Queensland Government

Induction of Labour Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

On this consent form and patient information sheet, the words 'I/you/your/me/my' mean the woman or another person who is providing consent on behalf of the woman.

This consent form and patient information sheet uses the terms 'woman' and 'women' and aligns to the Queensland Clinical Guidelines. It is recognised that individuals have diverse gender identities, and this document includes people who are pregnant or give birth and who do not identify as female.

A. Does the woman have capacity to provide consent?

Complete for ADULT woman only

☐ Yes ➔ ***GO TO*** *section B*

☐ No ➔ ***COMPLETE*** *section A*

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

Complete for CHILD/YOUNG PERSON patient only

☐ Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – 'Gillick competence' (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112). See the *'Guide to Informed Decision-making in Health Care'* www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare for further information.

➔ ***GO TO*** *section B*

☐ No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form.

➔ ***COMPLETE*** *section A*

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures. Complete the source of decision-making authority as applicable below.

Name of parent/legal guardian/other person:

Relationship to child/young person:

B. Is an interpreter required?

☐ Yes ☐ No

If *yes*, the interpreter has translated:

☐ in person ☐ over the telephone

A verbal translation is a summary of the form.

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

C. Induction details

I confirm that the doctor/midwife has explained the following procedure and I consent to:

Induction of labour	☐ Yes	
Membrane sweep	☐ Yes	☐ No
Method of induction:		
Balloon catheter	☐ Yes	☐ No
Prostaglandin	☐ Yes	☐ No
Artificial rupture of membranes	☐ Yes	☐ No
Oxytocin	☐ Yes	☐ No

D. Risks specific to the woman in having an induction of labour

The risks and possible complications depend on:

- The reason for your induction, which is:
- The method of induction
- Your individual condition and circumstances

Additional risks not included in the patient information sheet include *(doctor/midwife to document):*

DO NOT WRITE IN THIS BINDING MARGIN

INDUCTION OF LABOUR CONSENT

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Clinical content review: 2024
Clinical check: 06/2024
Published: 06/2024
SW9642

Queensland Government

Induction of Labour Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

E. Risks specific to the woman in *not* having an induction of labour

(Doctor/midwife to document specific risks in not having an induction of labour):

F. Alternative procedure options

(Doctor/midwife to document alternative procedures not included in the patient information sheet):

G. Acknowledgement and consent

I acknowledge that the doctor/midwife has explained and I understand:

- ☐ the 'Induction of Labour' patient information sheet
- ☐ the reason for the induction of labour and proposed method, including the possibility of additional treatment
- ☐ the specific risks and benefits of the procedure
- ☐ the prognosis and risks of not having the procedure
- ☐ alternative procedure options
- ☐ that there is no guarantee the procedure will improve my and/or my baby's medical condition
- ☐ that if the procedure may lead to the need for a blood or blood products transfusion, an additional consent form will be required
- ☐ that if an immediate life-threatening event happens during the procedure:
  - for an adult patient, health care will be provided based on their AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
  - for a child/young person, health care will be provided in accordance with good clinical practice and in the best interests of the patient
- ☐ that a doctor/midwife other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
- ☐ that if the doctor/midwife wishes to record video, audio or images during the procedure where the recording is not required as part of the procedure (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way
- ☐ I was able to ask questions and raise concerns with the doctor/midwife
- ☐ I understand I have the right to change my mind regarding consent at any time, including after signing this form *(please let your doctor or midwife know)*.

I have received the following consent and patient information sheet(s):

- ☐ 'Induction of Labour'
- ☐ Other *(specify)*:

Queensland Government

Induction of Labour Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

On the basis of the above statements,

I consent to having an induction of labour.

Name of woman/substitute decision-maker/parent/legal guardian/other person:

Signature: Date:

If the woman is a child/young person:

☐ I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure *(not applicable if the child/young person is Gillick competent and signs this form)*.

H. Information for the doctor/midwife

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor/midwife:

Designation:

Signature: Date:

I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s): ☐ Yes ☐ No
- assist with examination(s)/procedure(s): ☐ Yes ☐ No
- conduct examination(s)/procedure(s): ☐ Yes ☐ No

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure. For further information please see www.health.qld.gov.au/consent/students

J. Additional notes

(To use if Sections A–I require additional documentation):

Queensland Government

Induction of Labour

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

The information below aims to answer some commonly asked questions about induction of labour. Informed consent and woman and person centred care are integral to health care in Queensland. Your doctor and midwife will discuss the procedure as it relates to your situation, including the reason for, benefits and risks of the procedure and other options. Ask your doctor and/or midwife if you have questions. Decisions about your care are always up to you.

If the consent form is completed, your doctor will include the consent and a copy of this patient information sheet in your medical record.

1. What is an induction of labour and how will it help me and/or my baby?

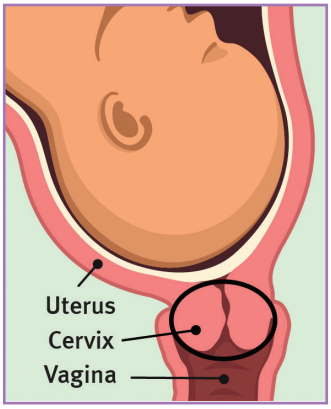

Image: Illustration of uterus, cervix and vagina. ID: 1388896709. www.shutterstock.com

An induction of labour (induction) is a process to start your labour artificially.

An induction may be recommended by your doctor or midwife if they believe it would be better for your baby to be born earlier rather than waiting for your labour to start by itself. This might be if there are concerns for either your or your baby's well-being, or you are more than 41 weeks pregnant.

Your induction may have two parts, depending on how your body responds to Part 1:

- **Part 1:** A medicine (prostaglandin) or a device (balloon catheter) may be used to soften, shorten and open your cervix, which is the lowest area of your uterus (womb). Your cervix is closed during pregnancy and opens during labour, to let your baby pass through your vagina and be born.
- **Part 2:** Breaking your waters (artificial rupture of membranes) and/or a medicine (oxytocin) may be given through an intravenous (I.V.) drip, to start your contractions. Note, this may be done the day after Part 1.

Induction when you are overdue

The risk of stillbirth when you reach 40 weeks of pregnancy (your baby's 'due date') is very low. However, this risk increases the longer your pregnancy goes past the due date. After you reach 41 weeks of pregnancy, an induction is recommended. An induction is recommended because compared to waiting for labour to start on its own, you are:

- less likely to have a stillborn baby
- less likely to need a caesarean birth
- less likely to have a baby that needs special care in a neonatal unit.

Unless there are health concerns for you and/or your baby, induction is not usually recommended earlier than 41 weeks of pregnancy. Although there is always some risk of stillbirth, the actual chance is very small. Babies born before their due date can have problems because they have not finished growing and developing. More information is available on the website www.everyweekcounts.com.au/

An induction is recommended for me because:

Watch a short video about induction of labour at https://youtu.be/sQq-PS-Z7Ao [1].

Induction of Labour

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Preparing for an induction

Making an informed decision

Before making any decisions about having an induction, you have the right to be fully informed, including about the benefits, risks and any uncertainties of all the available care options in your situation.

Your doctor and/or midwife will talk with you about:

- Why the induction is recommended for you.
- The induction method and process recommmended for your situation.
- Any benefits and risks of induction for you and your baby.
- Any benefits and risks of continuing your pregnancy and waiting for your labour to start naturally, for you and your baby.
- Your options if the induction does not work.
- Other practical aspects, such as whether your birthing partner can stay with you before labour begins.
- How long your induction may take. Labour will usually start within 12 hours of an induction, however no one can predict exactly how long it will take. Sometimes it can take 2 days before labour begins after an induction.
- Once the induction is commenced it is recommended to continue until your baby is born.

It is also important to know that if you decide to have an induction:

- On the day of the induction, your consent will be obtained before any vaginal examination or procedure occurs.
- You may need more vaginal examinations and interventions than if your labour started on its own.
- You may have frequent and then continuous monitoring of your baby's heart beat and your contractions.
- You may have a 'drip' inserted in your arm to give you fluids and medications.
- It can be more difficult to move around freely when you are attached to a monitor and/or a drip.It may affect where you can give birth, as some birthing hospitals do not perform inductions.
- It may affect your access to water immersion or water birth.
- Your induction date needs to be booked in.

Ask your doctor and/or midwife any questions you may have. This can include anything that was not explained clearly to you or you would like more information about. Questions you could ask include:

- Do I need the induction now or can I wait?
- What are my chances of needing pain relief, and what are my options?
- What are my chances of an instrumental and/or a caesarean birth?
- How can my induction be tailored to meet my labour and birth preferences?
- What happens if I do not want some, or any, of the vaginal examinations?
- What happens if I do not want monitoring?

If you would like further information and support, you can:

- Look online – some sources are provided in Section 6 below.
- Speak to your partner, friends and family.
- Speak with your doctor/midwife.

The final decision about whether or not to have an induction is yours. If you do not want an induction, your doctor or midwife will talk with you about your ongoing care and monitoring.

Induction of Labour

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Vaginal examination and membrane sweep

A membrane sweep may be discussed and, with your consent, done during a vaginal examination, late in your pregnancy. This examination lets your doctor or midwife know how ready your cervix is for labour.

A membrane sweep separates the membranes around your baby from your cervix. It may help start labour.

A membrane sweep can be uncomfortable, and you may have a small amount of vaginal bleeding and some cramping afterwards.

You do not usually need to stay in hospital after a membrane sweep. Sometimes you may be offered more than one membrane sweep.

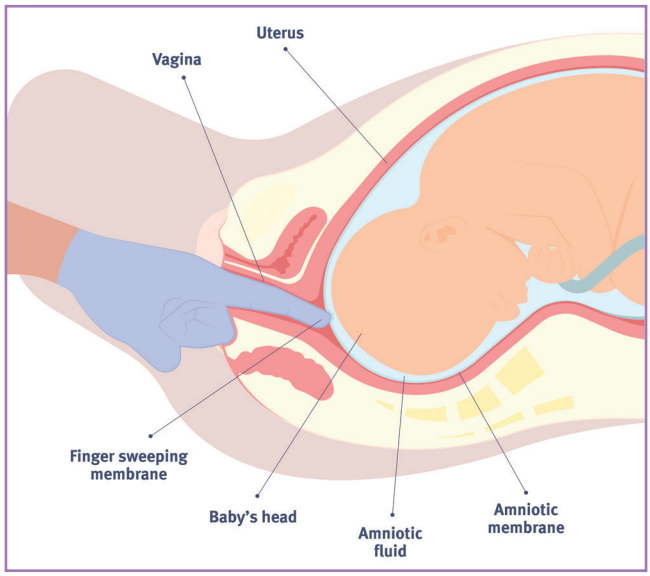

Image: Illustration of membrane sweeping.
ID: 2019495026. www.shutterstock.com

Your induction booking

You will be given either a time frame that your induction will be started in, or a specific date and time. You will also be told where to go in the hospital.

Sometimes your induction may need to be delayed if the birth suite is unexpectedly busy or there is an emergency.

If you have concerns, contact your midwife or go to hospital.

During the induction

After you arrive at the hospital on the day of your induction you will need to have a number of examinations before your induction can start. These examinations include:

- a vaginal examination; and
- an examination of your abdomen.

Your observations (blood pressure, heart rate, and respiratory rate) and a recording of your baby's heart beat and rate will also be undertaken. These examinations will help the doctor/midwife decide which induction method is best for you. Not everyone needs both parts of the induction process.

For most inductions, an intravenous (I.V.) cannula (small plastic tube) will be inserted into a vein, usually, in your hand or arm. If needed, it will be used as an I.V. 'drip' to give you fluids and/or medications.

Part 1: Softening, shortening and opening your cervix

You may be offered a balloon catheter and/or prostaglandins to soften and shorten your cervix.

You may feel contractions, and these may cause you discomfort.

Balloon catheter

A soft, thin tube (catheter) is passed into your vagina and through your cervix. Then one or two small balloons at the end of the catheter are filled with water. When the catheter is inserted and afterwards, you may find it uncomfortable.

Induction of Labour

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

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Family name:

Given name(s):

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Date of birth: Sex: ☐ M ☐ F ☐ I

The balloon(s) helps the cervix to soften and open (dilate). The balloon catheter is usually left in for 12 hours.

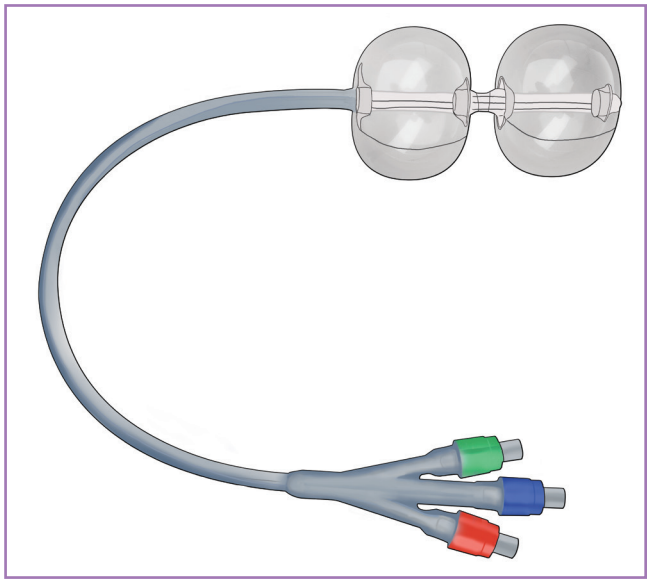

Image: Illustration of double balloon catheter. MNHHS Clinical Multimedia.

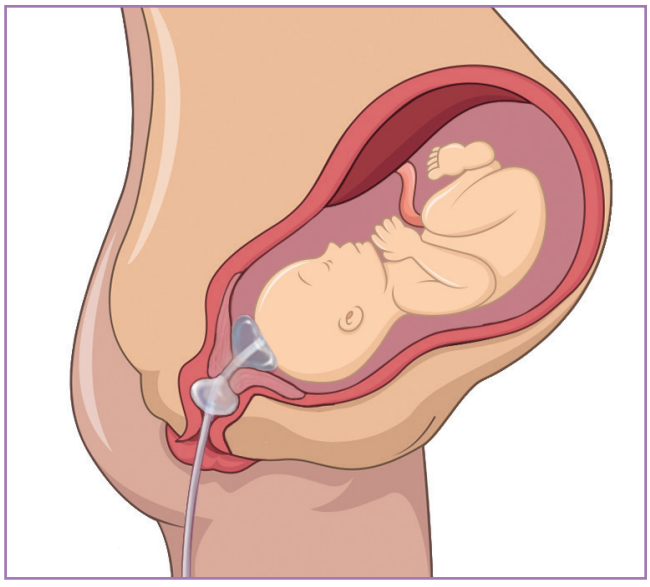

Image: Ilustration of balloon catheter inserted through the cervix. MNHHS Clinical Multimedia.

In some hospitals, you may be given the option to go home once the catheter is in place. Your hospital will let you know when you need to go back to the hospital.

Sometimes the catheter falls out as your cervix opens. This is okay. If it falls out, you will be asked to have another vaginal examination to assess your cervix, but this could be the following day.

Prostaglandin

Prostaglandins are naturally produced by the body. They prepare the cervix for labour.

A gel or a piece of medical tape that contains artificial prostaglandin may be inserted into your vagina, near your cervix. Prostaglandin causes your cervix to soften and open (dilate). Your hospital may also offer you an oral prostaglandin tablet. These are not available in all hospitals.

If the tape is inserted:

- The end of the tape will be visible at the opening to your vagina, similar to a tampon string.
- You may need to stay lying down for a short time.
- Your baby will be monitored with a Cardiotocograph (CTG) machine for at least 20 minutes.
- It may take up to 24 hours to work.

If the gel is inserted:

- You may need multiple (given every 6–8 hours) over 12–24 hours.

You may have cramps, pain and/or contractions after the tape or gel is inserted. These may not be effective (i.e. they won't change your cervix), and are a very normal part of an induction. These will likely stop as the medicine wears off.

After 6–12 hours your cervix will be checked to see whether it is softening and starting to open.

Sometimes more gel or another method is needed.

(Affix identification label here)

URN:

Family name:

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Date of birth: Sex: ☐ M ☐ F ☐ I

If you receive prostaglandins, you will need to stay in hospital, as your contractions and your baby's heart rate will need to be monitored.

Tell your midwife or doctor straight away if you experience:

- Signs and symptoms your labour is starting:
  - painful, regular contractions 5 minutes apart for your first baby, or 10 minutes apart if you have given birth before
  - your waters break
- Signs and symptoms that something could be wrong:
  - you start bleeding
  - your baby's movements change
  - the contractions are very close together or lasting a long time
  - you feel that something is not right
- You may also experience the following signs and symptoms after prostaglandin:
  - a sore vagina
  - nausea, vomiting or diarrhoea
  - other adverse effects are listed in Section 2 below

How long will Part 1 take?

It may take 12–72 hours or more to soften, shorten and open your cervix. Sometimes more than one method is needed, making it take longer.

If labour does not start, sometimes you will be able to go home and asked to come back to continue the induction.

Although your labour may start, you may still require other methods of induction, such as breaking your waters and/or oxytocin.

Part 2: Breaking your waters and/or oxytocin

When your cervix is ready, your doctor/midwife will offer to break your waters and/or start a medication (oxytocin) to begin your contractions.

Artificial rupture of membranes (ARM)/ breaking your waters

During a vaginal examination, the doctor or midwife, will make sure it is safe for an ARM. Before an ARM can be done, your cervix needs to be ready for labour and your baby's head pressed against your cervix.

They will then use a thin, plastic hook to make a hole in the sac surrounding your baby, allowing your waters (amniotic fluid) to drain out. This examination may be uncomfortable. Breaking your waters, itself, is not painful. You may feel a trickle or a gush from your vagina, and this may continue during your labour. Pads or linen will be placed underneath you to soak up the fluid.

If there is blood or your baby's poo (meconium) in the amniotic fluid, continuous monitoring with a CTG will be recommended. The CTG monitors your contractions and baby's heartbeat until your baby is born.

Breaking your waters may be enough to start your contractions. However, oxytocin is usually needed.

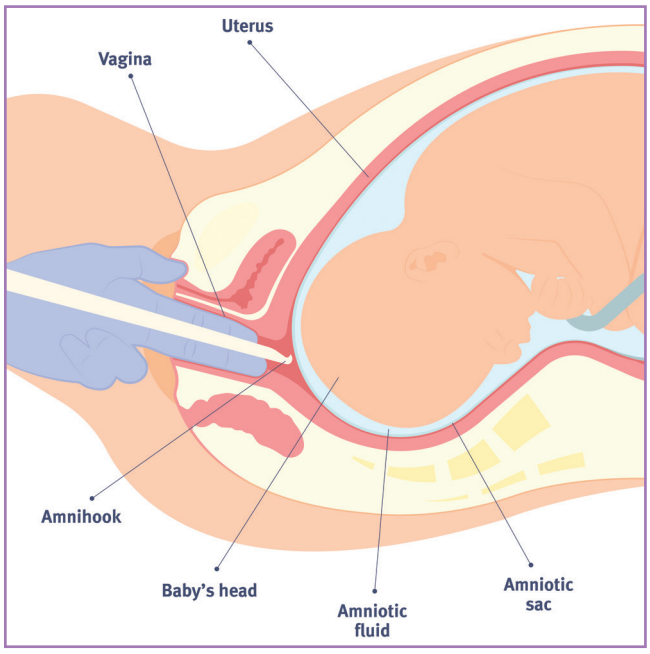

Image: Illustration of artificial rupture of membranes.
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(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Oxytocin
Natural oxytocin is a hormone that causes your uterus to contract.

Artificial or synthetic oxytocin, is sometimes called 'syntocinon'/'synto'. It is given in an I.V. drip and is usually only started after your waters have broken. You can discuss with your doctor/midwife when each step will commence. You may prefer a short time before commencing the oxytocin drip, or the team may recommend delaying procedures. Each step should only commence when you feel ready to proceed. The initial oxytocin dose is small, and this is slowly increased until your contractions are regular and strong.

Constant monitoring of your contractions and your baby's heartbeat with a CTG is recommended with oxytocin. It is more difficult to move around with a drip and CTG. Your midwife will help you move around if required.

Oxytocin makes your contractions stronger, more frequent, intense and/or painful than in natural labour, so you may need support managing your pain. You can request, or may be offered, various forms of pain relief, such as gas, an injection of morphine or an epidural.

If your contractions become too strong, last too long or the CTG shows there could be problems with your baby's heartbeat, the oxytocin can be slowed down or turned off. Otherwise, the oxytocin is usually continued until your baby is born. If there are further concerns with your baby's heart beat, your midwife may talk to you about having internal monitoring with a fetal scalp electrode.

How long will Part 2 take?
After your contractions start, your labour can take 12 hours or more. The time is different for everyone. It may be shorter or longer.

2. What are the risks?

In recommending an induction, your doctor/midwife believes that the benefits to you and/or your baby from having the induction exceed the risks involved. The risks and possible complications depend on:
- the reason for your induction
- the method of induction
- your individual situation.

There are risks and possible complications associated with the procedure which can occur with anyone who has an induction – these are set out below.

Your doctor/midwife will discuss any additional risks, specific to your individual condition and circumstances, with you. If your maternity service uses an induction consent form, these should be written on the consent form before you sign it.

Common risks and complications

- Minor pain, bruising and/or infection from the I.V. cannula.
- **Contractions that are too frequent, long or strong:** These contractions may cause your baby to become distressed. Monitoring your contractions and baby's heart rate can help detect problems early.
  - If required, the prostaglandin tape will be removed, and the oxytocin infusion can be stopped. You may also be given another medicine to relax your uterus.
  - Sometimes a baby that is distressed needs to be born quickly. If this happens, you might need a caesarean, or a vaginal birth assisted by instruments.
- Pain and discomfort: Let your midwife know if you are in pain.

(Affix identification label here)

URN:

Family name:

Given name(s):

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Date of birth: Sex: ☐ M ☐ F ☐ I

- **Prostaglandin[1]:** Nausea, vomiting, diarrhoea, vaginal pain, back pain, transient high or low Blood Pressure (BP), bronchoconstriction (wheezing and shortness of breath), headache, epigastric pain (discomfort or an ache just beneath your rib cage), vasovagal symptoms (such as hot flushes, shivering), blurred vision, fever. Let your midwife know if you experience any of these symptoms. Treatment will depend on your symptoms.
- **Excessive bleeding after birthing:** This occurs if the muscles in your uterus do not contract well (uterine atony). You may need additional medication to help contract your uterus. Sometimes it can lead to serious bleeding requiring blood products to be given.
- Bleeding or bruising is more common if you have been taking blood-thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover), prasugrel, dipyridamole (Persantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/ alternative medicines, such as fish oil and turmeric.

Uncommon risks and complications

- **Labour does not start:** Your doctor or midwife will discuss other options with you. These may include having a caesarean or trying the induction again later. It depends on your individual circumstances. Talk to your doctor or midwife about what your options might be if this happens.
- **Oxytocin:** Nausea and vomiting; headache.
- Caesarean section under a general anaesthetic if the baby needs to be born quickly.

Rare risks and complications

- **ARM (Breaking your waters):**
  - **Cord prolapse:** When your baby's umbilical cord comes out before your baby is born. Emergency care, which requires a caesarean, is required.
  - **Cord compression:** When your baby's umbilical cord is squeezed or squashed, it can restrict oxygen getting to your baby. Treatment will depend on your baby's fetal heart rate monitoring. Often changing your position is all that is required.
- **Rupture of vasa praevia:** Vasa previa is usually diagnosed much earlier in pregnancy and a caesarean birth planned. It occurs when blood vessels from the umbilical cord have formed in the membranes away from the placenta. When your waters break these blood vessels can burst and cause severe blood loss for your baby. Emergency care, including a caesarean, is required.
- **Allergic reactions:** To prostaglandin and/or oxytocin. In extremely rare circumstances, emergency care may be required.
- **Uterine rupture:** If your uterus tears, it is life-threatening for you and your baby. There is a greater risk of this complication if you have had a previous caesarean or uterine surgery. Emergency care, including a caesarean, is required and your uterus may need to be removed.
- **Amniotic Fluid Embolism (AFE):** If amniotic fluid enters your bloodstream it can be life-threatening for you and your baby. It is unclear whether prostaglandin and/or oxytocin increases this risk[2]. An AFE can occur with a placental abruption (when the placenta, which provides oxygen to the baby, separates from the wall of the uterus). Emergency care may be required. This may include a caesarean.

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

- **Oxytocin[3]:**
  - Water intoxication: This can result in low sodium for you and your newborn baby, and/or pulmonary oedema (too much fluid in your lungs). Your fluid intake and output will be carefully monitored.
  - Irregular heartbeat, flushing, transient low BP, fast heart rate. These are all temporary symptoms.

What are the benefits and risks of not having an induction?

If you do not want an induction, you can wait and see what happens. You may go into labour on your own, or you might have an induction or a caesarean at a later date. If you decide not to have an induction, your doctor or midwife will recommend a plan for you and your baby.

It is important that you understand the benefits and risks of waiting for labour to start on its own, as well as for the induction. This will help you decide what is right for you and your baby.

If you decide not to have the induction, you will not be required to sign a consent form.

If you decline an induction, Queensland Health has resources to support you and your doctor and midwife. See Section 6.

Whatever your decision, including if you have already signed a consent form, you can change your mind at any time prior to, and possibly during the induction. However, it is not recommended to stop the induction process, once it has started, especially if your waters have broken (there will be a greater risk of infection).

3. Are there other ways to start labour?

Always talk to your doctor or midwife before trying to start your labour on your own.

Maintaining physical exercise, such as 30 minute walks, 3 times/week, may safely encourage labour to start.

The following may help you start labour: herbal supplements, acupuncture/ acupressure, homeopathy, sex and nipple stimulation. Currently, there is not enough known about the safety and/or effectiveness of these methods, and they are not recommended.

The following are unlikely to help start labour, are unpleasant and are potentially harmful: castor oil, hot baths and enemas. These methods are not recommended.

4. What should I expect after the induction?

Your ongoing care will depend on your personal birth experience and any interventions you have had, as well as the discussions you have had with your doctor/midwife about cord clamping and management of your placenta. Your care will also involve the usual expected assessments and monitoring of you and your baby.

5. Who will be performing my induction?

You will be seen and cared for by a midwife, specialist obstetrician, a GP with training in obstetrics and/or a registered doctor undergoing further training.

A doctor, other than the consultant or specialist, may be involved in your care. All trainees are supervised according to relevant professional guidelines.

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

If you have any concerns about which doctor or midwife will be performing your procedure, please discuss this with your doctor or midwife.

Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examinations or procedures.

A student may also, subject to your consent, assist with or perform a clinically necessary examination or procedure on you, including while you are under sedation or anaesthetic.

You are under no obligation to agree to any examinations or procedures, being observed or undertaken, by clinical students for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit www.health.qld.gov.au/consent/students

6. Where can I find support and more information?

Queensland Clinical Guidelines
Information for parents and carers
www.health.qld.gov.au/qcg/consumers

- Induction of labour
- Part 1 Induction of labour: cervical ripening
- Part 2 Induction of labour: breaking your waters and oxytocin
- *An information source for this patient information sheet.*

Pregnancy, Birth & Baby
www.pregnancybirthbaby.org.au/

- Induction of labour
- *An information source for this patient information sheet*
- Pregnancy, Birth and Baby Helpline (1800 882 436) free, confidential, professional counselling and information relating to conception, pregnancy, birthing and postnatal care. www.health.gov.au/pregnancyhelpline

MumSpace resources supporting mental and emotional wellbeing during and beyond pregnancy www.mumspace.com.au

Lifeline (13 11 14) telephone crisis support service www.lifeline.org.au

Informed Consent
www.health.qld.gov.au/consent

- Declining recommended maternity care resources for consumers and clinicians www.health.qld.gov.au/consent/clinician-resources/pwdrmc
- Further information on Informed Consent, including the Guide to Informed Decision-making in Health Care

First Nations consumers
Queensland Health recognises that First Nations Peoples' culture must be considered in the woman's clinical care to ensure their holistic health and individual needs are met. The following resources have been developed by and for First Nations women, consumers, health workers, and clinicians to support yarning. They may be started by you (e.g. at home and taken to a maternity appointment), or with your midwife, health worker and/or doctor:

- Maternity Care – It's Your Decision starting the yarn about your care
- Yarning and Supportive Care Plan: Declining Recommended Maternity Care
  When you do not want some care and there is an increased chance of clinical harm, this form will support you and your health care team to give you the care you want

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

- Further information www.health.qld.gov.au/consent/clinician-resources/pwdrmc

Women's Health Queensland Wide (1800 017 676) offers health promotion, information and education services for women and health professionals throughout Queensland www.womhealth.org.au

Hospital care: before, during and after www.qld.gov.au/health/services/hospital-care/before-after

Blood-thinning medications list www.health.qld.gov.au/consent/bloodthinner

Australian Charter of Healthcare Rights You can read about your healthcare rights www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-a4-accessible

Queensland Health respects the privacy of the woman and their families. To learn more about health records and personal information visit our website www.health.qld.gov.au/system-governance/records-privacy/health-personal

Staff are available to support your cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor or midwife.

7. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact:

- Your local maternity service or midwife, including for questions about your induction.
- 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

8. Questions

You can write down any questions you have here:

References:

1. The Royal Women's Hospital, Parkville VIC 3052. Induction of Labour. 2019.
2. Australian Medicines Handbook (online). Adelaide: Australian Medicines Handbook Pty Ltd; 2024 January. Available from https://amhonline.amh.net.au/
3. Queensland Clinical Guidelines. Induction of labour. Guideline No. MN22.22-V9-R27. Queensland Health. 2022. Available from: www.health.qld.gov.au/qcg