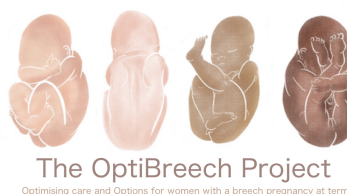


IRAS ID: 268668

Centre Number:

Study Number:

Participant Identification Number for this trial:



## CONSENT FORM

Title of Project: The OptiBreech Care Pathway: evaluating the feasibility and acceptability of team care for women seeking to plan a vaginal breech birth

Name of Researcher: Dr Shawn Walker, King's College London

This consent form can also be completed on-line: <https://kings.onlinesurveys.ac.uk/optibreech-consent> (password - wiggle)

Please initial box

1. I confirm that I have read the information sheet dated 01 February (version 1.2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. Yes / No
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. Yes / No
3. I understand that relevant sections of my and my baby's medical notes and data collected during the study, may be looked at by individuals from King's College London, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. Yes / No
4. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. Yes / No
5. I agree to my General Practitioner being informed of and involved in the study, including any necessary exchange of information about me between my GP and the research team. Yes / No
6. I understand that the information held and maintained by my NHS care provider(s) and/or my GP may be used to help contact me or provide information about my health status. Yes / No
7. (optional) I agree to be contacted and invited to participate in an interview approximately 6 weeks following my baby's birth. If I agree to participate, I understand Yes / No

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.

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OptiBreech 1, Version 1.2, 01 February 2021

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that the interview will be recorded and transcribed by a third party, and that direct quotes may be used, attributed to a pseudonym to maintain confidentiality.

8. (optional) I agree that my both my and my baby's personal identifiable information (name, contact information, and NHS/CHI numbers) may be stored to allow longer-term follow-up, for up to 10 years following the birth. This may include health service use and outcome data, obtained from hospital and community records.

Yes / No

9. I agree to take part in the above study.

Yes / No

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Name of Person                      Date                      Signature  
taking consent

**How do you prefer to be addressed?** (title/name/pronouns?)

**Telephone:**

**E-mail:**

**Preference for contact:** Telephone / E-mail

**Okay to leave a message?** Yes / No

**Address label:**