

Consent requirements for pregnancy and birth

A valid consent from the patient or the substitute decision maker is a legal requirement prior to performing a test, procedure or treatment. This document summarises section 10.2 of the Consent to Medical and Healthcare Treatment Manual – Information and Consent Requirements for Pregnancy and birth related tests, procedures and interventions.

Procedure:	Type of consent required:
<p>Tests (antenatal) Examples include: Blood, CTG, Ultrasounds</p>	<ul style="list-style-type: none"> Do not require written consent. Oral consent (or informed refusal) to be recorded in Health Record.
<p>Spontaneous vaginal birth</p>	<ul style="list-style-type: none"> Does not require written consent.
<p>Planned Interventions Examples include:</p> <ul style="list-style-type: none"> Elective caesarean section Vaginal Birth After Caesarean Induction of labour Planned vaginal twin birth Planned vaginal breech External Cephalic Version Termination of Pregnancy 	<ul style="list-style-type: none"> Written consent required for all planned interventions prior to procedure to be recorded using the <i>Consent to Medical Treatment/Procedure (Adult with Capacity) Form</i>. Consent should be confirmed on the day of the procedure and documented in the Health Record.
<p>Unplanned Interventions Performed in operating theatre: Examples include:</p> <ul style="list-style-type: none"> Emergency caesarean Trial of instrumental birth Repair of severe perineal trauma Manual removal of placenta Insertion of Bakri Balloon or other postpartum haemorrhage procedures 	<ul style="list-style-type: none"> Written consent, where practicable in the circumstances and where time allows, should be recorded using the <i>Consent to Medical Treatment/Procedure (Adult with Capacity) Form</i> prior to intervention. Written consent is not required in an emergency to save a life, however a woman's implied or oral consent should be recorded in the Health Record.
<p>Performed in Birth Unit: Examples include:</p> <ul style="list-style-type: none"> Instrumental births Epidural block Perineal repairs (third/fourth degree) Manual removal of placenta 	<ul style="list-style-type: none"> Written consent, where practicable in the circumstances and where time allows, should be recorded using the <i>Consent to Medical Treatment/Procedure (Adult with Capacity) Form</i> prior to intervention. Written consent is not required in an emergency to save a life, however a woman's implied or oral consent should be recorded in the Health Record. For perineal repair without external anal sphincter involvement that is performed under local anaesthesia, written consent is not required. Verbal consent is required and must be recorded in the Health Record for episiotomy; perineal repair without external anal sphincter involvement; all vaginal examinations; artificial rupture of membranes; application of fetal scalp electrode; and fetal scalp sampling.

* For more information about consent and refusal of treatment see section 9.14 of the Consent Manual.