



Patient Consent Form For External Cephalic Version

I, _____ am consenting to have a procedure performed
(patient name)

on me which is called External Cephalic Version. I have been informed by my physician that my baby is lying in breech presentation (buttocks or feet first). I understand that in many cases when this position is found in labor, that a Cesarean section is performed or if it is not, the baby is at increased risk of having problems such as lack of oxygen or injury during labor as compared to head first delivery. My doctor has explained to me that by performing this procedure, that in about three-quarters of cases, it is possible to turn the baby so that it is presenting head first and that if it is successful, I may be able to have a vaginal delivery.

I understand that I will have a sonogram (Ultrasound) performed on me prior to the procedure and that I will have an intravenous drug administered to me to prevent my uterus from contracting. I understand the procedure involves manipulation of my abdomen attempting to turn the baby around within my uterus (womb). The risks of the procedure are that the baby may tangle it's umbilical cord or that the afterbirth (placenta) could separate from the wall of the uterus. I understand that the baby's heart rate will be monitored and if there is evidence of problems with the baby an immediate Cesarean section may be necessary.

I understand there is some expense involved in this procedure including fees for the room, Ultrasound, IV, and medications as well as a professional fee the physician may charge me and that I may still have to pay these fees even if the procedure is not successful. The procedure is successful in 70% - 75% of the cases. Again, I understand that there is no assurance that the procedure will be successful and that I might still have to have a Cesarean section or vaginal delivery of a breech baby.

This consent form is only intended to be sure that the procedure has been fully explained to me and I have been given the opportunity to ask any questions and have had answers to my satisfaction.

(patient's signature)

(witness signature)

(date)