



**PATIENT REQUEST FOR A  
PLANNED CESAREAN SECTION  
INFORMED CONSENT FORM**

I, the undersigned, Ms (married name, maiden name, first name)..... born on ..... hereby request a **planned cesarean section** to be performed as from 39 weeks of amenorrhea in the absence of any formal medical indication to perform a cesarean section instead of attempting a vaginal birth.

I have been informed that a vaginal birth is considered in scientific literature as the preferred delivery method, **for pregnancies that unfold under normal conditions.**

I have been informed that the cesarean section, whose date is defined by the medical team, will take place once the fetus has fully matured, in accordance with scientific literature.

I have been informed by the obstetrician, Dr. ...., that a cesarean section, performed under normal conditions, carries **higher risks for the mother** of infection, hemorrhage, uterine atony (when the uterus fails to contract after the birth), hysterectomy (surgical removal of the uterus), blood transfusion and uterine wall abscess. It also causes a higher risk of complications in the event of a new pregnancy.

For the newborn, the **risk of respiratory distress** is higher with a cesarean than with a vaginal delivery. Lastly, as with any surgery requiring anesthesia, there is an extremely low risk of maternal mortality.

I have been informed of the permanent scar left by this surgical procedure. Regardless of the surgical competency of the doctor, the surgery may result in a keloid (cord-like) or hypertrophic scar, depending on my own skin's scarring characteristics.

All of my questions have been clarified.

I acknowledge:

- That I was clearly informed by the **obstetrician** about the obstetrical benefits and risks of undergoing a cesarean section on my request;
- That I was clearly informed by the **pediatrician** about the pediatric benefits and risks of undergoing a cesarean section on my request;



- That I was clearly informed by the **anesthesiologist** about the anesthesia-related benefits and risks of undergoing a cesarean section on my request;
- That I was given the **opportunity** to meet with the team's child psychiatrist specializing in perinatal matters;
- That I received and read the **informational document** on cesarean sections (sources: HAS, CNGOF).

Upon completion of the "Patient request for a planned cesarean section" procedure:

*(cross out the item below that does not apply)*

- I give my informed consent for a planned cesarean.
- I do not give my informed consent for a planned cesarean.

Date:

Place:

**Patient's** name and signature:

Date:

Place:

**Obstetrician's** name and signature:

Date:

Place:

**Pediatrician's** name and signature:

Date:

Place:

**Anesthesiologist's** name and signature: