

Information Protocol for External Cephalic Version for Breech Presentation

Name:

First name:

Date of birth:

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

Reasons for the procedure: In order to prevent complications during childbirth, this procedure is used to change the position of a baby who has her buttocks pointing downwards in the uterus instead of her head.

Surgical method: The doctor changes the position of the baby by applying pressure to the mother's abdomen in order to make the baby turn around.

Risks and complications: In approximately 20-30% of cases, the procedure does not work. If there is any doubt that the baby could be harmed by the procedure or has suffered, a caesarean section will be considered in exceptional cases.

After the procedure: You may feel mild pain in your lower abdomen which is attributable to uterine contractions. If your blood type is rhesus negative, you will be given an injection of anti-Rh antibodies. This will prevent your body producing these antibodies itself and potentially harming the development of the fetus.

Cost: The procedure is a standard benefit covered by health insurance. If you have supplementary insurance, clarify the services carefully before hospitalisation.

Your questions:

Explanatory consultation

Interpreter:

Proposed operation:

Outline of the operation: (surgical method, incision, what will be removed, reconstructed etc. side designation left/right)

Doctor's notes on explanatory consultation (waiver of explanation stating reason, individual risk factors: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date, Time:

Duration of explanatory consultation:

Treatment Contract

Dr. _____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had.

I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.

Place, date:

Patient:

The text on the front page has been discussed with the patient, any questions answered and a copy of this information protocol has been given to the patient.

Date, time:

Doctor: