Improving epidural consent: an evaluation of current practice

Lucie Litvack, Mamie Ure, Rachael Kearns, Malcolm Broom
Glasgow Royal Infirmary/Princess Royal Maternity Hospital

Introduction

The pain and stress of labour makes obtaining informed consent challenging,[1] particularly interpreting probability and impact of risk.[2]

This audit, the first part of a project to improve epidural consent in labour, aimed to assess *current* consent practice and recall in our unit.

Methods

Ethical approval was not required. Data was collected during routine epidural follow-up. We excluded health professionals, who may have prior epidural knowledge.

A single investigator asked a standard set of questions, on recall (nature and magnitude) of risk. Unprompted responses were recorded, followed by prompted recall (*'do you remember being told about a risk of 'x'?*). Further questions were scored on a Likert scale. A prototype animated consent infographic was then shown, and patients asked to comment on the information presented.

Results

Data was collected from 25 patients. Median (IQR) time from procedure to questionnaire was 21 (18 – 28) hours. Pre-procedure information was provided: antenatally (20%), written, during labour (80%), verbally, by anaesthetist (100%).

Consent information was: *easy to understand* (92% agree/strongly agree), *memorable* (40% agree/strongly agree, 24% neutral, 36% disagree). The commonest unprompted risk recalled was permanent nerve damage (9/25, 36%).

Compared to current methods, the **animated consent infographic** was: *easier to understand* and *more memorable* (both, 96% agree/strongly agree).

80% would have had an epidural regardless of risks

48% could recall no risks

80% could recall no risk magnitudes

	UNPROMPTED	PROMPTED
0 risks recalled	48%	4%
1 risk recalled	24%	8%
2 risks recalled	16%	32%
3 risks recalled	12%	20%
>3 risks recalled	0%	36%
0 magnitudes correct	80%	88%
1 magnitude correct	12%	8%
2 magnitudes correct	8%	4%

Recall of nature/magnitude of risks, unprompted and prompted

Discussion

Results demonstrate poor recall after epidural consent in labour. We believe the consent process can be improved.

We have commissioned an animated infographic, to help pictorially visualise risk; to '***show***' rather than '***tell***'. This may enhance verbal consent. We intend to re-audit after introducing this change.

References
1. Wada K, Charland LC, Bellingham G. Can women in labor give informed consent to epidural analgesia? *Bioethics* 2019; 33: 475-486
2. Edwards A, Elwyn G, Mulley A. Explaining risks: turning numerical data into meaningful pictures. *BMJ* 2002; 324: 827-830