

Informed Consent Form Natural Birth/Water Immersion

Natural childbirth is suitable only for healthy mothers who are considered low-risk and wish to give birth with minimal medical intervention.

In an all-natural labor, the fetus' heartbeat is monitored by intermittent auscultation (hands-on listening). Continuous electronic fetal monitoring will only be performed if an abnormal fetal heartrate is suspected, or at the discretion of the medical team.

Among other things, the minimal intervention may affect the team's response in case of any change to my/the fetus' condition, as follows:

- Limiting fetal monitoring to intermittent auscultation only may delay the detection of fetal distress and may cause severe and irreparable neurological damage to the baby;
- Delay in medical intervention for maternal conditions may cause temporary or permanent harm to the mother.

In addition, it has been explained to me that if, during the natural childbirth, a change will occur to my/the fetus' condition, or if I request epidural anesthesia, the natural birthing process will be discontinued and I will receive the treatment necessary for my new medical situation and at the discretion of the medical team, which may include transfer to a different room.

After all the above has been explained to me, I am requesting natural childbirth with minimal medical intervention.

The importance of providing precise information about my general health status and past obstetric history has also been explained to me, and I declare and confirm that I have relayed everything to the medical team.

I hereby acknowledge and confirm that I have read and understood the above, and that I have also received a detailed oral explanation by Dr. _____.

Mother:

_____	_____	_____	_____
Last Name	First Name	Father's Name	ID
_____		_____	
Date		Signature	

Guardian's Name (relationship)

Guardian's Signature (in case of a minor or incompetent/mentally ill patient)

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To be filled in by the doctor:

The patient meets the criteria for low-risk pregnancy, based on the following criteria: (to be checked off by the doctor only):

- Low-risk pregnancy up until the time of birth;
- Normal fetal heartrate at reception;
- Absence of maternal risk factors such as: preeclampsia, gestational and pre-gestational diabetes, maternal illness, post-term pregnancy (42 weeks or more), history of previous cesarean or gynecological surgeries;
- Absence of fetal risk factors such as: IUGR, suspected macrosomia, premature labor (earlier than week 36), and multiple pregnancy;

- Tests have been conducted to rule out hepatitis B, C, and HIV infections;
- Medical conditions in labor: meconium-stained fluid at time of amniorrhexis, bleeding (suspected placental abruption), polyhydramnios or oligohydramnios.

I hereby confirm that I have orally explained all the above to the patient/the patient's guardian*, in all necessary detail, and that she has signed the consent form before me after I have been satisfied that she has fully understood my explanations.

Doctor's Name

Doctor's Signature

License

Informed Consent Form Water Immersion during Labor

I am interested not interested. _____
Mother's Name Mother's ID

I hereby request water immersion support for labor progress and pain management. The nursing and medical team has explained to me the benefits and risks of water immersion so that I can select the right birth process for me.
 It has been explained to me that water immersion will be possible only until the second stage of labor (full dilation of the cervix), after which the remaining stages of labor and delivery will take place outside the water.

I am aware of the following:

No major studies have been conducted in the United States indicating benefits or risks to the mother and/or baby in this kind of labor support in a manner that will support or discourage this choice.
 The American Academy of Pediatrics proclaims that the safety of water immersion during labor is unknown and there is no sufficient evidence to indicate benefits to a baby born in this manner.

Water immersion support will not be

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| <ul style="list-style-type: none"> • Maternal body temperature of 38° or h • Suspicious-looking fetal monitoring • Heavy vaginal bleeding • Epidural/opioid-based pain relief • Situations that necessitate continuous monitoring • Evidence of active infection • Active skin lesions (such as herpes) • Fetus in breech position | <ul style="list-style-type: none"> • History of prior cesarean delivery • meconium-stained fluid at time of amniorrhexis • Premature labor (earlier than week 37) • Fetal condition that necessitates the presence of a neonatal team at birth • Small (IUGR) or large (over 4000 gr.) fetus • If the medical/nursing team believes that water immersion is not safe for me or for the fetus |
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possible in the following situations:

I understand all the information detailed in this form. I am interested in water immersion during labor, as explained, up until full dilation of the cervix, after which the rest of the labor and birth process will take place outside the water. I consent to the following conditions:

Vitals will be taken during labor – including body temperature, blood pressure, and heart rate, in a reasonable manner.

Monitoring of the fetal heartrate will be performed intermittently every 15-30 minutes, as is standard during natural birth procedures. The fetal heartrate must remain normal to continue the intermittent monitoring and water immersion.

I will follow all instructions by the nursing/medical team, and if asked to leave the pool – I will. From the time that full dilation of the cervix is reached, the rest of the birth process, birth of the placenta, and tear repair will take place outside the water.

I have discussed the water immersion process with the nursing/medical team and all my questions have been answered.



I believe that water immersion during labor is the right choice for me.

_____ Date _____ Mother's Signature

I hereby acknowledge and confirm that I have read and understood the above, and that I have also received a detailed oral explanation by Dr. _____.

_____ Last Name _____ First Name

_____ Guardian's Name (relationship)

_____ Guardian's Signature (in case of a minor or incompetent/mentally ill patient)

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To be filled in by the doctor:

I hereby confirm that I have orally explained all the above to the patient/the patient's guardian*, in all necessary detail, and that she has signed the consent form before me after I have been satisfied that she has fully understood my explanations.

_____ Doctor's Name _____ Doctor's Signature _____ License

* Erase as appropriate

Copies: 1 – patient file, 2 – patient