician	Physician's Signature	License No.

* Cross out irrelevant option.