PATIENT INFORMATION SHEET

You are invited to take part in a study titled: ―A Randomized control study of titrated and static oral misoprostol solution for induction of labor in term pregnant women‖. This study is being conducted in the Department of Obstetrics and Gynaecology, Christian Medical College, Ludhiana.

You will be examined by the doctor and relevant investigations will be sent. You are being induced as per obstetrical indication. There are various methods of induction of labor. In this study, induction of labor will be done with Oral Misoprostol Solution by two different methods. You will be randomnly assigned to either of the two groups - A) Titrated OMS B) Static OMS. The process of Labor progression and various outcomes will be noted. The complications associated with all labor induction methods including the one used in this study consist of cesarean delivery, chorioamnionitis, uterine tachysystole and post partum haemorrhage from uterine atony. Careful monitoring will be done during the whole procedure and all measures will be taken to ensure safety.

You are free to decline your consent to participate in the study at any time. After understanding all the aspects of the study, you may sign as consent to participate in the study. Your identity will be concealed in an appropriate manner.

INFORMED CONSENT

* I, , , do hereby voluntarily give my consent to be included in this

study, titled ―A Randomized control study of titrated and static oral misoprostol solution for induction of labor in term pregnant women‖ being conducted at Christian Medical College and Hospital, Ludhiana by Dr. Barbie Sharma, Department of Obstetrics and Gynaecology.

* I have been explained the implications of this study, procedure involved in a language I understand. I also understand that the study is for the purpose of medical research and I am willing to extend my full co-operation towards the same. I also know that I can withdraw from this study without providing any reasons and that will not affect my routine treatment in Christian Medical college, Ludhiana.

Signature/thumb impression of the patient Signature of investigator

Name of the patient: Name of the investigator:

Date: Date: