

הסכמה להיפוך חיצוני של עובר במצג עכוז

Consent Form: For the Performance of an External Cephalic Version

A full-term breech birth involves increased risk to the mother and the new-born. A vaginal breech birth is subject to increased disease and fetal mortality. Therefore, when a fetus is in the breech position, today, a Cesarean Section is recommended. The External Cephalic Version (ECV) of a fetus in a breech position to a head-first position, before birth, is likely to avoid the need for a C – Section.

The chances of success range from 50% to 75%, and are greater in repeat births, thin women, when the womb and the stomach muscles are relaxed, when the placenta is not at the front, with the presentation of the feet and when the amount of amniotic fluid is normal. The chances of success are smaller in the following cases: in an active birth, after a breech presentation in a previous birth, when there is a deformity in the womb, and when the fetal weight is low. Notwithstanding that, these situations are not a delineation against an attempt at external version (ECV).

The conditions required for ECV are: a single fetus in a breech position, in a pregnancy of more than 36 full weeks, a normal quantity of amniotic fluid, and healthy fetal monitoring.

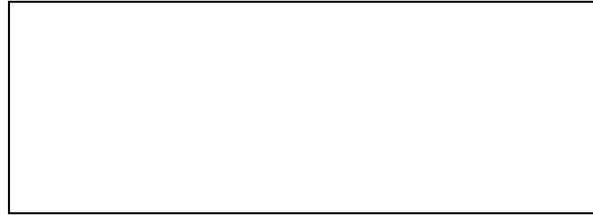
The ECV is performed in the Operating Room, and necessitates preparation for a C – Section, including: ultrasound evaluation and recording of the fetal heart rate, insertion of an intravenous infusion, sometimes with a preparation to relax the muscles of the womb and further preparations. The ECV itself is performed by exerting pressure on the stomach and directing the fetus to a head presentation. For an hour or two after the ECV (whether successful or not), the mother must remain under supervision, during which the fetal heart rate will be recorded. The decision whether to release the mother from the hospital or to proceed to birth will be taken according to the data gathered during the supervision.

Woman's name				
	Family name	Given name	Father's name	ID number

I hereby declare and confirm that I have received a detailed explanation from **Dr. _____ (Given name) _____ (Family name), on External Cephalic Version of the fetus in my womb from the breech position to head presentation (henceforth: "ECV")**.

The reasons for the procedure and the chances of success have been made clear to me.

It has been explained to me that, from the experience accumulated, it is expected that the procedure will not cause any direct, physical harm to the fetus.



It has been explained to me that, immediately after the ECV, there may be a temporary slowing of the fetal heart rate which, usually, passes after a few minutes, without any intervention.

Furthermore, it has been made clear to me that, in very unusual cases, there might arise complications connected with the umbilical cord, or the placenta might become separated, or a rupture of the membrane with umbilical cord prolapse that necessitates an immediate C – Section. Moreover, in literature, there are descriptions of a number of instances of intra–uterine fetal death, after ECV, where the connection between the death and the procedure is not clear. It has been explained to me that if I am released from the hospital, I shall have to observe closely the movements of the fetus, and, if necessary, to go the delivery room.



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I hereby give my consent to perform the External Cephalic Version.

Date	Time	Signature of the woman

Name of Guardian (Relation to the woman)	Signature of the guardian (in the case of a legally incompetent, a minor or the mentally ill)

I confirm that I have explained, verbally, to the woman, and/or to the woman's guardian*, everything stated above, with the required detail and that s/he has signed, in my presence, her/his consent, after I was convinced that s/he understood my explanation, in its entirety.

Name of physician (Rubber Stamp)	Physician's signature	Date and time