RISKS AND COMPLICATIONS OF DELIVERY

Although labor and delivery are considered a natural event, there are risks and complications that you should know about.

1. An episiotomy is an incision made to enlarge the vaginal opening. We do not routinely perform an episiotomy, however, sometimes one is medically necessary. If necessary, this would be performed by the doctor or midwife just prior to the delivery. Complications from a laceration and/or episiotomy include discomfort, separation of incision, infection, & extended lacerations through the rectum.

2. It may be necessary for the physician to use vacuum extractor and/or forceps in your delivery. An alternative is a birth without intervention, which may result in severe trauma or death to the infant. If time permits, C-section may also be an alternative. There are risks for both mother & baby if a vacuum extractor is used. The risks to mom may include need for local anesthetic, episiotomy, cervical and/or vaginal trauma, and uterine infection. The risks to baby may include bruising of the head, bleeding of the brain, injury to eyes, and damage to facial nerves.

3. Infection of the uterus can occur as a result of prolonged rupture of the bag of waters and/or multiple vaginal exams. A few ways we try to avoid this type of infection include: 1.) you notify doctor or midwife when water breaks or if concerned that bag of water is leaking, and 2.) minimize the number of vaginal exams.

4. Postpartum hemorrhage is excessive blood loss immediately following delivery. If the bleeding is excessive and/or not easily controlled, a blood transfusion may be necessary. All blood is routinely screened for AIDS and hepatitis; transmission of either by a blood transfusion is rare.

5. Shoulder dystocia is a complication of delivery that occurs when the head is delivered and then the shoulders are very difficult to deliver or cannot be delivered at all. This complication may result from a large baby being delivered through a small pelvis resulting in a tight fit. After the head is delivered, the baby must be delivered soon thereafter. In order to promote delivery, a large episiotomy may need to be performed to enlarge the vaginal opening. Several different hand maneuvers may be used by the physician or midwife to enhance delivery. As a result of this complication, shoulder dystocia may cause problems in both the mother and the baby. Any complications of shoulder dystocia will be addressed promptly by the physician, midwife and possibly a neonatologist. The risks to mom may include fourth degree laceration, cervical laceration, postpartum hemorrhage, and infection. The risks to baby may include asphyxia (lack of oxygen), broken clavicle/arm, severe nerve damage/paralysis, infection, and death.

These are some of the complications which can occur with a normal vaginal delivery. It is impossible to list all complications. If you have any concerns about other complications, please let your doctor or midwife know and they will be happy to answer your questions. Our goal is to have a happy and healthy mother and baby!
INDUCING LABOR

Sometimes, it is necessary to start or enhance the labor process. This can be done in a variety of different ways; the plan of care is individualized for you and your baby.

Medications like Cervidil and Cytotec may be used to help soften and thin your cervix. It is often necessary to thin and soften your cervix so that you are more ready for active labor. A balloon catheter (thin catheter with a balloon tip) may be inserted into the cervix to help the cervix dilate or open. Once your cervix is soft and open, breaking the amniotic bag or “bag of water” may start or increase contractions. This procedure, called amniotomy, can be done by your doctor or nurse midwife during a pelvic exam using a small instrument to pierce the bag of water. This procedure is usually not painful and can be done when your cervix is open and the baby’s head is well applied to the cervix. Rarely, the umbilical cord can slip down around or below the baby’s head, which may reduce or stop the blood supply to the baby. If this occurs, an emergency C-section would be necessary.

Oxytocin helps start uterine contractions or it may help increase the strength and frequency of uterine contractions already present. An alternative to oxytocin is to continue labor without it. However, if the contraction pattern is not adequate, the mother can be at an increased risk of exhaustion, infection and cesarean section. Additionally, there is an increased risk for baby, including death. When oxytocin is used, fetal heart rate, uterine contractions and your blood pressure will be monitored closely. There are risks to both mother and baby with this medication. Risks to mom may include nausea/vomiting, swelling, rupture of her uterus, allergic reaction, blood pressure and/or heart rate changes, chest pain, postpartum hemorrhage. Risks to baby may include fetal heart rate changes, bleeding from the brain, trauma from rapid delivery, death.

MEDICATIONS COMMONLY USED FOR PAIN RELIEF IN LABOR & DELIVERY

Pain is a warning mechanism of the human body. During pregnancy, it tells women they are having contractions. There are different types of pain relief available to you. These include intravenous (IV) pain medications (given into your vein), pudendal block (helps numb pelvic area), and epidural medication (given through a catheter in your lower back).

Intravenous medications commonly used for pain relief are fentanyl and stadol. Intravenous pain medications help provide some relief of pain and may allow you to rest between contractions. Some of the side effects of fentanyl and stadol include sleepiness, dizziness, nausea, vomiting, blood pressure changes, dry mouth, difficulty urinating, blurred vision, nervousness, hallucinations, and seizures. An allergic reaction to any medication is possible. Allergic reactions may include skin rash, itching, difficulty breathing, cardiac arrest (heart stops), brain injury (from lack of oxygen), and/or death. Sometimes the use of fentanyl or stadol may decrease the strength and frequency of the contractions. Occasionally, medications like vistaril or phenergan will be given. These medications help to decrease anxiety and relieve nausea. Side effects of phenergan and vistaril may include dry mouth, drowsiness, ringing of the ears, nervousness, hallucinations and/or seizures. The use of fentanyl, stadol, phenergan and vistaril can affect the baby. However, the effects are related to the amount of medication given to the mother. These effects include drowsiness and a slower rate of breathing. An alternative to the use of the medications is to have no medication during labor.

Epidurals may be used for pain relief during labor and delivery. Epidural anestheisa helps provide pain relief by injecting a medication into lower back just outside the spinal fluid space. This is done through a small catheter, which remains in place until after delivery.
Placing the epidural may be uncomfortable; the procedure usually takes approximately 10-15 minutes. In addition, it may take another 5-15 minutes for the medication to start to provide pain relief. An epidural may slow down your labor by decreasing the strength and frequency of contractions. This may increase the need oxytocin. In addition, you may lose the urge to push or experience a longer time pushing your baby out. Thus, an epidural increases the risk of a vacuum or cesarean section delivery. Epidurals are effective 80% of the time. Occasionally, epidurals cause a decrease in your blood pressure, resulting in a decreased supply of oxygen to your baby. Usually, this is minimized by giving you IV fluids before getting an epidural. Other risks associated with an epidural may include headache, paralysis, allergic reaction, difficulty urinating, infection. The alternative for an epidural for labor is IV pain medications or no medications at all.

Although not done commonly, a pudendal block helps relieve pain in the perineal area by injecting numbing medications into the pudendal nerve. This may be used for pain control near delivery or for repair of episiotomy or tears as a result of delivery. Possible side effects from the numbing medication used with this type of pain relief include: decrease in blood pressure and/or heart rate, temporary loss of bowel and bladder control, and seizures (convulsions).

**ANESTHESIA COMMONLY USED FOR CESAREAN SECTION**

There is no “best” anesthesia for cesarean section. Each type of anesthesia has good and bad features. The choice of anesthesia used for cesarean section is based on reason for the cesarean section is being done, mom’s health status (i.e., heart or lung problems) and the condition of the baby. The choices today include spinal anesthesia, epidural anesthesia, or general anesthesia.

Epidural anesthesia (as discussed above) is given through a small catheter in your lower back. Spinal anesthesia is used only in a cesarean delivery. The spinal anesthesia is a one-time injection of medication into the spinal fluid space. Administration of the epidural and spinal may be uncomfortable. The procedure usually takes approximately 10-15 minutes. An epidural may take 5-15 minutes to take effect, however a spinal takes effect immediately. Occasionally, epidurals and spinals can cause a decrease in your blood pressure, resulting in a decreased supply of oxygen to your baby. Usually, this is minimized by giving you IV fluids first. Other risks from epidural or spinal anesthesia may include paralysis, headaches (more common with spinal anesthesia), allergic reaction, difficulty urinating, infection. For cesarean section, the alternative to epidural or spinal anesthesia is general anesthesia. General anesthesia is usually reserved for emergency situations where the baby needs to be delivered quickly. Some of the disadvantages of general anesthesia include sedation of the baby which may lead to the baby breathing slower. Risks of general anesthesia for mom include sore throat, aspiration, adverse and/or allergic reaction to the medication, which could result in cardiac arrest (heart stops), brain injury (from lack of oxygen) and/or death.

**CESAREAN BIRTH**

**Video Title:** Cesarean Birth (on PES TV by Dr. Courtney Hunt)

**THE CONTENTS OF THE VIDEO INCLUDED THE FOLLOWING INFORMATION:**
- What the operation is
- Reasons for having the operation
- Possible alternative treatments
- Explanation of the operative procedure and patient care
- Recovery period
- Risks and complications that could occur as a result of having the operation
- Benefits from having the surgery
CIRCUMCISION: PATIENT INFORMATION SHEET

In a few weeks, the months of waiting will be over and your new baby will be here. If the baby is a boy, you will be asked if you want him circumcised. This is a matter that you should consider carefully before your baby is born because it is an elective surgical procedure.

What is a circumcision?
Baby boys are born with a covering (foreskin) over the sensitive end (glans) of the penis. In a circumcision, this covering, or foreskin, is cut away, leaving the tip of the penis exposed. This procedure may painful; however it is usually done with an anesthetic cream placed on the penis 1-1½ hours before the procedure. The circumcision procedure itself takes less than five minutes.

Why are circumcisions done?
Parents may choose circumcision for medical, social, or religious/cultural reasons. According to the American Academy of Pediatrics, medical benefits of circumcision include 1.) a lower risk of getting HIV (virus that causes AIDS), 2.) lower risk of getting sexually transmitted diseases like genital herpes, human papilloma virus, syphilis, 3.) lower risk of getting urinary tract infection in the first year of life, 4.) lower risk of penile cancer, 5.) prevention of foreskin infections, 6.) prevention of phimosis (condition in uncircumcised males that make foreskin retraction impossible), and 7.) easier genital hygiene. Some parents chose to have their son circumcised because other males in the family have been circumcised and they do not want their son to feel like he is different. People of Muslim and Jewish faiths practice circumcision for religious reasons. Some cultures believe that it is necessary for boys to be circumcised. Other cultures, such as the Hispanics and Northern Europeans, rarely circumcise their sons.

What are potential complications associated with a circumcision?
Research varies in its findings on the number of complications associated with circumcision, because studies frequently group even minor complications with the major complications that rarely occur. One large study found that about two babies of every hundred has some problem after surgery, including even a small amount of excess bleeding. The risk of death is about two per million circumcisions done. The most common complications from circumcision include bleeding, damage to the penis, and/or infection of the penis. Rarely, the foreskin may be cut too short, too long, or may heal improperly, leading to a deformed appearance, possibly making further surgery necessary.

How is the penis kept clean if the baby is not circumcised?
When the baby is born, the foreskin is still partially attached to the glans of the penis. Over the course of baby’s first year of life, the foreskin slowly separates & the ability to pull back (retract) the foreskin over the glans increases; about one year of age the foreskin is almost fully retractable. Until your baby is at least 6 months old, the recommendation is to clean the penis with gentle, nonirritating soap and change your baby’s diaper often. After 6 months of age, you can start to gently pull the foreskin back to clean the skin (never forcibly retract the foreskin). Then, replace the foreskin back to its original position after bathing. This is very important, because a serious problem can result if the foreskin is left retracted. The penis will not be harmed or become infected under the area where you are unable to retract it. Just as the vagina naturally keeps itself clean by secretions, the glans does the same by male secretions. Just as you teach your son to wash other body parts, you can teach your son how to clean his penis as he gets old enough to learn. By the age of three, about 90% of boys will have fully retractable foreskins, by age seventeen, 99% will.

Sometimes, as a boy grows older, the foreskin is found to be too tight and is never able to be fully retracted, thus allowing the end of the penis to be exposed for cleaning or for the penis to become engorged during sexual excitement.
This lack of complete separation not allowing for full retraction is rare, but when it occurs, a circumcision would be necessary. In that case, it would be performed in a hospital under general anesthesia by a urologist.

Should I have my son circumcised?
It is your decision, based on your religious, social, and cultural beliefs, or if there are any identified medical needs. The American Academy of Pediatrics found that the health benefits of newborn male circumcision outweigh the risks, however the benefits are not great enough to recommend universal newborn circumcision. As you are considering whether or not to have your son circumcised, it is important that you understand what the procedure is, what the complications are, and all the pros and cons related to the decision. Circumcisions are usually done when the baby is about one day old in the hospital by the OB doctor, prior to being discharged, unless you elect to have it done as a religious ceremony, in which case you make your own outpatient arrangements. The hospital and your pediatrician will give you information about the care of the newly circumcised penis.

INFORMED CONSENT
COLLECTION AND DONATION OF POSTNATAL TISSUE AND FLUID

In the state of Georgia, physicians and hospitals are required to inform pregnant patients about their options for donation of postnatal tissue and fluids. Additional information on this subject may be found at www.parentsguidecordblood.org, www.marrow.org, and www.knowledgecenter.csq.org/drupal. Postnatal tissue and fluid such as umbilical cord blood may be helpful in the treatment of certain medical conditions like cancer and diseases of the blood. Placenta membranes may also prove useful for wound healing, spinal surgery, and eye surgery. Research continues for other uses of postnatal tissue and fluid.

Umbilical cord blood may be donated for public bank storage or private bank storage. Public donation means that the blood is available to anyone in need of a transplant, or it may be used for research purposes. There is no cost for public banking. The American Academy of Pediatrics (AAP) encourages public donation if possible. At this time, Piedmont Fayette Hospital and Piedmont Newnan Hospital do not participate in public donation.

In contrast, a private bank is chosen by the parent(s) and umbilical cord blood and/or tissue is stored at the family’s expense for potential use for that child, or possibly even a family member. The AAP discourages private banking for later use as a general “insurance policy.” The American College of Obstetricians/Gynecologists (ACOG) states that the chance of the child or family member using such blood is approximately 1 in 2700. Banked umbilical cord blood cannot be used to treat genetic or malignant diseases in the same individual from whom they were collected because the abnormality would likely already be present in the blood cells. Both AAP and ACOG, however, do support donation of umbilical cord blood in cases where there’s a specific diagnosis of a disease known to be treatable by transplant of cord blood, for an immediate family member.

Private banks can cost as much as $2,000 for the first year of collection, shipping, processing, testing and storage. Annual fees are approximately $100-150 per year. These fees are not covered by insurance. Payment plans and discounts are often available through individual companies. Research continues regarding the length of time blood can be stored before it expires. There is no cost for donation of placental tissue.

I have received information from Southern Crescent Women’s Healthcare (SCWH) and know that donation of postnatal tissue and fluid is my choice. Collection should not alter routine practices for the timing of umbilical cord blood clamping.
It may NOT be performed in complicated deliveries because the focus will be on the safety of the mother and her child. SCWH cannot guarantee the quality or quantity of the umbilical cord blood sample collected.

If desired, I should choose a private bank and notify them of my decision to donate about four to six weeks before the due date. I am aware that I’m responsible for bringing the collection kit to the hospital. I have been given literature to read, websites, as well as opportunities to watch informational videos in order to further my education on the donation of postnatal tissue and fluid. I’ve also had an opportunity to ask questions and I’m satisfied with my understanding.

**BREASTFEEDING: WHY IT’S IMPORTANT**

Breastfeeding is one of the best things you can do for your baby. Breastfeeding helps both moms and babies in many ways. Your breast milk will help provide your baby with optimal nutrition, complete with the right balance of water, sugar, protein and fat. Breastfeeding also supports baby's immune system to help keep baby healthy as well as protected from disease. Furthermore, it provides a special bonding time for mom and baby. Most leading health organizations recommend babies are breast fed for at least 12 months, with special focus on only giving baby breast milk for the first 6 months. Most women can breastfeed. Women should not breastfeed if they use street drugs, drink alcohol, have HIV/AIDS, untreated tuberculosis, or chicken pox/shingles or herpes virus with breast lesion.

**Benefits of breastfeeding for baby:**
- Breast milk is easier for your baby to digest
- Breast milk helps keep baby healthy; antibodies passed from mom help protect baby (less ear infections, diabetes, asthma, obesity)
- Breast milk decreases sudden infant death syndrome (SIDS) by 36%
- Breast milk changes as baby grows to provide the perfect nutrition for your baby’s needs

**Benefits of breastfeeding for mom:**
- Less work for you-no bottles or nipples to prepare or clean
- Costs less-mothers who follow optimal breastfeeding practices can save $1200-$1500 on formula
- You can satisfy babies hunger needs quickly since breast milk is always the right temperature and ready for baby to eat
- Provides special bonding time for you and your baby
- Health benefits for mom include lower rates of type II diabetes, breast & ovarian cancer, postpartum depression
- You miss less work because your baby is healthier
- You lose weight faster than non-breastfeeding mom

**Resources for more information:**
- American Academy of Pediatrics  www.aap.org
- American College of Obstetrics and Gynecologists (ACOG)  www.acog.org
- La Leche League International  www.lli.org
- American College of Nurse Midwives  www.gotmom.org
- March of Dimes  www.marchofdimes.com
<table>
<thead>
<tr>
<th>Methods</th>
<th>Number of pregnancies expected per 100 women*</th>
<th>Use</th>
<th>Some Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterilization Surgery for Women</td>
<td>less than 1</td>
<td>Onetime procedure</td>
<td>Pain, Bleeding, Infection or other complications after surgery, Ectopic (tubal) pregnancy</td>
</tr>
<tr>
<td>Surgical Sterilization Implant for Women</td>
<td>less than 1</td>
<td>Onetime procedure</td>
<td>Mild to moderate pain after insertion, Ectopic (tubal) pregnancy</td>
</tr>
<tr>
<td>Sterilization Surgery for Men</td>
<td>less than 1</td>
<td>Onetime procedure</td>
<td>Pain, Bleeding, Infection</td>
</tr>
<tr>
<td>Implantable Rod</td>
<td>less than 1</td>
<td>Inserted by a healthcare provider, Lasts up to 3 years</td>
<td>Changes in bleeding patterns, Weight gain, Breast and abdominal pain</td>
</tr>
<tr>
<td>IUD Copper</td>
<td>less than 1</td>
<td>Inserted by a healthcare provider, Lasts up to 10 years</td>
<td>Cramps, Bleeding, Pelvic inflammatory disease, Infertility, Tear or hole in the uterus</td>
</tr>
<tr>
<td>IUD w/ Progestin</td>
<td>less than 1</td>
<td>Inserted by a healthcare provider, Lasts up to 5 years</td>
<td>Irregular bleeding, No periods, Abdominal/pelvic pain, Ovarian cysts</td>
</tr>
<tr>
<td>Shot/Injection</td>
<td>6</td>
<td>Need a shot every 3 months</td>
<td>Bone loss, Bleeding between periods, Weight gain, Nervousness, Headaches</td>
</tr>
<tr>
<td>Oral Contraceptives (Combined Pill) “The Pill”</td>
<td>9</td>
<td>Must swallow a pill every day</td>
<td>Nausea, Breast Tenderness, Headache, Rare: high blood pressure, blood clots, heart attack, stroke</td>
</tr>
<tr>
<td>Oral Contraceptives (Progestin only) “The MiniPill”</td>
<td>9</td>
<td>Must swallow a pill every day</td>
<td>Irregular bleeding, Headache, Breast tenderness, Nausea, Dizziness</td>
</tr>
<tr>
<td>Oral Contraceptives Extended/Continuous Use “The Pill”</td>
<td>9</td>
<td>Must swallow a pill every day</td>
<td>Risks are similar to other oral contraceptives (combined), Light bleeding or spotting between periods</td>
</tr>
<tr>
<td>Patch</td>
<td>9</td>
<td>Put on a new patch each week for 3 weeks (21 total days), Don’t put on a patch during the fourth week</td>
<td>Exposure to higher average levels of estrogen than most oral contraceptives</td>
</tr>
<tr>
<td>Vaginal Contraceptive Ring</td>
<td>9</td>
<td>Put the ring into the vagina yourself, Keep the ring in your vagina for 3 weeks and then take it out for one week</td>
<td>Vaginal discharge, Discomfort in the vagina, Mild irritation, Risks are similar to oral contraceptives (combined)</td>
</tr>
<tr>
<td>Diaphragm with Spermicide</td>
<td>12</td>
<td>Must use every time you have sex.</td>
<td>Irritation, Allergic reactions, Urinary tract infection, Toxic shock</td>
</tr>
<tr>
<td>Sponge with Spermicide</td>
<td>12-24</td>
<td>Must use every time you have sex.</td>
<td>Irritation, Allergic reactions, Hard time removing, Toxic shock</td>
</tr>
<tr>
<td>Cervical Cap with Spermicide</td>
<td>17-23</td>
<td>Must use every time you have sex.</td>
<td>Irritation, Allergic reactions, Abnormal Pap test, Toxic shock</td>
</tr>
<tr>
<td>Male Condom</td>
<td>18</td>
<td>Must use every time you have sex.</td>
<td>Allergic reactions</td>
</tr>
<tr>
<td>Female Condom</td>
<td>21</td>
<td>Must use every time you have sex.</td>
<td>Irritation, Allergic reactions</td>
</tr>
<tr>
<td>Spermicide Alone</td>
<td>28</td>
<td>Must use every time you have sex.</td>
<td>Irritation, Allergic reactions, Urinary tract infection</td>
</tr>
</tbody>
</table>
INTEREST IN PERMANENT STERILIZATION

During the course of your pregnancy, you will be giving some thought to a method of family planning, or birth control, after the delivery of your baby. You may be considering one of the procedures offered as a means of permanent sterilization: bilateral tubal ligation or Essure. A bilateral tubal ligation is performed at the hospital, whereas the Essure procedure is performed in our office. Each of these procedures will require a visit with the doctor to discuss the risks and benefits, as well as consent forms to be completed at the end of that visit. We want you to be aware that this visit and all forms associated with the consent to the procedure MUST be completed by the thirtieth (30) week of your pregnancy. If you have Medicaid coverage, this process is mandatory and if not completed, the procedure CANNOT and WILL NOT be scheduled. If you have other insurance, we must also meet verification and precertification deadlines to ensure payment for the procedure.

Signing this form does not commit you to the procedure at this point. If you are unsure at this time, please let your provider know once you have made the decision.
Frequently Asked Questions for Patients Concerning Tdap Vaccination

What is pertussis (whooping cough)?
Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing. People with pertussis may make a “whooping” sound when they try to breathe and are gasping for air. In newborns (birth to 1 month), pertussis can be a life-threatening illness. Multiple recent outbreaks have demonstrated that infants who are younger than 3 months are at a very high risk of severe infection.

What is Tdap?
Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine is used to prevent three infections: tetanus, diphtheria, and pertussis.

I am pregnant. Should I get a Tdap shot?
Yes. All pregnant women should receive a Tdap vaccine preferably between 27 weeks and 36 weeks of gestation. The Tdap vaccine is an effective and safe way to protect you and your baby from serious illness and complications of pertussis. The Tdap vaccine should be administered during each pregnancy.

Is it safe to receive the Tdap shot during pregnancy?
Yes. There are no theoretical or proven concerns about the safety of the Tdap vaccine (or other inactivated vaccines like Tdap) during pregnancy. The available data demonstrate that the vaccine is safe when given to pregnant women or women in the postpartum period.

During which trimester is it safe to receive a Tdap shot?
It is safe to get the Tdap vaccine during all trimesters of pregnancy. Experts recommend that Tdap be administered to you during the third trimester of your pregnancy (ideally between 27 weeks and 36 weeks of gestation) to maximize the protection of your newborn. The newborn protection occurs because the protective antibodies you make after being vaccinated are transferred to the fetus and protect your newborn until he or she begins to receive the vaccines against pertussis (at 2 months of age).
Can newborns be vaccinated against pertussis?
No. Newborns cannot begin their vaccine series against pertussis until 2 months of age because the vaccine does not work in the first few weeks of life. That is partly why infants are at a higher risk of getting pertussis and getting very ill early in life.

What else can I do to protect my baby against pertussis?
Getting your Tdap shot is the most important step in protecting yourself and your baby against pertussis. It is also important to make sure all family members and caregivers are up to date with their vaccines and, if necessary, that they receive the Tdap vaccination at least 2 weeks before having contact with your baby. This creates a safety “cocoon” of vaccinated caregivers around your baby.

I am breastfeeding my baby. Is it safe to get vaccinated with Tdap?
Yes. The Tdap vaccine can safely be given to breastfeeding mothers if they have not been previously vaccinated with Tdap.

I did not receive my Tdap shot during pregnancy. Do I still need to be vaccinated?
For women not previously vaccinated with Tdap, if Tdap was not administered during pregnancy, it should be administered immediately postpartum.

I got my Tdap shot with my previous pregnancy. Do I need to be vaccinated with Tdap again in this pregnancy?
Yes. All pregnant women should be vaccinated with Tdap during each pregnancy preferably between 27 weeks and 36 weeks of gestation. This time frame is recommended in order to generate the most protection for the mother and fetus because this appears to maximize the antibodies in the newborn at birth.

I received a Tdap shot early in this pregnancy before 27–36 weeks of gestation. Do I need to get another Tdap shot during 27–36 weeks of gestation?
A pregnant woman should not be re-vaccinated later in the same pregnancy if she received the vaccine in the first or second trimester.
Patient Name: ___________________________ Account Number: ____________

I have read and understand the contents of the delivery information (28 week patient education packet). I have reviewed this information with a physician and/or midwife. I understand the risks, benefits, side effects and alternatives of all items in this packet. I have been offered the opportunity to ask any questions and all my questions have been answered.

_____ Risks and complications of delivery

_____ Inducing labor

_____ Medications commonly used in labor & delivery, C-section

C-section video

_____ I VIEWED or DECLINED to view the C-section video. I understand that the C-section video is an educational opportunity.

Collection & donation of cord blood and placental tissue

_____ I CHOOSE or DO NOT choose to participate in private cord blood banking.

_____ I acknowledge that SCWH has a professional and financial interest in the collection of placenta membranes for the medical treatment of patients, and ongoing research. All profits obtained by SCWH will be given to charity. I choose to donate my placenta if I have a scheduled cesarean section.

Family planning/Permanent Sterilization

_____ Yes, I am considering one of the methods of permanent sterilization.

Insurance: _____________________________________________________________

_____ No, I am not considering one of the methods of permanent sterilization.

HIV/Syphilis screening

_____ I CHOOSE or DECLINE HIV and syphilis laboratory testing.

_________________________________ ________________________________
Patient Signature Date

_________________________________
Provider Signature
SCREENING QUESTIONS FOR Tdap IMMUNIZATION

1. Have you ever had a life-threatening or allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine, OR do you have a severe allergy to any part of this vaccine? 
   ___YES  ___NO  ___UNSURE

2. Have you ever had severe pain or swelling after any vaccine containing diphtheria, tetanus, or pertussis? 
   ___YES  ___NO  ___UNSURE

3. Have you ever had a coma, long or multiple seizures within 7 days after a childhood dose of DTP or DTaP? 
   ___YES  ___NO  ___UNSURE

4. Are you allergic to latex? 
   ___YES  ___NO  ___UNSURE

5. Have you had Guillain-Barre Syndrome? 
   ___YES  ___NO  ___UNSURE

6. Do you have epilepsy or another nervous system problem? 
   ___YES  ___NO  ___UNSURE

“I have read or had explained to me the information contained in the 5/9/2013 Vaccine Information Statement about the diseases and the Tdap vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that the vaccine indicated below will be given to me or the person named below for whom I am authorized to make this request.”

Name (Print):_____________________________________________________ Date of Birth:__________________

Signature:_____________________________________________________________________________________

Immunization dosage 0.5 mL IM
Manufacturer: GlaxoSmithKline
Boosterix
Lot Number: Expiration date: NDC:
Injection site: Left/Right deltoid IM Date of injection:__________________

Administer by:____________________________ Ordering provider:____________________________
Staff Only:

I choose to DECLINE the Tdap vaccine/injection offered by Southern Crescent Women’s Healthcare.

Signature_________________________ Date_________________________