

Konsènan Swen W Pandan Tranche ak Akouchman

About Your Care During Labor and Birth

Fè yon ti bebe se bagay natirèl. Pi fò manman ak ti bebe yo pase faz sa a san gwo pwoblèm. Menm lè sa, gen yon seri sitiyasyon ki toujou ka rive alafen gwosès la oswa pandan tranche yo. Bagay sa yo ka gen konsekans sou swen pa w ak swen bebe a ka bezwen.

Having a baby is natural. Most mothers and babies go through it without serious problems. Even so, some situations may arise near the end of your pregnancy or during labor. These can affect the care you or your baby may need.

Nou dekri anpil nan sitiyasyon sa yo pi ba a. Nou dekri yon seri pratik ou ka kontre nan lopital la tou. Mande doktè w, fam saj oswa enfimiyè w si w gen kesyon.

Many of those situations are described below. Some common practices you might experience at the hospital are also described. Ask your doctor, midwife, or any nurse if you have questions.

Tranche Labor

1. Yon enfimiyè ap travay ansanm ak doktè oswa fam saj ou pou ba w swen. Nan yon seri lopital, doktè a kap fè estaj (rezidan) ka ede tou nan ba w swen.

A nurse will work with your doctor or midwife to take care of you. In some hospitals, doctors who are in training (residents) may also help care for you.

2. Lòt estajyè ka patisipe nan ba w swen. Etidyan yo toujou sou sipèvizyon doktè w, fam saj ou oswa yon enfimiyè.

Other trainees may be involved in caring for you. Students are always supervised by your doctor, midwife, or a nurse.

3. Ou ka fè tès san pandan tranche yo.

You may have a blood test during labor.

4. Yon enfimiyè ka enstale yon monitè sou vant ou pou verifiye batman kè tibebe a. Si li nòmal, yo ka retire monitè a. Y ap gen pou yo verifiye batman kè bebe a ankò pandan tranche yo.

A nurse may put a monitor on your belly to check your baby's heartbeat. If it is normal, the monitor may be removed. The baby's heartbeat will be checked again during your labor.

5. Si batman kè tibebe w la mande pou yo verifiye l pi prè, ou ka gen pou mete monitè a pou pi lontan. Pafwa, jan kè ti bebe a ap bat la enkyetan, menm lè tibebe a byen. Rit sa yo ka difisil pou konprann. Ou gen plis chans fè sezaryèn oswa akouchman vajinal avèk vantouz oswa fòsèp lè batman kè ti bebe a bay enkyetid. Lè yo verifiye batman kè bebe a sa pa anpeche timoun nan sot paralize oswa fèt ak lòt malfòmasyon konjenital.

If your baby's heartbeat needs to be checked more closely, you might wear a monitor for longer. Sometimes the baby's heartbeat patterns cause concern, even when the baby is fine. These patterns can be hard to understand. Your chance of a cesarean or vaginal delivery with vacuum or forceps increases when your baby's pattern raises a concern. Checking your baby's heartbeat does not prevent cerebral palsy or birth defects.

6. Doktè w oswa fam saj ou ka mete yon elektwòd sou tèt bebe a anvan li fèt. Li ra anpil pou sa bay bebe a enfeksyon nan po tèt la.

Your doctor or midwife might place an electrode on your baby's head before he or she is born. Very rarely, this can cause infection of the baby's scalp.

7. Pafwa li posib pou chanje rit batman kè bebe a. Doktè w oswa fam saj la ka mete yon tib anndan matris ou pou ajoute likid ozalantou bebe a. Likid sa a yo ajoute a ka retire presyon ki genyen sou kòd lonbrik lan pandan tranche yo.

Sometimes it is possible to change the baby's heartbeat pattern. Your doctor or midwife can place a tube inside your womb and add fluid around the baby. This added fluid may take pressure off the umbilical cord during your labor.

8. Ou ka gen yon fil sewòm (IV) nan bra w pandan tranche yo. Yo fè sa pou ba w likid anplis, medikaman pou soulaje doulè oswa pou ba w antibyotik.

You may have an intravenous line (IV) in your arm during labor. This is used to give you extra fluids, pain relief drugs, or antibiotics.

9. Yo ka soulaje doulè w santi pandan tranche yo plizyè fason. Ou ka chwazi fè ti mache, pran yon beny oswa yon douch, fè ekzèsis respire, pran masaj oubyen yon konbinezon bagay sa yo. Doktè w ak fam saj la ka lofri w lòt opsyon ki pa gen danje ladan:

Pain you feel during labor can be relieved many ways. You might choose walking, a bath or shower, breathing, massage, or a combination. Your doctor or midwife can offer you other, safe choices:

Medikaman: Yo ka ba w medikaman pou soulaje doulè w ak yon zegwi (piki) oswa nan fil sewòm (IV). Ou ka vin anvi dòmi. Reyaksyon alèji ra.

Medication: You get pain relief medication by needle (a "shot") or through an IV line. You may get sleepy. Allergic reactions are rare.

Epidiral: Yon doktè ka mete yon tib tou fen nan do w. Sa pran 20 minit konsa. Yo ba w medikaman nan tib lan pou soulaje pi fò doulè tranche w.

Epidural: A doctor places a thin tube in your back. This takes about 20 minutes. You can then get drugs through the tube that will relieve most of your labor pain.

10. Si tranche yo ralanti, doktè w oswa fam saj ou ka ba w ositosin nan sewòm pou fè kontraksyon yo vin pi fò epi pi rapwoche.

If your labor slows down, your doctor or midwife might give you oxytocin through an IV to make your contractions stronger and closer together.

11. Doktè w oswa fam saj ou ka eseye ede w pwovoke tranche yo. Men kèk rezon pou fè entèkansyon sa a.

Your doctor or midwife may try to help you start (induce) labor. Some reasons for this are listed.

- Dat pou bebe a fèt depase plis pase yon semèn oswa de.

Your baby is overdue by more than a week or two.

- Bebe a pa byen devlope.

Your baby has not grown well.

- Enfeksyon

Infection

- Tansyon monte

High blood pressure

- Sik

Diabetes

- Ou kase lèzo.

Your water breaks.

Si kòl matris ou ramoli epi dilate, yo ka ba w ositosin nan sewòm. Si kòl matris la pa pare, yo ka ba w medikaman pwostaglandin pou ede ramoli kòl matris la avan yo itilize ositosin nan.

If your cervix is soft and stretchy, you may be given oxytocin through an IV. If your cervix is not ripe, you may get

a prostaglandin medication to soften the cervix before using oxytocin.

12. Pafwa pou rezon ki pa medikal, yo pwovoke tranche yo avan dat yo te di ou w ap akouche a. Jeneralman, sa pa ka fèt avan 39 semèn gwoès an paske bebe ki fèt avan sa ka gen problèm respire lè pyès la. Bebe w lan dwe ka respire lè pyès la avan yo pwovoke tranche pou rezon ki pa medikal. *Sometimes, your labor may be induced for non-medical reasons before your due date. Generally, this cannot be done before 39 weeks gestation because babies who deliver before then can have trouble breathing room air. Your baby must be able to breathe room air upon birth before your labor can be induced for nonmedical reasons.*
13. Pami risk ki genyen nan pwovoke tranche yo gen kontraksyon twò fò oswa twò souvan. Sa ka bay ti bebe a estrès. Yo ka abityèlman jere risk sa a fasilman kote yo rive redwi kontraksyon yo. Yon pwovokasyon tranche ki pa pran, ka ogmante chans pou se sezaryèn ou fè, sitou si se premye ti bebe w. *The risks of inducing labor include creating contractions that are too strong or frequent. This can stress the baby. This risk is usually manageable and the contractions can be decreased. An unsuccessful induction of labor can increase the risk of cesarean birth, especially if this is your first baby.*

Nesans Vajinal **Vaginal Birth**

1. Travay tranche a ouvri kòl matris la ti pa ti pa. Lè kòl la ouvri nèt, kontraksyon yo ansanm ak èd ou, pouse bebe a pou l pase nan kanal nesans la pou l soti. Jeneralman, tèt bebe a soti anvan epi apre zèpòl yo. *Labor contractions slowly open your cervix. When your cervix is completely open, contractions, along with your help, push the baby through the birth canal (vagina). Usually, the baby's head comes out first, then the shoulders.*
2. Apepre 10–15 pousan manman bezwen yo ede yo fè ti bebe a pase nan kanal nesans la. Yon doktè oswa fam saj ka mete yon aspiratè espesyal oubyen fòsèp (pens) sou tèt tibebe w la. Doktè oswa fam saj ou apre sa rale pandan ou menm w ap pouse bebe a sòti. *About 10–15 percent of mothers need some help getting the baby through the birth canal. A doctor or midwife may apply a special vacuum cup or forceps (tongs) to your baby's head. The doctor or midwife will then pull while your push the baby out.*
3. Apepre nan yon pousan akouchman, zèpòl ti bebe a pa soti fasil. Sa rele distosi. Si sa rive, doktè w oswa fam saj ou ap eseye debloke zèpòl ti bebe a. Distosi zèpòl ka kòz zo kase oswa nè andomaje nan bra ti bebe a. Trè souvan, problèm sa yo geri rapid. Distosi zèpòl la ka dechire ozalantou ouvèti bouboun nan epi koze senyen apre akouchman. *In approximately one percent of births, the shoulders do not come out easily. This is called shoulder dystocia. If this happens, your doctor or midwife will try to free the baby's shoulders. Shoulder dystocia may cause a broken bone or nerve damage to the baby's arm. Most often, these problems heal quickly. Shoulder dystocia may cause tears around your vaginal opening, and bleeding after birth.*
4. Anpil fwa ozalantou ouvèti bouboun fanm nan konn dechire. Pafwa yon doktè oswa fam saj ka koupe pati ozalantou bouboun nan pou ouvri l pi laj. Yo rele sa epizyotomi. *Many women get small tears around their vaginal opening. Sometimes a doctor or midwife will cut some vaginal tissue to make the opening bigger. This is called an episiotomy.*
5. Pi fò fanm ki dechire oswa fè yon epizyotomi ap bezwen yo koud yo. Fil kouti yo ap fonn nan kèk semèn, tan sa a l ap gentan sikatrize. Zòn nan ka anfle, fè w mal pandan kèlke jou. Se raman pou ta

rive gen enfeksyon. Trè raman, dechire a oswa koupe a ka rive jis nan dèyè a. Pi fò sikatize san problèm.

Most women with tears or an episiotomy will need stitches. Your stitches will dissolve over a few weeks during healing. The area may be swollen and sore for a few days. Rarely, infection may occur. Infrequently, a tear or cut may extend to the rectum. Most often this heals with no problem.

6. Jeneralman, plasanta a soti apre akouchman. Si sa pa fèt, lè sa a doktè a ousnon fam saj la dwe ale anndan matris lan pou wete plasanta a. Ou ka bezwen anestezi.

Normally, the placenta will come out soon after birth. If not, then the doctor or midwife must reach into the womb and remove the placenta. You may need anesthesia.

7. Tout fanm pèdi san nan akouchman. Men kèk rezon ki ka kòz ou pèdi anpil san.

All women lose some blood during childbirth. Some reasons you might lose a lot are listed.

- Plasanta a pa pase poukont li.

The placenta doesn't pass on its own.

- Tibebe a pa desann nan kanal nesans la.

Your baby doesn't move down the birth canal.

- Tranche ou yo dire anpil tan.

Your labor lasts a very long time.

8. Ositosin ka ede redui san ki koule apre akouchman. Si w ap bay anpil san, yo ka ba w lòt medikaman k ap ede fèmen matris ou. Pa gen anpil fanm ki bezwen transfizyon san apre yon akouchman vajinal.

Oxytocin can help reduce bleeding after birth. If your bleeding is very heavy, you may be given other medications to help contract your uterus. Very few women need a blood transfusion after vaginal birth.

Akouchman pa Sezaryèn

Cesarean Delivery

1. Apeprè youn sou twa manman fè akouchman pa sezaryèn. Genyen ki planifye. Gen lòt ki pa planifye.

About one third of mothers give birth by cesarean. Some are planned. Some are not.

2. Nan akouchman pa sezaryèn nan, doktè a fann vant ou pou l pran bebe a.

During cesarean birth, a doctor delivers the baby through an incision (cut) in your belly.

3. Men ka ki pi jeneral ki ka fè w bezwen sezaryèn.

The most common reasons you might need a cesarean follow.

- Kòl matris ou pa fin louvri nèt.

Your cervix doesn't open completely.

- Bebe w la pa desann nan kanal nesans la.

Your baby doesn't move down the birth canal.

- Fòk bebe a soti rapid sinon manman an oswa tibebe a ap andanje.

Your baby needs to be delivered quickly because of a problem for mother or baby.

- Bebe a pa nan pozisyon pou akouchman nòmal fèt.

Your baby is not in a position that allows for a vaginal delivery.

- Ou te fè sezaryèn deja.

You delivered by cesarean before.

4. Yo toujou itilize anestezi nan sezaryèn. Pou manman an ka rete eveye pandan akouchman an, nan pifò sezaryèn yo, yo bay anestezi lokal (kolòn vètebral, epidiral oswa yon konbinezon anestezi kolòn vètebral-epidiral).

Anesthesia is always used for a cesarean. Most cesareans are performed using regional anesthesia (spinal, epidural or combined spinal-epidural) so that the mother is awake during the delivery. Some are performed using general anesthesia and the mother is not awake during the delivery.

5. W ap pèdi plis san nan akouchman pa sezaryèn pase nan akouchman nòmal. Apeprè 12 sou 1,000 manman ki fè sezaryèn bezwen transfizyon san.

You will lose more blood during a cesarean birth than during a vaginal birth. About 12 out of 1,000 mothers who have cesareans need a blood transfusion.

6. Enfeksyon rive plis aprè sezaryèn. Doktè w yo ka ba w medikaman pou pwoteje w kont enfeksyon.
Infection is more common after a cesarean. Your doctors may give you drugs to help prevent infection.
7. Yon ti tib fen (katetè) ap seche blad pipi w pandan sezaryèn nan. Yo ka kite l anplas pandan 12-24 èdtan aprè.

A thin tube (catheter) will drain your bladder during a cesarean. It may remain in place for 12–24 hours afterwards.

8. Nan mwens pase yon pousan ka sezaryèn, sistèm ki pèmèt manman an pipi ak pou pou a ka andomaje. Nan pifò ka sa yo, pwoblèm yo repare nan operasyon an.

In less than one percent of cesareans, the mother's bowel or urinary system is injured. Most of the time these problems are fixed during the surgery.

9. Nan mwens pase yon pousan ka sezaryèn, bebe a ka blese. Men blese sa yo pa grav an jeneral. In less than one percent of cesareans, the baby might be injured. Such injuries are usually minor.

Aprè Akouchman

After Birth

1. Enfeksyon iteris la (matris) *Infection of the uterus (womb)*

- Apre akouchman nòmal = 2-3 pousan risk

After a vaginal birth = 2–3 percent

- Apre sezaryèn = 20-30 pousan risk

After a cesarean birth = 20–30 percent

- Medikaman (antibiyotik) ka bese risk yo, men sa pa garanti ou p ap fè enfeksyon.

Drugs (antibiotics) can lower the risk, but don't guarantee you won't get an infection.

2. Pandan matris ou ap retounen nan gwoès nòmal li, ou ka gen kranp. Aprè chak akouchman, kranp yo vin pi fò. Ou ka santi l pi fò lè w ap bay tete.

You may have cramps as your womb returns to its normal size. Cramping gets stronger with each birth. You may notice it more when breastfeeding.

3. Apre akouchman nòmal, w ap gen malèz ozalantou ouvèti bouboun ou. Apre sezaryèn, w ap gen doule kote yo te koupe a. Mande doktè w la oswa fanm saj ou a pou medikaman pou soulaje doule w.

After a vaginal birth, you will probably have discomfort around your vaginal opening. After a cesarean birth, you will have pain from the incision. Ask your doctor or midwife for pain relief.

4. Aprè akouchman, senyen nan bouboun se yon bagay nòmal. L ap diminye sou 1 a 2 semèn. Apeprè 1 pousan medam yo pral bezwen tretman pou san k ap koule twòp. Pafwa, fenomèn anpil san an ka rive plizyè semèn aprè akouchman an.

Vaginal bleeding is normal after birth. It will lessen over 1 to 2 weeks. About one percent of women will need treatment for heavy bleeding. Sometimes, heavy bleeding can happen weeks after birth.

5. Anpil nan medam yo ka santi yo fatige epi yo tris aprè akouchman an. Pou anviwon 10 pousan nouvo manman yo, santiman tristès sa a ka pèsiste oswa agrave. Se ka yon depresyon apre akouchman ki fè sa. Si sa rive, mande doktè w oswa fanm saj ou pou ede w.

Most women feel tired and may feel sad after birth. For about 10 percent of new mothers, these feelings of sadness linger or get worse. This may be postpartum depression. If this happens, ask your doctor or midwife for help.

6. Lè ou kapab kite lopital la depann de jan sante w ak pa ti bebe a ye ak ki kalte èd ou gen lakay ou.

When you can leave the hospital will depend on your health, your baby's health, and the help you have at home.

Ti bebe ki fenk fèt

Newborn

1. Yon minit, epi answit, 5 minit ankò aprè bebe w la fin fèt, y ap ba li yon rezilta Apga. Nòt sa yo baze sou rit batman kè, respirasyon, koulè po ak fòs mis yo, epi enèji. Nòt Apgar yo ede pedyat la ak pèsònèl lopital la pran swen bebe w la.

At one minute, and again at 5 minutes after birth, your baby will be given Apgar scores. The scores are based on heart rate, breathing, skin and muscle tone, and vigor. Apgar scores help your pediatrician and the hospital staff care for your baby.

2. Anviwon 3 rive 4 pousan bebe yo fèt ak defo. Anpil nan bagay sa yo (tankou dwèt ak zotèy anplis) pa deranje bebe a. Kèk lòt tankou pwoblèm kè konn grav.

About 3 to 4 percent of babies are born with birth defects. Many (for example, extra fingers or toes) do not hurt the baby. Some, such as some heart abnormalities, can be serious.

3. Anviwon 7 a 10 pousan bebe yo fèt anvan lè, savledi anvan 38yèm semèn gwosès la. Bebe sa yo konn bezwen yon tretman nan yon espas pou tibebe espesyal oswa nan yon espas swen entansif. Kèk bebe ki fèt apre 37 semèn ka bezwen swen espesyal tou.

Approximately 7 to 10 percent of babies are born prematurely, that is before the 38th week of pregnancy. Premature babies may require treatment in a special nursery or an intensive care unit. Some babies born after 37 weeks also may need special care.

4. Apeprè 12 ak 16 pousan bebe pase godwon (premye tata a) nan likid amnyotik la anvan akouchman an. Si sa rive, y ap netwaye bouch bebe w la ak pasaj ki pèmèt li respire a lepli vit posib apre akouchman an.

About 12 to 16 percent of babies pass meconium (the first bowel movement) into the amniotic fluid before delivery. If this occurs, your baby's mouth and airway will be cleared as soon as possible after birth.

5. Apre akouchman, y ap mete pomad nan zye bebe w la pou pwoteje l kont enfeksyon zye. Y ap bay bebe w la piki vitamin K tou pou anpeche l senyen. Y ap pran kèk gout san nan talon li pou yo fè tès maladi pou li. Y ap voye rezilta yo bay pedyat ou. Yap teste kapasite pou bebe w la tandè pandan li lopital la. Yo pral mande w si ou vle pwoteje bebe w la kont epatit B anvan w rantre lakay ou.

After birth, your baby will be given eye ointment to prevent eye infections. Your baby will also get a Vitamin K shot to prevent bleeding. A few drops of blood from his or her heel are taken to screen your baby for some diseases. The results are sent to your pediatrician. Your baby's hearing will be checked while in the hospital. You will be asked if you want your baby protected against hepatitis B before going home.

6. Ant twa ak kat sou chak 1,000 bebe ki fèk fèt gen gwo pwoblèm enfeksyon san, poumon, ak nan ka ki pi ra yo, sèvo ak kolòn vètebral. Yo ka ba w medikaman pou pwoteje bebe w la si: *Three to four of every 1,000 newborns have serious infections of their blood, lungs, and—in more rare cases—the brain and spine. You may be given drugs to protect your baby if:*

- Ou pote Estrèptokòk Gwoup B *You carry Group B Strep*
 - Ou te gen yon lafyèv pandan tranche yo *You develop a fever during labor*
 - Manbràn ou yo (pòch dlo w) te chire pandan lontan *Your membranes (bag of waters) are ruptured for a long time*
7. Si sante bebe w lan menase, pedyat ou a ka mande pou fè tèz enfeksyon. Bebe w la ka resevwa medikaman tou pou pwoteje l kont enfeksyon.
If your baby is at risk, your pediatrician may order testing for infection. Your baby may also receive drugs to prevent infection.

Sitiyasyon ki pa rive souvan oswa ki ra

Infrequent or Rare Events

Pwoblèm sa yo pa rive souvan oswa yo ra pandan gwosès la:

The following problems occur infrequently or rarely during pregnancy:

1. Yon bebe fèt twò bonè pou l viv oswa li fèt ak gwo pwoblèm medikal. Bebe a ka mouri anndan matris la apre 20 semèn gwosès (tibebe a fèt tou mouri oswa lanmò fetis); oswa bebe a ka mouri yon ti moman apre li fèt oswa nan 1 mwa apre.
A baby is born too early to survive, or with serious medical problems. A baby may die inside the womb after 20 weeks gestation (stillbirth or fetal death); or a baby may die shortly after or within one month of birth.
2. Kèk bout san kaye nan pye manman an aprè li fin akouche. Sa plis ka rive aprè sezaryèn pase lè akouchman an fèt nòmàl.
The mother develops blood clots in her legs after giving birth. This is more likely to occur after a cesarean than after a vaginal birth.
3. Fòk doktè a retire matris manman an (isterektomi) pou kanpe anpil san k ap koule san kontwòl. Fi a pa kapab vin ansent ankò.
The doctor must remove the mother's uterus (hysterectomy) to stop heavy, uncontrollable bleeding. The woman cannot become pregnant again.
4. Manman an gen yon enfeksyon, yon fyèv oswa yon alèji apre yo fin ba l san. Chans pou l pran epatit apre yo fin ba l san an se 1 sou 100,000; chans pou l pran VIH se mwens pase 1 sou 1,000,000.
The mother has a problem after a blood transfusion such as an allergic reaction, fever, or infection. The chance of contracting hepatitis (from a transfusion) is 1 in 100,000; the chance of contracting HIV is less than 1 in 1,000,000.
5. Chans pou manman an mouri pandan akouchman an pi piti pase 1 sou 10,000. Tansyon wo, san kaye nan poumon, anpil san k ap koule ak lòt pwoblèm medikal, tou sa fè pati sa k ka kòz lanmò.
The mother dies during childbirth (less than 1 in 10,000). Causes might include extremely severe bleeding, high blood pressure, blood clots in the lungs, and other medical conditions.

Rezime
Summary

Pifò bebe fèt an sante. Pifò manman pase pa tranche ak akouchman san gwo pwoblèm. Men gwosès ak fè pitit gen kèk risk. Plizyè nan pwoblèm ki ka rive yo ka fè moun pè men nou pa wè pifò nan yo rive fasil. Sa k pi grav yo ra anpil.

Most babies are born healthy. Most mothers go through labor and birth without serious problems. But pregnancy and childbirth do have some risks. Many of the possible problems are frightening, but most are uncommon. The most serious events are very rare.

Ekip k ap okipe sante w la ap fè tout sa ki posib pou idantifye kèlkelanswa pwoblèm ki ta genyen byen bonè epi pou ofri w yon tretman. Ekip ou ap fè jefò pou l pran swen w epi pou l fè w akouche yon bebe an sante.

Your health care team will do its best to identify any problems early and offer you treatment. Your team looks forward to caring for you and delivering a healthy baby

Konsantman pou Swen Akouchman ak Tibebe ki Fèk Fèt

Maternity and Newborn Care Consent

Otorizasyon pou Swen Obstetrik *Authorization for Obstetrical Care*

- Mwen te li *Konsènan Swen w Pandan Tranche ak Akouchman. I have read About Your Care During Labor and Birth.*
- Mwen konprann sa yo te pale avè m nan epi m konprann sa ki nan fòmilè sa a. Yo te ban m chans pou m te poze kesyon epi yo te ban m repons klè.
I understand what has been discussed with me, including this form. I have been given the chance to ask questions and have received satisfactory answers.
- Yo pa t banm ankenn garanti ni yo p at fè m ankenn pwomès sou rezilta gwosès sa a. *No guarantees or promises have been made to me about expected results of this pregnancy.*
- Mwen konsyan lòt risk ak konplikasyon ka rive. Mwen konprann tou pandan rès gwosès mwen an, oswa pandan tranche yo, gen ka yo pa t prevwa ki ka rive k ap mande plis entèvansyon.
I am aware that other risks and complications may occur. I also understand that during the remainder of my pregnancy, or during labor, unforeseen conditions may be revealed that require additional procedures.
- Mwen konnen doktè anestezi, pedyat, doktè rezidan ak lòt etidyan medsin/pèsonèl klinik la ka ede doktè m nan oswa fanm saj mwen.
I know that anesthesiologists, pediatricians, resident doctors, and other clinical students/staff may help my doctor or midwife.
- Mwen gen dwa pou m refize kèlkelanswa tretman an patikilye.
I retain the right to refuse any specific treatment.
- Yo te reponn tout kesyon m yo. *All of my questions have been answered.*

Mwen dakò resevwa swen obstetrik pandan akouchman m nan. Mwen konprann kèk entèvansyon ki dekri pi wo yo ka rive. Mwen gen dwa pou m refize kèlkelanswa tretman an patikilye. Echanj k ap kontinye fèt sou eta m koulye a ak mezi yo rekòmande yo fè pati swen y ap ban m.

I consent to obstetrical care during my birthing experience. I understand that some of the procedures described above may occur. I retain the right to refuse any specific treatment. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

Siyati Pasyan an (Gadyen an/Reprezantan an) Dat/Lè Relasyon avèk Pasyan an *Patient Signature (Guardian/Proxy) Date/Time Relationship to Patient*

Siyati Pwofesyonèl Medikal la
Provider Signature

Non an Lèt Detache
Print Name

Dat/Lè
Date/Time

- M aksepte pou yo ban m san oka m ta gen yon ijans ki menase lavi m.

I accept blood transfusions in the case of a life-threatening medical emergency.

About Your Care During Labor and Birth – Haitian Creole

- Mwen refize pou yo ban m san kèlkelanswa sikonstans lan epi mwen siyen yon fòmilè apa espesyalman pou sa ki konsène tout pwodwi san mwen rejte yo.

I refuse blood transfusion under any circumstances and have signed a separate form specifically for the refusal of blood products.

Siyati Pasyan an (Gadyen an/Reprezantan an) Dat/Lè Relasyon avèk Pasyan an *Patient Signature (Guardian/Proxy) Date/Time Relationship to Patient*

Nim. Idantite Entèprèt la: _____ Pa telefòn Pa videyo An pèsòn
Interpreter ID Phone Video In person

Siyati Entèprèt la (si li prezan) Dat/Lè *Interpreter Signature (if present)*
Date/Time