Women's experience of information regarding analgesia and anaesthesia prior to and during delivery.

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INTRODUCTION

The antenatal period is full of new information and experiences with medical professionals. In addition to this, the availability and awareness of information regarding analgesia and anaesthesia for labour and delivery is not uniform. Women might not know where to turn if they have queries about analgesia for labour. A proportion of women will require emergency intervention to assist with delivery and this will often require time-pressured decision making by the woman, at what is likely a stressful time. We wanted to gain an understanding of women's current experience of information in pregnancy and during delivery and to identify areas of good practice and where positive change could be co-designed.

The primary aims of the project were to establish:

- Women's epidurals for labour, spinal/epidural/general anaesthesia for operative delivery).
- Their in-labour experience of anaesthetic information received.
- If the information received in the ante and perinatal period met the needs of the women and if more information was preferred, at what stage would that have been best received.

Appreciative inquiry is a method of addressing individual and organisational change by aiming to use a positive or strength-based model to find solutions.

METHODS

Women who had received an intervention (epidural, operative delivery or procedure in theatre) by an anesthetist were identified using the anaesthetic follow up list. The participants were approached, the project explained and verbal consent gained to start a conversation. It was highlighted that there was no obligation to take part, care would be unaffected whether they chose to take part or not and that the discussion could end at any point if they did not wish to continue.

Following discussion with our local QI team prior to the project it was deemed that ethical approval was not required as this was a service evaluation. Data collection was carried out pragmatically over a period of three months between July 2021 and September 2021. In total 28 women were approached to take part and 25 agreed to do so.

Using appreciative inquiry methods[1], we undertook semi-structured interviews of women who had received an intervention by an anaesthetist during delivery. During the interviews a standard set of 27 images and set emotional touchpoints[1] were used to facilitate discussion regarding experience of information during and leading up to delivery as well as during pregnancy.







The interviews were transcribed during discussion and then analysed using thematic analysis. Appreciative inquiry was chosen as it was felt that this would enable a more holistic understanding of the patient experience and would also provide an opportunity for collaboration with patients in identifying potential areas for improvement.

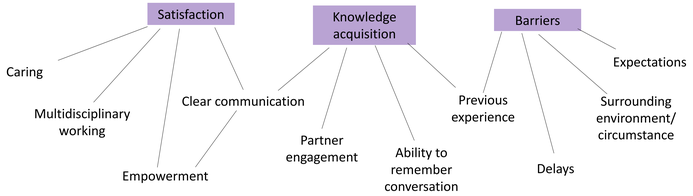
RESULTS

Twenty-five interviews were held following explanation of the project. Of the participants asked, 15 had an epidural for labour, 19 women had a caesarean section and two women underwent an instrumental delivery in theatre. For 12 individuals this had been their first delivery.

Experience of anaesthetic information in labour

Three overarching themes were identified, including ten subthemes (figure 1).

Figure 1: Thematic map of womens' experience of information regarding analgesia/anaesthesia for childbirth, in labour/peripartum.



Overwhelmingly, participants were satisfied by their experience and felt empowered by knowledge of what was happening or needed to happen.

"I felt armed with what the plan would be"

"Control was important to me and I felt I had enough information to be in control "

Most participants (19/25) felt that they had enough information to make informed decisions. Factors that aided this included: clear communication and partner engagement.

"I felt able to ask anything and he was easy to understand ... he stopped so I could get through my contractions... which helped"

"The anaesthetist explained everything... to me and my partner... he could help me ask questions when I wasn't able to".

Even if the participant could not remember if the conversations helped, non-verbal communication techniques were cited as important factors in their overall positive experience.

"Can't remember exactly what anaesthetist said but remember feeling safe and they kept looking me in the eyes, I knew it would be ok".

Barriers to satisfaction noted included deviation from antenatal expectations and delays to receive analgesia. However, where there was a delay, communication from the team resulted in positive experience.

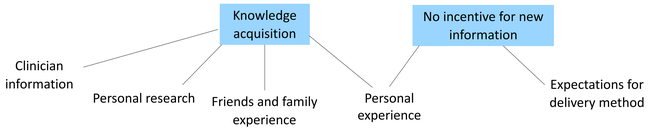
"I was disappointed by the delay to get the anaesthetist, but it just felt like bad luck. When the emergency buzzer went off, the team were awesome . Everyone worked together and explained things so that I could understand ."

"I didn't know who to listen to ... trying to establish what was happening next... I hadn't gone through the journey in my head as planned"

Experience of anaesthetic information in pregnancy

Discussions surrounding information in pregnancy identified two main themes with five subthemes (figure 2).

Figure 2: Thematic map of womens' experience of information regarding analgesia/anaesthesia for childbirth, during pregnancy.



Knowledge came from a variety of sources and feeling empowered or "armed with knowledge" was again described. All women agreed that they had done some personal research during pregnancy. This encompassed a variety of media, including websites, apps, leaflets and videos. Opinion on the utility of the various methods appeared to be an individual. Personal experience and that of friends and family was cited in nearly half of the discussions.

In many cases, women had very positive experiences of antenatal discussions regarding their options for analgesia/anaesthesia for their planned birth method. Factors focused on having specific time allocated for the conversation and the opportunity for questions. In most instances, women having elective caesarean sections found the time and opportunity to have lengthy discussions with a midwife, obstetrician or anaesthetist to be very helpful.

In a third of discussions, women felt that the information received had been brief or covered limited options. In some cases, this related to women who had previous uncomplicated deliveries but who felt that "unexpected difficulties" were not discussed. In other instances, individuals acknowledged that their own desire to have a "natural birth" precluded in-depth discussion.

During some discussions, multiparous women remembered information from a previous pregnancy. This presented two possible outcomes, in some instances it meant that women felt empowered, knowing what to expect. In other instances, this acted as a barrier to knowledge acquisition, especially if this was coupled with a deviation from expected delivery method or intentions for delivery.

DISCUSSION

Through detailed discussion with women who had recently experienced anaesthetic care at our hospital we feel we were able to get an insight into the needs and expectations of the participants. We felt very privileged to have the time to conduct these interviews and enable a fuller insight into their experience than our usual post-procedure follow up would allow. We were able to feedback to staff and promote learning through excellence following many of our discussions with patients.

The number of women who stated they could remember most or all of what was said in labour was greater than expected. We did not ask for specific details, however satisfaction regarding the level of information given was high. In addition to this, it appears that the method of communication had a greater impact on patient satisfaction than the specific content or amount of information remembered. Involvement of birth partner and using an individualised approach to communication (e.g. pausing during contractions and ensuring understanding) was overwhelmingly positive. When things did not go to plan, communication of delays and complications was cited as a positive factor.

Using an appreciative inquiry approach enabled identification and promotion of good practice and the development of improvement recommendations from collaborative work with patients. The participants in our group suggested a range of options for future information provision that will be discussed with clinicians and patient groups for development. These include multimedia resources (such as videos available on social media/apps) and specific information or resources that would potentially be of use in the peri-partum period.

REFERENCES

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2. Dewar B, Sharp C, Barrie K, MacBride T, Meyer J. Caring Conversations framework to promote person centred care: synthesising qualitative findings from a multi-phase programme of research. International Journal of person centred medicine. 2017; 7(1): 21-35