

**To Be Performed at:**

Boulder Community Health  
4747 Arapahoe Ave  
Boulder, CO 80303

**To Be Performed by:**

Monica Edlauer, MSOM, LAc  
**BOULDER FAMILY ACUPUNCTURE**

**INTRODUCTION:** The purpose of this consent is to inform you of the risks of acupuncture during labor at the hospital indicated above (the “Hospital”), and by the Acupuncturist indicated above (the “Treating Acupuncturist”). Sign this consent if your questions have been answered and you agree to participate.

You should ask your acupuncturist any questions you have before you decide whether you wish to consent to acupuncture during labor and delivery. This is called informed consent. Please read the form then, if you decide to have acupuncture during labor, please sign and date this form in front of a the person who explained the risks and benefits to you. You will be given a copy of this form to keep.

**ACUPUNCTURE DURING LABOR:** You are considering using acupuncture (or acupressure) during labor to promote comfort and relaxation. If you receive acupuncture, you are still free to request any available medical treatments at any time, as well. The acupuncture care will cease once you go into delivery. Preliminary research suggests that acupuncture can relieve labor pain, may decrease us of the medications and may improve the course and the outcome of labor. By using acupuncture during labor we hope for these results.

You can sign this consent form to receive treatment if you are a healthy woman between 16 and 40 without major pregnancy complications such as; breech presentation, placenta previa, low birth weight (less than 2,500 grams on the two most recent sonograms), or preeclampsia. You can always tell your provider at any time if you change your mind, feel uncomfortable for any reason, or think of more questions you want to ask.

Licensed acupuncture practitioners using the treatment protocol outlined in the Procedures and Protocols for Acupuncture during Labor and Delivery (the “Procedures and Protocols”) attached hereto will provide treatments.

Thin sterile needles are used during the acupuncture treatment. They will be inserted at specific locations on your body and stimulated in various ways. The number and location of needles will vary depending on the kind of pain you are experiencing and the way your labor and delivery are progressing, but on average include 2 to 6 thin needles. Needles may be retained for a few minutes, or just stimulated and removed and the process may be repeated as your situation shifts.

While no needles are 100% painless, acupuncture needles are approximately 20 times thinner than the smallest (hypodermic) needles usually used for injections or blood drawing. Because of the small needle size, patients often do not feel it or feel mild sensations such as heaviness or tingling.

Patient Initials \_\_\_\_\_

Consent for Acupuncture During Labor



Place Label Here

**ACUPUNCTURE TREATMENT:** All the medical interventions – including the routine care you receive in your doctor’s office or in a hospital – involve some risk of injury. Side effects of acupuncture are rare. Those reported in the past include small amounts of bleeding (less than a rain drop), dizziness, fainting, nausea, prolonged tingling sensation, and an increase of pain. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). The acupuncturist and medical staff will be available to address possible questions or concerns you may have.

**PROCEDURES AND PROTOCOL:** The attached “Procedures and Protocols” describes in more detail who is eligible for participation in this program, the types of acupuncture / acupressure protocols to be used, and the training / qualifications of acupuncturists participating in this program. Please review and sign this document.

**STATEMENT OF CONSENT:**

I have discussed receiving acupuncture during labor with Monica Edlauer, MSOM, LAc to my satisfaction. I understand that signing this Consent does not in any way obligate me to participate in the Acupuncture in Labor Program, and I may decide at any time to terminate my participation.

I ACKNOWLEDGE THAT I HAVE READ THIS CONSENT AND THE ATTACHED “PROCEDURES AND PROTOCOLS”; THAT ALL OF MY QUESTIONS HAVE BEEN SATISFACTORILY ANSWERED; AND I AGREE TO RECEIVE ACUPUNCTURE DURING LABOR.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required only if consent is presented orally)

I CERTIFY THAT I HAVE EXPLAINED FULLY TO THE ABOVE PATIENT THE NATURE AND PURPOSE, PROCEDURES AND THE POSSIBLE RISK AND POTENTIAL BENEFITS OF RECEIVING ACUPUNCTURE DURING LABOR.

Signature of Treating Acupuncturist: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Hospital’s Authorized Representative)

