

Introduction

- Birth partners are commonly offered the opportunity to be present, where possible, during labour, vaginal birth and low segment caesarean section (LSCS) under regional anaesthesia. This often remains the case even during emergency deliveries.
- Partner presence improves support for the mother, better psychological support for the partner and early opportunities for skin-to-skin contact¹.
- Patients and relatives prefer relatives to be present during emergencies, and that this is also true regardless of the mode of delivery or type of anaesthetic^{1, 3}.
- Partners present during category 1 deliveries under general anaesthesia (GA) evaluated their experience very positively and none of the partners experienced post traumatic stress².
- We aimed to explore the views of our local multi-disciplinary team and identify potential barriers to adopting this practice.

Methods

- We distributed an online survey to staff who work on labour ward and may be involved in providing care to patients during a LSCS.
- Data collected between November 2023 and January 2024
- Anonymous data collection
- Responders included anaesthetists, obstetricians, midwives, neonatologists, scrub staff and operating department practitioners (ODPs)

Results

- 122 respondents
- Majority involved in LSCS daily or weekly
- 55% of doctors' responses came from consultants
- 64% of anaesthetists would have concerns about birth partners being present during GA LSCS
 - This increases to 80% when asking anaesthetic juniors
 - Anaesthetists reported they would have concerns at higher rates compared to obstetricians (41%) and neonatologists (16%)
 - 60% of ODPs and 72% of midwives would have concerns about birth partners being present during GA LSCS
- If partners were to be permitted into GA LSCS, 42.6% of respondents felt that this should be after induction of anaesthesia, 16.4% from the start of the case, 11.5% after knife to skin and 14.8% after delivery of baby

What people said:

Responders concerns with partner presence
“might be distressing”
“lack of understanding of what to expect”
“would need preparation antenatally”
“Staff need to focus”

Responders who have experienced partner presence during GA LSCS
“important they still get to see the birth”
“ very positive. All partners were keen and extremely grateful”
“partner was so grateful to have the opportunity”
“positive experience for the family”

“I was initially unsure about the birth partner being present because it challenged my accepted practice. Having has the partner there on a couple of occasions I have changed my mind. It can be beneficial to partner, baby and midwife”

Discussion

- Opinions on the presence of partners during GA LSCS varied amongst different Healthcare Professionals. Comments reflect the increased interaction between these groups and the birth partner during the LSCS as a possible reason.
- Concerns about the change in practice were higher for junior anaesthetists compared to consultants. The majority of emergency cases occur out of hours when there may be limited or no consultant cover on site.
- Some concerns focused on pre-operative and/or antenatal counselling to prepare the patient and the birth partner.
- More research needs to be conducted into the implications of a change in practice on patients, partners, staff and neonates, so that staff attitudes can be guided by evidence rather than personal opinion.
- An OAA survey will be distributed to explore the views of obstetric anaesthetists in the UK regarding this change in practice.

References

1. Nedergaard H K, Balaganeshan T, Weitling E E, Petersen H S, Brøchner A C. Presence of the partner in the operating room during emergency caesarean section A scoping review. European Journal of Anaesthesiology. 2022. 39; 939-952

2. Nedergaard H K, Weitling E E, Rahbech M. Presence of the partner in the operating room during a category 1 cesarean section: a prospective exploratory study. International journal of obstetric anaesthesia. 2023. <https://doi.org/10.1016/j.ijoa.2023.103939>

3. Jabre P, Tazarourte K, Azoulay E, et al. Offering the opportunity for family to be present during cardiopulmonary resuscitation: 1-year assessment. Intensive Care Med. 2014;40:981–987.

