

Informed Consent Form: INDUCTION OF LABOR BY PGE2

Prostaglandin E2 is a medicinal preparation administered through pills, vaginal gel or solution in order to induce contractions in cases where labor does not develop naturally.

Parturient's Name: _____
Last name First Name Father's name I.D.

I hereby declare and affirm that I received a detailed verbal explanation from Dr.:

Last Name First Name

Concerning Induction of Labor by Prostaglandin E2 (Hereinafter: "The Primary Treatment").

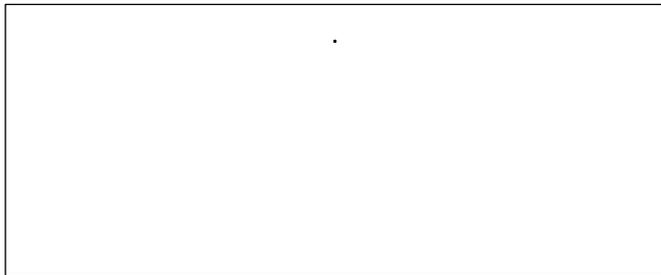
I hereby declare and affirm that I was given an explanation about alternative ways of treatment possible under the circumstances of this case, their side effects and the chances and risks involved in each one of these procedures.

It was explained to me that the purpose of the primary treatment is to soften the cervix and produce contractions, but that induction of labor may also fail.

I hereby declare and affirm that, the possible side effects of the primary treatment were explained to me, including: nausea, vomiting, diarrhea, headaches, low blood pressure and bronchospasm.

I was also informed of the possible risks and complications, including: the manifestation of frequent strong uterine contractions, which may require medicinal treatment; changes in fetal heart rate; reaction due to oversensitivity to Prostaglandins, expressed in variable blood pressure and respiratory depression. The rare possibility of uterine rupture requiring Cesarean Section in order to rescue the fetus and mend the rupture, and in rare cases even perform hysterectomy, was explained to me. It was explained to me that rupture of the uterus may lead to the delivery of an injured baby or even to his/her death.

I hereby give my consent to perform the primary treatment.



I know and agree that the primary treatment and all other procedures will be performed by those assigned with it, in accordance with the procedures and instructions of the institute, and that no promise was made to me that they will be performed, all or some of them, by a certain person, providing that they are performed in the responsible manner customary in the institute and subject to the law.

Date	Time	Parturient's Signature
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Name of Guardian (relation to the parturient)	Signature of Guardian (in cases of incompetent, minor or mentally ill patient)
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I hereby confirm that I have given the Parturient/ her Guardian* verbal explanation of all the aforesaid in adequate detail and that she/he signed this consent form before me after I have been convinced that she understood my explanation in full.

Doctor's Name (stamp)	Doctor's Signature	Date and time
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