

Enabling birth choices in theatre: how comfortable do staff really feel?



We believe that every birth should be special and personal.

You can make choices about your birth in theatre and we will follow these as much as possible.

GRAPES: My theatre choices

Please tick which you would like

Gender:

I already know my baby's gender ☐

I would like to be shown my baby's gender ☐

I would like my birth partner to tell me my baby's gender ☐

I would like the surgeon to tell me my baby's gender ☐

Other: _____

Reveal:

I would like the screen up throughout ☐

I would like the screen lowered as the baby is being born ☐

Ambience: What music and lighting would you like?

Partner: My birth partner would like to cut the cord ☐

Extras: Vit K ☐ oral ☐ injection ☐

Delayed cord clamping ☐

Skin to skin: I would like immediate skin to skin with my baby ☐

I would like my baby to be checked first, then skin to skin ☐

I would like my birth partner to have skin to skin with my baby ☐

I don't want skin to skin ☐



Background

In 2018, New Beginnings, an experience based co designed project aimed at improving mothers' experience of operative birth, introduced a co-designed improvement called GRAPES (Gender, Reveal, Ambience, Partner, Extras, Skin to skin) to reflect mothers' desires to personalise the theatre checklist philosophy and to encapsulate their original birth plans. Post pandemic, we evaluated the staff comfort levels in enabling birth choices whilst delivering safe care.

Methods

In December 2021, we surveyed obstetric theatre teams. Questions covered the main components of birth choices rated against elective and emergency settings using a Likart scale from 1 to 5; 5 =very comfortable and 1=very uncomfortable.

A final question asked how long they had worked in obstetrics to evaluate the impact on ratings.

Results

N=44 :23 Midwives, 12 Anaesthetists, 5 Obstetricians, 3 Scrub nurses, 1 Healthcare assistant

The highest rated aspect was music: 82% were very comfortable during elective section versus 27% during an emergency; the median emergency rating was 3.

The aspect with lowest rating and also greatest disparity between elective and emergency births was dimming lights : 41% respondents felt very comfortable during an elective section versus just 18% for an emergency.

The least disparity in rating was to dropping screens at delivery and having baby skin to skin; median score was 5.

The clinical experience of respondents correlated with higher ratings in all aspects of GRAPES in an emergency context.

Discussion

GRAPES is the new normal of operative birth experience at St George's.

Clinical experience correlates directly with ratings in all aspects of GRAPES personalisation and could imply an increasing willingness to deviate from the established routine.

The disparity in elective versus emergency ratings supports the need for a more clinical focus on care during emergencies and less emphasis on the patient's birth choices.Ratings on interventions to adapt the sensory theatre environment proved to be particularly divisive and this aspect could be perceived as less tangible contributors to birth experience than practical features like skin to skin or cutting the cord.

Fulfilling birth choices during operative delivery can be challenging, particularly in an emergency and with a less experienced healthcare worker. Ultimately, there will always be a balance between enabling birth choices and staff feeling comfortable delivering high quality clinical care. A culture of supporting both equally is imperative in maintaining clinical and psychological safety within maternity teams.

