

# Palm Beach Obstetrics & Gynecology

## Informed Consent for Prenatal Care

Pregnancy and delivery are exciting and joyful occasions. Most of our patients are healthy and take excellent care of themselves. Even when our patients are at high risk, the end results are a happy and healthy mother and baby. However, even a normal pregnancy and delivery is not without risk. Our doctors have the training and experience to handle problems safely and effectively. We want you to read this form carefully so that you understand some of the limitations of modern medicine and some of the risks associated with pregnancy, labor and delivery.

Even though we are a group practice of Obstetricians and Nurse Midwives, we strive to make your experience as personal and special as possible. We do it because we enjoy participating in the very emotional and positive experience of birth with a family that we have come to know over 9 months. However, we cannot promise that your favorite provider will be available 24 hours a day, seven days a week. Like everyone else, we have family commitments, medical issues or need to take time off after long days and nights of call. We also have other responsibilities to our patients and may be busy in surgery or with office duties far from the hospital. Our practice works on a rotating call schedule so you always have a provider rested and ready to care of you in the safest way possible. That's why throughout your pregnancy we encourage you to meet all the providers in our practice.

The following are important points to keep in mind during your pregnancy and delivery:

### Genetic testing

The field of genetics is changing rapidly. Several private companies ([www.QuestDiagnostics.com](http://www.QuestDiagnostics.com), [www.Natera.com](http://www.Natera.com), [www.23andme.com](http://www.23andme.com), [www.IntegratedGenetics.com](http://www.IntegratedGenetics.com) and others) are offering comprehensive testing directly to consumers for over 100 different genetic disorders. Even though national organizations are not recommending universal testing, you should be aware that these tests are available. We encourage you to speak with family members to find out if there is a possibility that your family is at risk for genetic problems. Testing of this nature costs about \$350 and is typically not covered by insurance.

Our practice offers testing for several common inherited diseases such as: Cystic Fibrosis, Spinal Muscular Atrophy and Fragile X Syndrome. A simple blood test can determine if you are a carrier for one of these diseases. A negative result significantly lowers, but does not completely eliminate the risk of being a carrier. The tests available are not able to detect all the genetic abnormalities that cause a particular disease. If any of these tests are positive, genetic counseling is recommended to determine the risk to the baby.

We offer specific genetic testing for certain ethnic groups even if there is no family history of any disorder. Jewish parents may be tested for Tay Sachs, Canavans Syndrome and others. Parents of African American descent can be tested for Sickle Cell disease and Thalassemia. Parents of Southeast Asian or Mediterranean descent can also be tested for Thalassemia.

You can choose to have a test (a combination of blood work and ultrasound) called an Integrated Screen to detect Down's Syndrome, Trisomy 18 (a genetic problem) and Spina Bifida (a spine defect). This test only provides a statistical probability of having a baby with one of these conditions. Integrated Screening can detect about 92% of fetuses with Down's syndrome with a 5% false positive rate. Most of the "positive" tests are false positives, meaning the baby does not have any of these conditions. Unfortunately, some negative tests are false negatives, meaning the baby has one of the conditions even though the test was interpreted as normal. This test offers a probability but is not a guarantee that the baby has normal chromosomes. If your test is positive, you will have counseling with one of the doctors so you can choose the best course of action.

Free Fetal DNA is a more accurate way to test for the most common chromosomal anomalies. It determines the risk for Downs Syndrome, Trisomy 18 and Trisomy 13 by looking for and evaluating fetal

chromosomes in maternal blood. It only requires a blood sample from the mother and can be ordered as early as 10 weeks gestation. You can get more information about this test at [www.Natera.com](http://www.Natera.com), [www.IntegratedGenetics.com](http://www.IntegratedGenetics.com) or [www.QuestDiagnostics.com](http://www.QuestDiagnostics.com). **Some Insurance companies do not pay for this test unless you meet certain criteria.** If you are at low risk for genetic problems but would like to be tested, please ask our staff for more information. The test can be ordered if you agree to pay for the test yourself. The costs have come down in recent years and they are now very affordable.

The most accurate diagnostic test is an amniocentesis performed at 16 weeks of pregnancy. It involves removing fluid surrounding the baby with a needle under ultrasound guidance. This test is considered the gold standard since it can detect hundreds of rare genetic problems. However, it is invasive and carries a low risk of complications such as bleeding, infection, rupture of the membranes and even miscarriage. The risks of a serious complication from the amniocentesis are about 1 in 300. Another option is CVS (Chorionic Villus Sampling), which is an invasive test that can be performed earlier in the pregnancy, but carries a higher risk of complications. We do not perform CVS in our office, but can refer you to a local center. Currently, most patients choose to have the Free Fetal DNA testing since it is very accurate and safe. However, you can choose to have an amniocentesis if you prefer the most accurate test and assume the risks involved.

If you are 35 years old or over at the time of your due date, your risk for having a baby with genetic problems such as Down's syndrome or Trisomy 18 increase rapidly. An amniocentesis is considered the most accurate test to detect these genetic abnormalities as well as many others.

It is important to remember that none of these tests can guarantee a healthy baby. Not all defects are genetic and all tests are prone to errors and can have false negative or false positive results. *Before you agree to or decline any of these tests, we encourage you to carefully weigh your options, review your family history and discuss with your family and the doctors the risks, benefits and alternatives of each test.*

## **Routine testing**

Ultrasound examinations (sonograms) are very useful, but have certain limitations. Not all abnormalities can be diagnosed with an ultrasound. Even with a good ultrasound machine and well-trained personnel, some abnormalities may be missed. For example, ultrasounds are unreliable to predict the weight of the baby. These omissions may be due to how small the baby's organs are, the position of the baby, the size of the mother, the timing of the ultrasound or other factors. Approximately 3 to 4% of all fetuses have some type of abnormality. Many of these cannot be diagnosed by ultrasound, such as: genetic problems, cerebral palsy, autism, mental retardation, and lung maturity. *Some physical conditions may be too small or too difficult to recognize such as heart abnormalities, anatomic defects or limb problems.*

Testing for sexually transmitted diseases such as Hepatitis, Syphilis, Chlamydia, Gonorrhea and HIV is a routine part of prenatal care. The laboratory performing the test is required by law to report positive test results to the County Health Department, which in turn may notify your sexual partner(s).

We will also perform routine blood and urine testing for common problems such as anemia, diabetes, bladder infections, toxicology screening and others.

## **Medications**

Most over-the-counter and many prescription medicines are considered *relatively* low risk for pregnant women when taken for the occasional mild illness. We can provide you with a list of a few products but prefer that you avoid taking any medications unless necessary. Of course, nothing is 100 percent safe, so it's a good idea to check with us before taking any kind of medicine during pregnancy. Don't take more than the recommended dose and, if possible, avoid taking anything during your first trimester, when your developing baby is most vulnerable.

## **Vaccinations**

The Centers For Disease Control (CDC) and our American College of Obstetrics & Gynecology agree that

immunization for both Influenza (flu vaccine) and Tdap (Tetanus, Diphtheria and Pertussis or whooping cough) are important and safe to take in pregnancy. These vaccines will protect you and your baby against common and potentially damaging diseases. We encourage you to consider getting vaccinated and to ask our providers any questions that you may have regarding risks and benefits possible.

## Hospitals

Our doctors have obstetrical privileges at Good Samaritan, St Mary's and JFK Hospital. We will work with you to choose the most appropriate and convenient hospital for your delivery. However, high-risk pregnancies are best handled at St Mary's hospital due to the availability of a Level 3 nursery. We request that you call our service prior to going to the hospital so we can alert Labor & Delivery before you arrive. In the rare event that our on-call doctor is not available at JFK due to a conflict at another hospital, you may be cared for by a hospital-based physician group that works closely with us.

## During labor and delivery

The blood in your newborn's umbilical cord is a rich source of stem cells. For a fee, several private companies offer a way to save the umbilical cord blood so they can be used in the future. Stem cells are used today to treat many diseases including leukemia, other cancers, blood and immune system disorders and some genetic diseases. If you are interested in finding out more about this option, please ask anyone in our office or go to [www.corduse.com](http://www.corduse.com), [www.viacord.com](http://www.viacord.com) or [www.cordblood.com](http://www.cordblood.com).

Our providers may recommend a labor induction, which involves admitting you to the hospital to bring about labor using medicines such as Pitocin, Cytotec® or Cervidil®, and possibly rupturing the membranes. Reasons to induce labor include lack of fetal growth, decreased amniotic fluid or going beyond your due date.

A cesarean section may be necessary for a variety of reasons. Sometimes the decision is made during labor for reasons that cannot be predicted during pregnancy, such as fetal distress or arrest of labor. Approximately 35% of babies born in the United States are delivered by cesarean section. Like with any major surgery, there are risks associated with having a cesarean section. The most common complications are excessive bleeding, infection, and injury to internal organs. You may have scarring of the skin or a different sensation at the site of the incision but rarely prolonged pain. There may be other complications, and in rare circumstances, damage to a limb or organ, paralysis, cardiac arrest or death.

After a Cesarean section, the next pregnancy is at risk for a uterine rupture in labor. The risk is small, but the consequences are very serious, including neurologic damage or death to the baby, severe maternal bleeding and possible hysterectomy to the mother. Vaginal Birth After Cesarean Section can be attempted under carefully controlled circumstances. Our practice offers this service under special circumstances since the special preparations must be made by the hospital.

A vaginal birth is usually the safest way to deliver, but also has possible risks to the baby and the mother. The doctor may determine that you need an episiotomy, or you may suffer a vaginal laceration. Most episiotomies and vaginal lacerations are easy to repair and will heal normally. But on rare occasions they can lead to complications such as: chronic pain, bleeding, infection, formation of a fistula (a connection between either the bladder and the vagina or the rectum and the vagina), painful intercourse, or incontinence of urine or stool. A surgical procedure is needed to repair these problems.

Some deliveries may require forceps or vacuum assistance. The doctors have extensive experience and training in the use of these instruments and they are safe and effective. However, you may suffer a more extensive vaginal laceration, or the baby may have a temporary or permanent injury.

A serious hemorrhage after delivery is rare, but may require a blood transfusion. In rare circumstances you can acquire a disease such as HIV or hepatitis as a result of receiving a blood transfusion. If you would refuse a blood transfusion, you should discuss in detail these issues with the doctors well in advance of your delivery, and provide written documentation to make sure that your wishes are carried out. In very rare occasions, the hemorrhage cannot be controlled without surgery, and you may require removal of the uterus leaving you unable to have more children.

Injury may occur if there is difficulty in delivering the baby's shoulders (shoulder dystocia). This is an infrequent and unpredictable event, but is more likely to occur if the mother has diabetes and/or a large baby. The nerves in the neck that control the arm can be damaged (Erb's Palsy). In most cases this injury resolves spontaneously but some children require physical therapy and surgery.

In most cases, you will have a successful pregnancy even when there are some complications, but diseases such as toxemia or diabetes can occur without warning. In addition, 3-5% of all pregnancies are delivered prematurely. Medical conditions, the age of the mother, twin pregnancies and other factors can increase the risks even more. As a result, it is impossible to predict the pregnancy outcome even though the doctors and nurses cared for you properly. We encourage you to discuss any of these issues with us during your prenatal visits.

You can find out more about these topics in many books such as 'What to expect when you are expecting' as well as our web site ([www.pbobgyn.com](http://www.pbobgyn.com)). We have many free brochures that go into great detail regarding these issues. The Patient Education Systems videos in our examination rooms are also a great source of information. We encourage you to view them during your visits.

## **Florida Birth-Related Neurological Injury Compensation Association (NICA)**

### **Receipt of notice**

I was furnished information prepared by the Florida Birth-Related Neurological Injury Compensation Association (NICA) pursuant to Section 766.316, Florida Statutes, and was advised that Palm Beach Obstetrics and Gynecology and our Doctors (Samuel Lederman MD, Gloria Hakkarainen MD, Sylvia Siegfried MD, Joy Cavalaris MD, Lori Sevald MD, Marcela Lazo MD, Lillian Vargas MD and Dana Jacobs CNM) are participating physicians in that program. By participating in this program, limited compensation is available in the event that certain types of qualifying neurological injuries occurs during labor, delivery or resuscitation in the hospital. For specifics about the program, I understand that I can contact the Florida Birth-Related Neurological Injury Compensation Association (NICA), at PO Box 14567, Tallahassee, FL 32317, Tel No. 1.800.398.2129. I specifically acknowledge that I have received a copy of the brochure prepared by NICA.

The purpose of giving you this information regarding NICA is to give you an opportunity to make an informed choice between letting our practice care for your pregnancy, or using a provider that is not a participant in the program.

By signing this form, I, \_\_\_\_\_, request that my obstetric care including any necessary procedures described above be provided by **Palm Beach Obstetrics & Gynecology** and its physicians and Midwife(s). I also agree to routine pregnancy blood and urine testing as well as genetic testing for Integrated Screening (Downs Syndrome, Trisomy 18 and Spina Bifida), Cystic Fibrosis and other medically necessary tests. Some of these tests are not medically necessary and may be declined.

I acknowledge that I read this form and fully understand its contents. I was given ample opportunity to ask questions and all questions were answered to my satisfaction. I was given a copy of this form so that my family and I can review its contents at home and ask questions in the future.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

February 2020