Explanation Protocol on Induction of Labor

Name: First name: Date of birth:

You are scheduled to have an induction of labor. This has already been discussed with you personally, as well as the possible alternatives and their risks: Further follow-up examinations or the performance of a Cesarean section have been deferred. Below we give you information about the process and the risks of induction of labor. Please ask about anything that is unclear to you or seems important; but also let us know if you do not want any further explanations.

Methods of induction of labor
Different methods are used to initiate and accelerate delivery. The choice of method depends mainly on cervical maturation and possibly on previous deliveries. The riper the cervix, the higher the chances of successful induction of labor.
Regardless of the drugs used for induction of labor, the process can last for hours or sometimes even several days. If the cervical os is immature, the administration of prostaglandins is more successful and gentler. Prostaglandins are hormone-like substances that soften the cervix and induce contractions.

The following methods can be used for induction:

- Misoprostol vaginal tampon
- Prostaglandin E2 vaginal tampon or vaginal suppository
- Infusion of the uterotonic oxytocin, with opening of the amniotic sac
- Insertion of a balloon catheter into the uterine cervix. The catheter is inserted through the vagina and extends with its tip into the lower part of the uterus.

Generally, the method that best suits your situation is chosen. Sometimes individual methods are used one after the other. We will be pleased to discuss your wishes on the methods of induction with you. If no effective contractions have commenced by 24-48 hours after initiation of induction, we will review the entire situation with you.

Risks and side effects of induction of labor
The following risks and side effects may occur during induction with the above methods:
- Overstimulation of the uterus and a change in fetal heart sounds, which may affect the infant and indicate a need for Cesarean section.
- Rupture of the uterus: A rupture of the uterus is very rare (less than 1%), but can cause severe bleeding. The child is in acute danger and an emergency Cesarean section is required. If you have had a previous Cesarean section or other operation with opening of the uterine cavity (e.g. removal of fibroids), the risk of uterine rupture is increased. In such situations, every induction of labor must be weighed with extra caution. Please also refer to the information sheet of the Swiss Society for Gynecology and Obstetrics on induction of labor after earlier Cesarean section.

Costs A medically indicated induction of labor is a mandatory service of the health insurance company.

gynécologie suisse — Société Suisse de Gynécologie et d'Obstétrique / Schweizerische Gesellschaft für Gynäkologie und Geburtshilfe / Società Svizzera di Ginecologia e Ostetricia

FMCH

FMH — Verbindung der Schweizer Ärztinnen und Ärzte / Fédération des médecins suisses / Federazione dei medici svizzeri / Swiss Medical Association

spo PATIENTEN SCHUTZ

Your questions:

_____

_____

_____

Explanatory consultation

Interpreter:

_____

Induction of labor is being performed for the following reason:

_____

Notes of the doctor for the information interview (waiver of explanation with indication of the reason, individual risk-increasing circumstances: age, obesity, maternal or fetal health problems, off-label use or contraindications due to status post Cesarean section, high parity, twin pregnancy, premature birth etc.):

_____

_____

_____

Date: Time: Duration of explanatory consultation:

_____

Treatment order

Dr. _____ has had an informative talk with me. I understood the explanations and was able to ask any questions I had. I know the possible alternatives to the induction of labor: defer, or Cesarean section. I received a copy of the interview protocol.
I agree to the induction of labor.

Place, date: Expectant woman:

_____

The text of this sheet was discussed with the expectant woman, the questions answered and a copy of this explanation protocol given to her.

Date, time   Doctor:

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