SIGNATURE HEALTHCARE
BROCKTON HOSPITAL

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Consent for Special Procedure

I, _____Carla Semedo Varela_____, hereby authorize my physician or midwife,_____Barbara Wax_____, together with such assistants as he/she may designate, to perform the following special procedure.

Labor management vaginal delivery, episiotomy (cut to the vaginal opening), assisted delivery^ (forceps or vacuum), emergent cesarean section and emergent care to the baby after delivery including: resuscitation, intubation (breathing tube in the windpipe), placement of catheters in the umbilical cord and blood transfijsion.

RISKS INCLUDE: infection, bleeding, damage to vagina, bowel, bladder, tireters. uterus, blood transfusion, possible injun' to baby, possible hysterectomy (removal of the uterus), death. Risks to the baby include damage to the throat or windpipe, clotting around the catheter, bleeding and blood infection, and death. And such additional operadons or procedures as are considered necessar\' on the basis of findings during the course of said special procedure. Any tissues or parts surgically removed may be disposed of by Signature Healthcare Brockton Hospital in accordance with accustomed practice.

The nature, extent and purpose of the operation, possible alternative methods or treatment, the risks involved, and the possibilit>' of complications have been fiilly explained to me. I acknowledge that no guarantee has been made as to the results that may be obtained.

1 understand that a blood transfusion may be necessai>', and 1 hereby consent to the transfusion of blood^lood products. I have received an explanation of risks, benefits and alternatives to a transfusion.

I certify that I have read and fully understand the above consent, that explanations have been made, and that the physician or midwife has answered all of my questions.

7/28/20 _____   2:JTP _____   _____Carla Semedo Varela_____
Date   Time   Patient

_____Wax, CNM_____   _____Adilson B. Fernandes_____
(Physician/Midwife Signature)   Responsible Relative or Guardian

_____Barbara Wax, CNM_____
Print Name

_-|-U^)Jor\fYir_____
Relationship