



## CIRCUMCISION INFORMATION

Orange Blossom Women's Group performs circumcisions in both the office and hospital settings for your convenience.

The charge for this service is \$250.00. We do not bill any insurances for the circumcision for any reason. The payment is required prior to the procedure in full. You may make installments towards the procedure during your pregnancy. It is your option to find a provider that may bill your insurance, if you so choose.

By signing below, I understand the information above.

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Name

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Signature

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Date

Orange Blossom Women's Group  
2043 Little Road Trinity, Fl 34655

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Informed Consent of Pregnancy**

- 1.) The obstetricians of Orange Blossom Women's Group wish to welcome you to our practice. We consider this to be a very enjoyable specialty because our patients are generally healthy women eagerly awaiting the arrival of their babies. We believe that good communication and an environment of mutual respect and cooperation help ensure a healthy mother and baby.
- 2.) As you may be aware, there has been a rise in malpractice claims against doctors, some valid and some frivolous. This increase in lawsuits has resulted in a huge increase in malpractice insurance rates for all obstetricians. Because of the often impossibly high malpractice insurance rates, some obstetricians have stopped delivering babies. The climate of medical malpractice today demands that the patient be as informed as possible of potential, but unlikely, problems that may occur from pregnancy. Pregnancy is a normal process for women, but there is always the possibility of complications. These infrequent problems may happen with or without warning, often despite our best efforts to prevent them. We want to educate you and your partner about these possibilities so that you may be more prepared in the very unlikely event that you develop such a problem.
- 3.) The patient's lifestyle is an important part of her health, pregnant or not. Obesity, smoking, poor eating habits, drug use, and not getting enough exercise may cause complications in both the mother and her developing child. The patient is responsible for her lifestyle choices. About 3% to 4% of all babies are born with birth defects. Smoking, medications, street drugs, over-the-counter medications, alcohol, viruses and fevers, complications of other medical conditions such as diabetes, and problems passed on in families are some of the causes of these. Often there is no identifiable reason. Stillbirth is rare, but when it does happen there is often no obvious cause.
- 4.) During the first few months of pregnancy, nausea and vomiting are a common problem. Occasionally it becomes severe enough for a hospital stay. Miscarriage occurs in about 20% of pregnancies; Bleeding may or may not be a sign of this. Pregnancy loss after the first trimester is less common and may occur for reasons that are unknown and unavoidable. The loss of an early pregnancy may require surgery, such as a D&C to prevent infection or blood loss.
- 5.) Ectopic pregnancy is a pregnancy that remains and grows in the fallopian tube instead of the uterus. If this is allowed to proceed, rupture of the tube will occur. Abdominal pain, vaginal bleeding, and even shoulder pain, occurring in the first trimester of pregnancy, may be indications of ectopic pregnancy. This should be promptly reported to your physician. Medications can treat this condition in the very early stages. However, sometimes surgery to remove the tube and ovary is necessary to prevent serious hemorrhage or death.
- 6.) Medical problems such as diabetes, heart disease, high blood pressure, and herpes require special attention in pregnancy. Pregnancy can make some of these problems worse. It is important for the patient who has a medical condition to work with her doctors to become as healthy as possible before becoming pregnant. This may include exercising, losing weight and /or changing medications. Infections of the bladder or kidney can be common in pregnancy. Less common are infections within the uterus during pregnancy. Any infection that can happen before pregnancy can happen during pregnancy.
- 7.) Preeclampsia is a complication of pregnancy characterized by high blood pressure, protein in the urine, and retention of fluid, which causes swelling of the hands and feet and headache. These symptoms should be promptly reported to your physician. This condition can usually be managed as an outpatient but, sometimes, hospitalization is required. The treatment is delivery of the infant. Strict management includes bed rest, diet, and medications. This is necessary to allow time for the unborn infant to successfully mature for a safe delivery.

Eclampsia is the most serious complication, which can develop from preeclampsia. It is characterized by uncontrollable high blood pressure, convulsions, and coma. Hospitalization, medication, and delivery of the infant are treatments.

- 8.) Problems later in pregnancy can include heavy bleeding due to problems with the placement of the placenta (afterbirth) or an early separation of the placenta from inside of the uterus. Other problems that can only happen in pregnancy include problems with the baby's growth, babies born too early, and problems with interactions between baby's blood and the mother's. Pregnant women are prone to varicose veins, phlebitis and blood clots.
- 9.) Cesarean section is a major surgery that can be life-saving when necessary. Cesarean section may be needed for many reasons: the baby may not do well in labor, the baby may not be headfirst, or the baby may not fit thru the birth canal properly. Many of the problems mentioned earlier can result in cesarean section, Cesarean sections can be associated with infectious complications and/or injury to surrounding organs that may require further surgery or treatment. Occasionally forceps or vacuum cup is needed to help deliver the baby's head. When indicated they can be life-saving for baby. Properly used, they can cause no problem, but can leave a mark on the baby that will go away. It is very rare, but there can be injuries to the baby's head, even with proper use. These instruments are not used unless the benefits outweigh any risks. Any woman can have tears of the vagina, rectum or uterus in the childbirth process. Sometimes women develop a large bruise of the pelvis area that may require surgery for proper healing. The afterbirth usually comes out in one piece: however small fragments can remain inside and cause bleeding and infection. Very rarely, there is such heavy bleeding after delivery, either vaginal or by cesarean section, that a blood transfusion or hysterectomy may be needed to save a life. Usually, stitches of the vagina and bottom heal quickly. Occasionally there may be an infection or poor healing in that area that requires treatment.
- 10.) Anesthesia also has risks. Women may be allergic to or have reactions to the medications used. General anesthesia can result in aspiration pneumonia. Patients receiving medications of any kind can have a reaction, allergic or otherwise. Blood transfusions (given only when absolutely necessary) can result in bad reactions or infection transmitted by blood.
- 11.) In order to provide complete care we need to know if a patient is utilizing illegal drugs during pregnancy. We will obtain a urine drug screen at the first visit and as needed throughout the pregnancy.

To attempt to list every single emergency or complication is impossible. This "informed consent" is not intended to alarm the patient, only to remind the patient that life and pregnancy are not without risk. We ask that you and your partner acknowledge receipt of this information with your signatures. This document will become part of your record, and a copy will be provided to you to review as required. We will be happy to answer any questions you might have.

I give permission to discuss test results with:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Printed Name: \_\_\_\_\_

## KNOW YOUR OPTIONS: Umbilical Cord Blood & Cord Tissue Stem Cell Cryopreservation

Congratulations on having a baby! A new baby brings exciting possibilities and a host of decisions. One of the most important decisions is whether to bank or donate your baby's umbilical cord blood and cord tissue stem cells. Below are a few facts to help you make the right decision for your family.

**UMBILICAL CORD BLOOD STEM CELLS** Umbilical cord blood is the blood that remains in the vein of the umbilical cord at the time of birth. A baby's umbilical cord blood is rich in hematopoietic stem cells, which can differentiate into a wide variety of blood cells and have been used in more than 30,000 transplants worldwide to treat nearly 80 diseases. In addition, recent data from two separate studies at Duke University have shown great promise for the treatment of Autism and Cerebral Palsy with cord blood stem cells.

**UMBILICAL CORD TISSUE STEM CELLS** Umbilical cord tissue is a rich source of mesenchymal stem cells, the master cells responsible for producing mature bone cells, fat cells and cartilage. These cells are increasingly being utilized in regenerative medicine research targeting potential therapies for a wide range of conditions including heart disease, stroke, multiple sclerosis and diabetes.

**SAFE** Collection of cord blood and cord tissue is done immediately following delivery without causing any pain to the mother or the baby. If complications are present during birth, the obstetrician will not perform the collection.

**FAMILY USE** Banking cord blood and cord tissue stem cells at delivery with a private, family stem cell bank will provide your family with confidence and peace-of-mind should stem cells ever be needed to treat your newborn or a related family member. Parents retain ownership of the stored specimens until the child reaches the age specified in the services contract, usually age 21. At that time, ownership reverts to the child.

**PUBLIC USE** You may also donate your cord blood and cord tissue to a public stem cell bank. However, there is no guarantee that donated specimens will be available if needed as they become the property of the stem cell blood bank.

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I acknowledge that the benefits of collecting, cryopreserving and storing my baby's umbilical cord blood and cord tissue have been explained to me.

\_\_\_\_\_  
Patient Signature | Date

\_\_\_\_\_  
Due Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Office Staff Name

[\_\_\_\_\_] \_\_\_\_\_  
Phone

Best Time to Call

A Cryo-Cell International representative will contact you to provide education material, answer any questions and details on the services they offer.

I do not wish to be contacted.

**Office Staff Only:** If a patient would like a Cryo-Cell advisor to contact them, please fax this form to (813)-855-4745 once completed.



# Orange Blossom Women's Group

## Prenatal Carrier Screening Consent/Declination Form

I have been given sufficient information about Carrier Screening in pregnancy. I have read all of the information and feel I have a good understanding about Fragile X Syndrome, Cystic Fibrosis, Spinal Muscular Atrophy and why testing is done in pregnancy. I understand this testing is optional and that I can decline any testing I do not desire. I understand that some people have a higher risk for being a carrier themselves or have a greater chance of having an affected baby. I know that this can be due to personal history, family history, or ethnicity.

You should be certain you understand the following points: Please initial next to each point.

1. The purpose of these tests is to determine whether I am a carrier of one of the common Cystic Fibrosis mutations, Fragile X Syndrome, and/or Spinal Muscular Atrophy. \_\_\_\_\_
2. The decision to have carrier testing is completely mine. \_\_\_\_\_
3. These tests do not detect all carriers. \_\_\_\_\_
4. If I am a carrier, testing my partner will help me learn more about the chance that our baby could have Cystic Fibrosis, Spinal Muscular Atrophy, or Fragile X Syndrome. \_\_\_\_\_
5. If one parent is a carrier and the other is not, it is still possible that the baby will have the disease, but the chance is very small. \_\_\_\_\_
6. If both parents are carriers, prenatal testing can be done to find out whether or not the baby has inherited the gene. \_\_\_\_\_
7. The laboratory needs accurate information about my family history and ethnic background for the most accurate interpretation of the test results. \_\_\_\_\_
8. Additional testing is mandatory when certain mutations or genes are found to be positive with any of the screening tests, which will result in additional charge. I agree to be responsible for paying this charge if any additional test is determined to be necessary. \_\_\_\_\_
9. No other test will be performed and reported on my samples unless authorized by my doctor, and any unused portion of my original sample will be destroyed within two weeks or less of receipt of the sample by the laboratory. \_\_\_\_\_
10. The laboratory will disclose the test results ONLY to my doctor or to his/her agent, unless otherwise authorized by me or required by law. \_\_\_\_\_

I have read the information in the brochures and I understand it. Before signing this form, I have had the opportunity to further discuss Carrier Screening with my doctor, someone my doctor has designated, or to a genetics professional. I have all of the information that I need and all of my questions have been answered.

I have reviewed all of the information and have decided:

\_\_\_\_\_ I desire and consent for Orange Blossom Women's Group to perform Carrier Screening for:

\_\_\_\_\_ Cystic Fibrosis    \_\_\_\_\_ Spinal Muscular Atrophy    \_\_\_\_\_ Fragile X Syndrome

\_\_\_\_\_ I decline Carrier Screening for Cystic Fibrosis, Spinal Muscular Atrophy, and Fragile X Syndrome.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## NICA NOTICE TO OBSTETRIC PATIENT

(See section 766.316, Florida Statutes)

I have been furnished information by Orange Blossom Women's Group, which was prepared by the Florida Birth-Related Neurological Injury Compensation Association (NICA), and have been advised that Dr. Reut Bardach, Dr. Melinda Graham and Dr. Karin Stanton are participating providers in the program, wherein certain limited compensation is available in the event of certain limited compensation is available in the event certain neurological injury may occur during labor, delivery or resuscitation.

For specifics on the program, I understand I can contact the **Florida Birth – Related Neurological injury compensation Association, P.O Box 14567, Tallahassee, FL 32317-4567, 1-800-398-2129.**

I further acknowledge that I have received a copy of the brochure prepared by NICA.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Orange Blossom Women's Group  
ACCEPTING / NON-ACCEPTING BLOOD

Because of my personal beliefs, I cannot receive blood transfusions for any reason. The providers of Orange Blossom Women's Group have explained to me that under certain circumstances, particularly prevalent in childbirth, blood may be lifesaving to both mother and baby.

While the providers of Orange Blossom Women's Group thoroughly respect my personal beliefs, their medical this and protocols may require them to administer blood transfusions in the event they are necessary to save my life or the life of my baby. Because of this, I have been given the following choices and have selected my choice by placing my initials in the corresponding block:

- I have elected to remain with this practice having accepted the reality that I may be given blood if it is necessary to save my life or the life of my baby's life (if pregnant).
  
- I have elected to remain with this practice but **refuse any blood product** even though I recognize that my baby (if pregnant) and/or I **may die** during a procedure. I hold harmless Orange Blossom Women's Group, its physicians, other providers and its staff from any adverse result(s) caused by my decision to refuse blood products.
  
- I have elected to transfer my care to another practitioner and I understand it is important that I quickly locate another physician(s), I have been informed that the physicians of Orange Blossom Women's group will continue to see me for emergency care for the next thirty (30) days ending \_\_\_\_\_ (give actual date). I have also been informed that my medical records will be faxed to my new physician, as soon as Orange Blossom Women's Group receives an authorization to do so. Furthermore, I have ben informed that I would be welcome to return to the practice for any and all medical treatments that do not conflict with my personal beliefs and the physicians' medical ethics and/or protocols.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print patient name and date of birth

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date