Consent in Obstetric Anaesthesia

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The Dudley Group NHS Foundation Trust

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BACKGROUND

Consenting patients for Anaesthetic Interventions in Obstetrics (AIOs) presents unique difficulties due to the rate of emergency or unplanned interventions.

The Royal College of Anaesthetists (RCoA) advises that women should have access to information antenatally about all types of analgesia and anaesthesia available. Information regarding this for caesarian sections should be given at booking, and information should be given as early as possible before emergency caesarian sections.[1, 2, 3]

The proposed standards by the RCoA are that 95% of women receive education and written information as above.[1]

Our previous audit in 2020 highlighted a significant increase in self reported understanding and information recall when women were provided with written information regarding AIOs, and consented prior to admission. Following this we introduced LabourPains posters in the antenatal and delivery suite areas to improve the accessibility of written information for women.

Our aim was to assess whether women accessed this information, and if so whether it affected their;

a) Subjective assessment of the consent process
b) Objective recall of the potential procedure complications.

METHODS

36 patients who had undergone an AIO around the time of delivery were identified from departmental follow up forms.

A questionnaire was used to collect data over a period of 2 months, average 20 hours after intervention.

REFERENCES

1. J. Middle, M Wee. Information about obstetric analgesia and anaesthesia. Royal College of Anaesthetists 2012
2. OAA/AAGBI guidelines for obstetric anaesthetic services – 3rd edition. AAGBI and OAA, London, 2012 (http://www.aagbi.org/publications/publications-guidelines/M/R)
3. Jackson GNB. The capacity to consent to epidural analgesia in labour. International Journal Obstetric Anaesthesia 2011;20(3):269–270.

RESULTS

Despite 60% of women recalling seeing the LabourPains posters antenatally, none of the patients surveyed said that they accessed the online information after this. Because of this, we were unable to assess whether this information had an impact on the women's consent process.

Our findings did however support our previous work regarding the importance of written information and consent prior to admission.

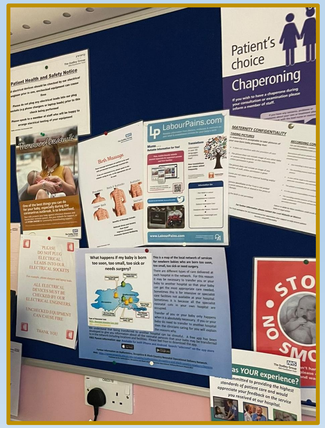
33% said they received written information before procedure, this increased to 62% in the category 4 caesarian section cohort (although this does not meet the RCoA suggested target of 95%). 97% of women recalled an anaesthetist going through the risks and benefits of AIOs and 94% stated they felt they understood what consent meant.

Patient recall of potential complications varied depending on whether patients had the provision of written information and when they were consented. Improvement in recall was achieved through leaflet provision and being consented prior to admission to hospital.

Leaflet provided	Number of patients	Mean number of complications remembered
Yes	12	3.41
No	24	1.45

Consent timing	Number of patients	Mean number of complications remembered
Before admission	13	2.5
Before procedure	23	1.44

94% stated they felt the understood the information given to them during consent, the 2 patients who did not feel they understood the information were not provided with written information and were consented before the procedure as opposed to prior to admission.





CONCLUSION AND DISCUSSION

As with our previous work on consent, this emphasises the benefit of written information and consent prior to admission.

This data supports the RCoA's recommendations regarding the provision of written information. Receiving written information was associated with a significant improvement in recall of anaesthetic complications. Timing of consent also had a significant improvement for this.

Unfortunately, the provision of information via posters appeared to be ineffective. This may be due to 'poster fatigue' or the information not being ideally located. Examples of this can be seen below.

It is important to note that many of those not receiving written information were emergency cases. This cohort could have their recall confounded by the acute nature of their presentation. The early provision of AIO information to all obstetric patients may help to negate this.

At present the trust is not meeting the RCoA's targets for provision of education and written information in unplanned interventions.

ACTIONS

Having information accessible via an online platform remains a beneficial source due to ease of updates and the availability of different languages. This supports the RCoA recommendation that >75% of non-English speaking women receive written information in their relative language.

An alternate method of providing women with this information is via QR codes included in the ante-natal packs provided to women. This is something we are planning to implement with our maternity service.