

Partner Presence during Caesarean Section under General Anaesthesia: A National OAA Survey

INTRODUCTION:

- Partner presence during labour and operative delivery under regional anaesthesia is a well-established practice in the UK and a growing practice even in emergencies.
- Evidence that this practice benefits patients and partners is linked to improved psychological support, shorter labour time, a reduced need for caesarean sections, early skin-to-skin contact between partner and baby and improved APGAR scores.
- Current literature suggest most parents prefer partner presence during operative delivery regardless of acuity or mode of anaesthesia, and that partners present during cesarean sections under general anaesthesia (GA-CS) evaluated their experience positively.

METHOD:

- Eleven question survey formulated and peer-reviewed by an OAA sub-committee.
- Distributed to all active UK OAA members between 11/04/24 and 01/06/24 for anonymised data collection.
- Statistical analysis in Microsoft Office Excel and Python for validated VADER (Valence Aware Dictionary and sEntiment Reasoner) sentiment analysis.

References:

- Nedergaard, H. K. et al. (2022) 'Presence of the partner in the operating room during emergency caesarean section: A scoping review', *Eur J Anaesthesiol*, 39(12), pp. 939-952.
- Nedergaard, H. K. et al. (2024) 'Presence of the partner in the operating room during a category 1 cesarean section: a prospective explorative study', *Int J Obstet Anesth*, 57, pp. 103939.
- Bohren, M. A. et al. (2017) 'Continuous support for women during childbirth', *Cochrane Database of Systematic Reviews*, (7).

OBJECTIVE:

To explore obstetric anaesthetists' views and experiences on partner presence during GA-CS.

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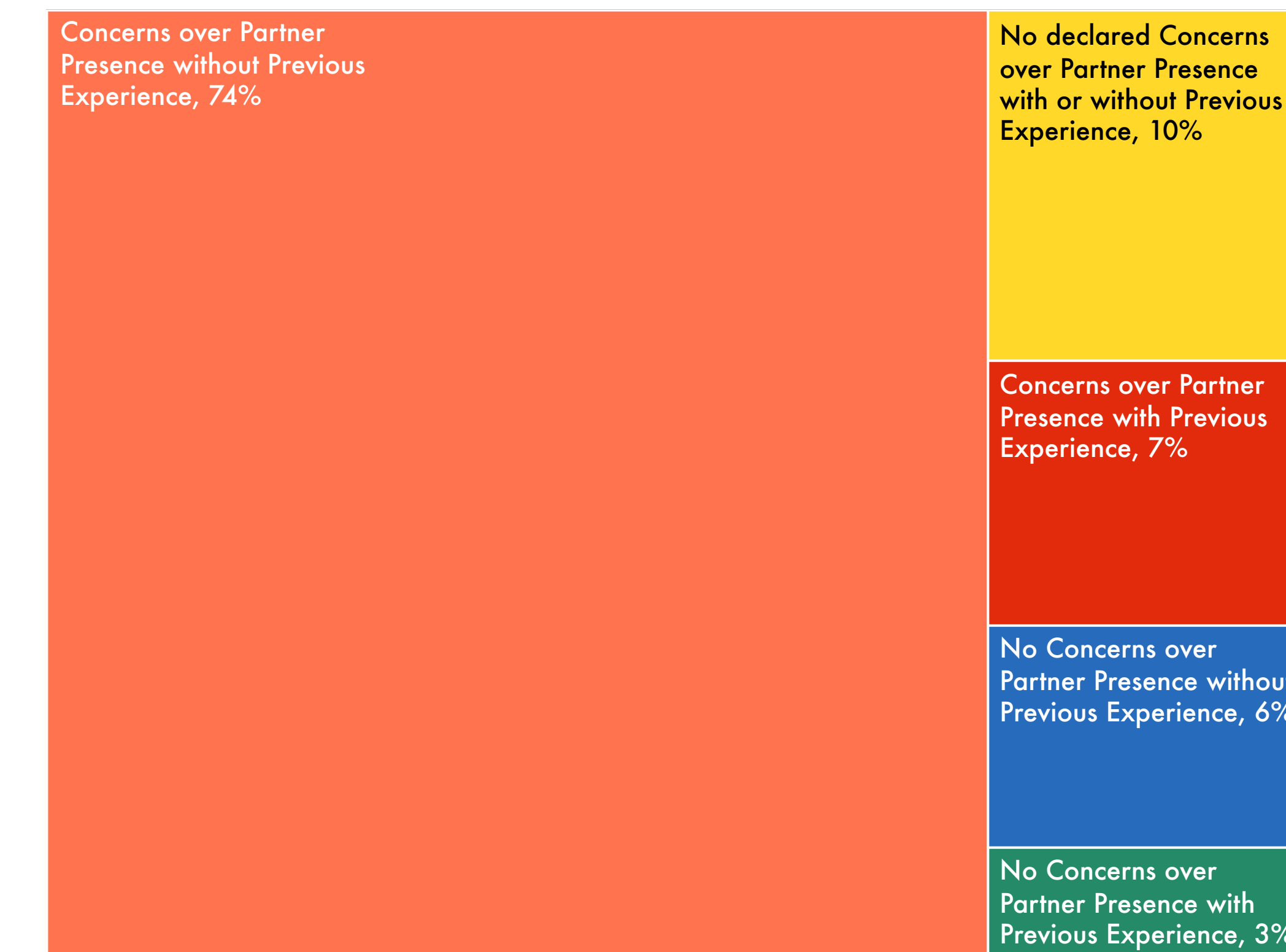
Ashford & St. Peter's Hospitals NHS Foundation Trust & Obstetric Anaesthetists' Association



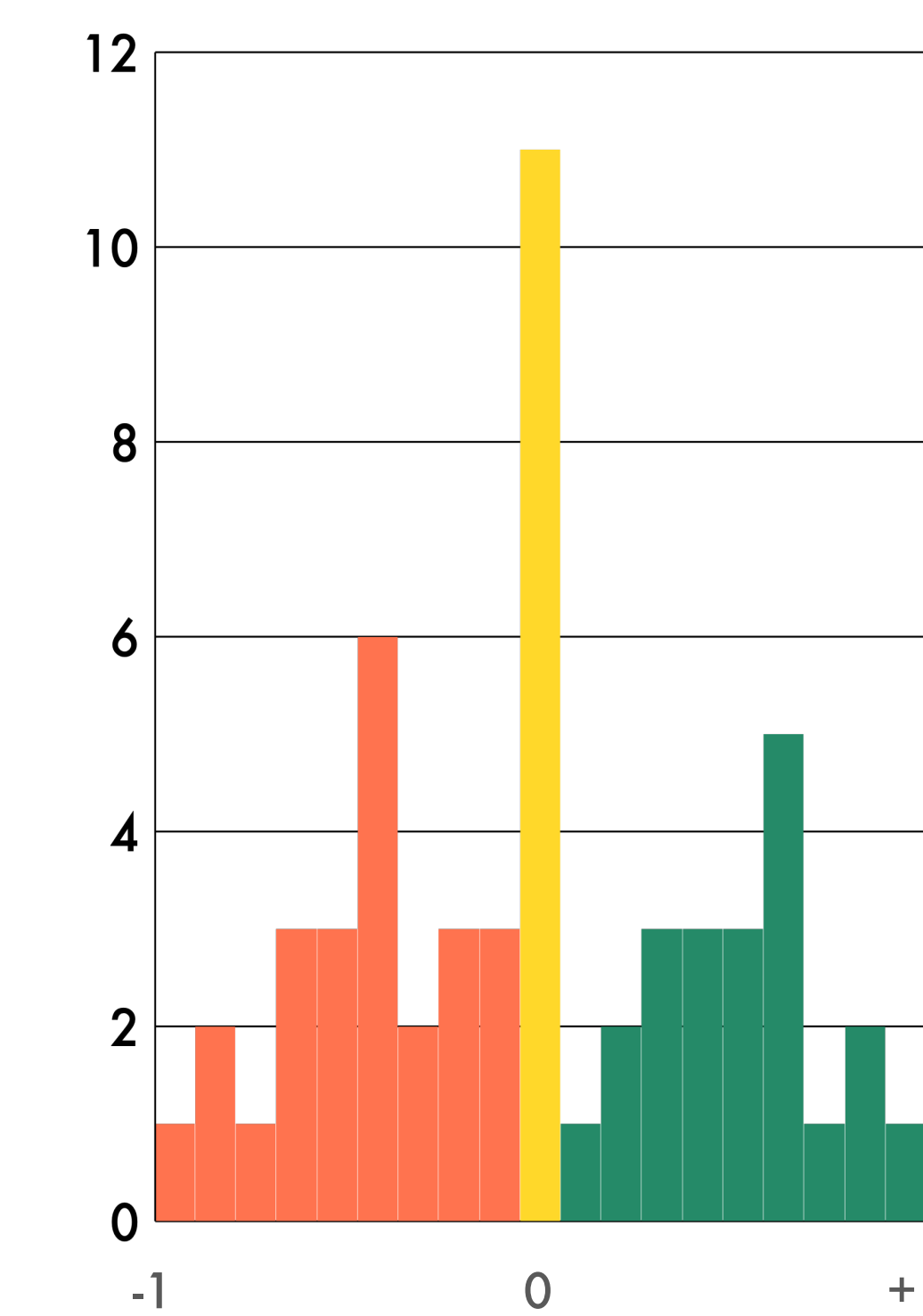
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ANALYSIS:

Treemap for Correlation of Obstetric Anaesthetists' Previous Experiences of to Concerns over Partner Presence during GA-CS.



VADER Sentiment Analysis on Comments regarding Partner Presence in GA-CS.



"It was good for the baby and dad to bond and ensure he knew his partner was okay"

"Requires an extra member of staff but works well if planned."

"Fine when I can judge the partner beforehand"

"Mostly, I have not minded."

"Bit stressful but not as bad as I thought it would be"

"Disruptive for staff and upsetting for the partner"

"I had a real issue with a partner refusing to leave"

RESULTS:

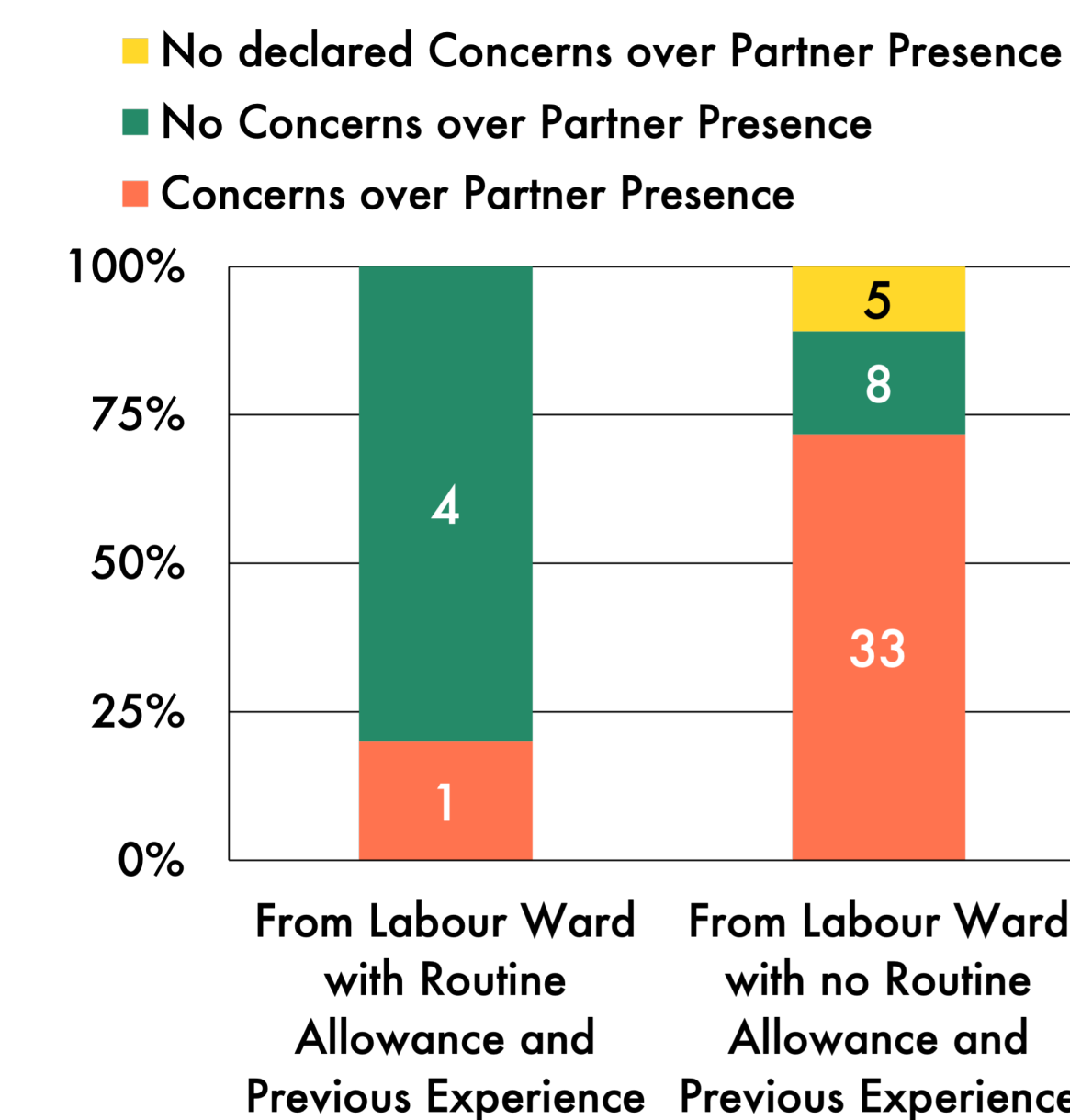
- 505 respondents with an overall 25% response rate, 62% by consultants.

EXPERIENCE ANALYSIS:

- 79% of anaesthetists had concerns over partner presence becoming routine practice for GA-CS.
 - 91% of which had no previous experience.
- 10% of anaesthetists had previous experience with partner presence in GA-CS.
 - 3% of which work in labour wards that routinely allow the practice.
- 80% of anaesthetists with previous experience on labour wards that routinely allow partner presence during GA-CS had no concerns, while 72% of anaesthetists with previous experience on labour wards that do not routinely allow the practice had concerns over it.

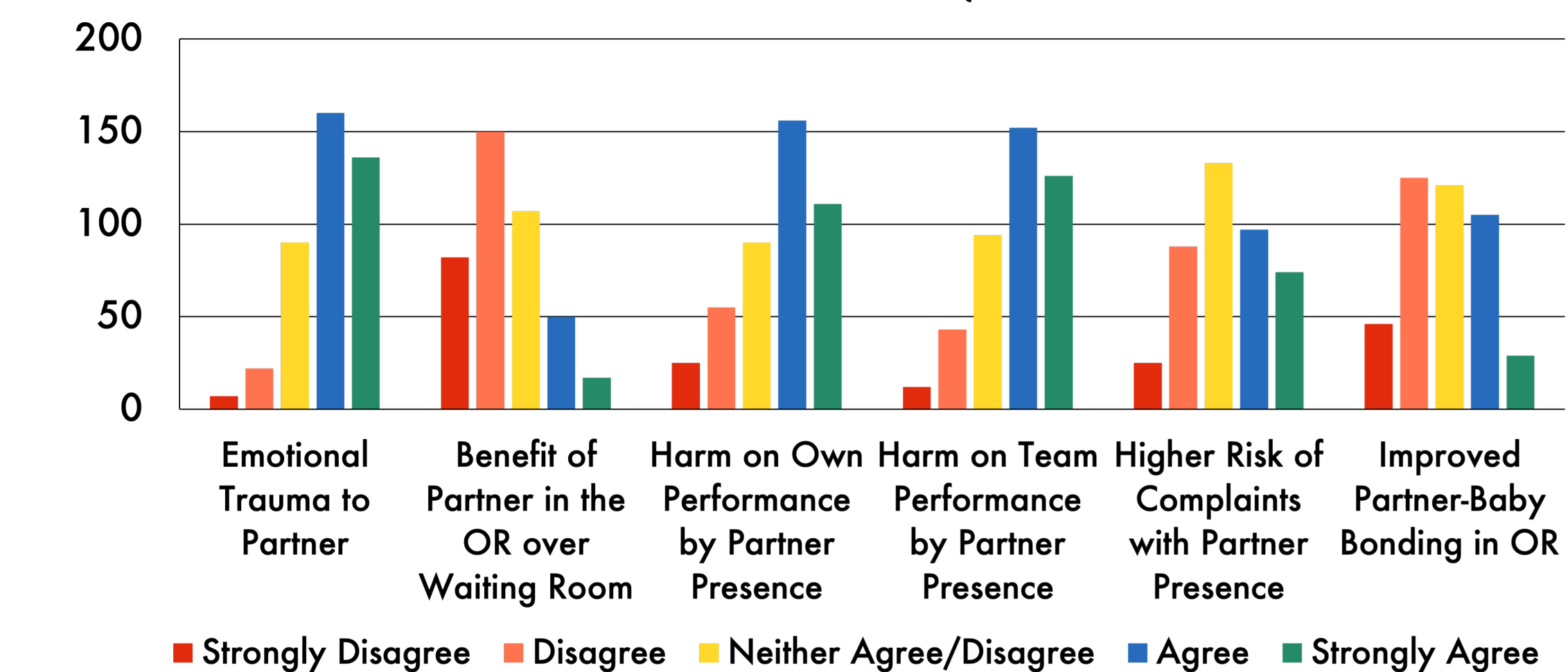
SENTIMENT ANALYSIS:

- 71% agree/strongly agree that *partner presence in GA-CS* will cause partners emotional trauma.
 - 61% also agree/strongly agree that it negatively impacts own performance.
 - 65% also agree/strongly agree that it negatively impacts team performance.
 - 17% only agree/strongly agree that it improve the partners' experience.
- VADER sentiment analysis (-1 negative; ± 0.05 neutral; +1 positive) of qualitative data (comments) on experiences with partner presence during GA-CS produced a trimodal distribution with mode of 0.
 - Highlights potentially significant number of respondents with overall neutral sentiment.



Stacked Bar Chart for Comparison of the Concerns over Partner Presence in GA-CS by Obstetric Anaesthetists' from Labour Wards with and without the Routine Allowance of the practice.

Bar Chart on Perceived Impact of Partner Presence in GA-CS on Obstetric Anaesthetists, Team and Partner.



CONCLUSION:

Obstetric anaesthetists had a wide range of concerns over partner presence during GA-CS. A large cohort with limited to no previous experience expressed marked scepticism regarding its potential benefits, an evaluation that was not echoed by an experienced, but small subgroup of obstetric anaesthetists.

VADER sentiment analysis may indicate a discrepancy of quantitative and qualitative data, highlighting a potential overestimate of negative sentiment over partner presence in GA-CS. A greater sample could produce more robust results. Research should focus on challenges and sentiments across labour wards that routinely allow partner presence in GA-CS.