

Empowering patients through video: enhancing the labour epidural consent experience

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Introduction

Provision of information about labour epidurals is well established within maternity services. High-quality written materials are routinely shared antenatally. However, despite this, many women do not anticipate requesting an epidural and only consider this option once in active labour. At this stage, engaging with detailed written information is often impractical due to pain, fatigue, and the time-sensitive nature of decision-making[1]. Additionally, the Care Quality Commission (2019) reported that pain relief plans change in approximately 40% of labours[2], reflecting both evolving clinical needs and changing maternal preferences.

This creates a recognised challenge in obtaining valid informed consent. Consent must be voluntary, informed, and given by an individual with capacity; however, in the context of labour, these principles may be difficult to fully achieve. Women are often in significant discomfort and distress, and clinicians may face time pressures or delays in anaesthetic availability on busy labour wards. Together, these factors raise concerns about whether the current process consistently supports truly informed decision-making.

Our project aimed to address this issue by exploring how complex information about labour epidurals can be delivered in a more accessible and timely way, specifically during active labour, to support a positive birth experience. We sought to improve the consistency and quality of information delivery, recognising that reducing variation in processes is associated with improved safety and patient experience.

To better understand current practice, we undertook a survey to explore women's experiences of the consent process and its perceived effectiveness. Findings from this work led to the development of a concise, standardised approach to presenting epidural information that does not rely on extensive reading at a critical moment. This intervention is designed to complement, not replace, verbal discussion with an anaesthetist, ensuring that women are supported to make informed decisions even within the challenging context of labour.

Methods

Forty primiparous women who received labour epidurals over a two week period in September 2021 were surveyed. Verbal consent was obtained to contact participants two to four days post procedure. Women were asked whether they recalled consent being taken, which risks or details they remembered, and their preferred format for receiving epidural information.

Results

Only half of respondents recalled consent being taken by the anaesthetist. One fifth reported being in too much pain to engage in discussion at the time of epidural placement, highlighting the challenges of information exchange during active labour. More than half felt a short video would support the consent process. Preferences varied: some wished to receive information during routine antenatal appointments, while others, who had not anticipated choosing an epidural, felt they would only engage once in labour. For these women, a brief audiovisual resource was considered particularly helpful.

References

1. Nitzani D, Nicholls J. Patient perception of consent processes for epidural analgesia in induction of labour: a qualitative study. Anaesthesia. 2025; 80(10): 1199-1206
2. Higson N. The CQC 2019 survey of women's experiences of maternity care. AIMS J. 2020;32(2). Available from: <https://www.aims.org.uk/journal/item/cqc-2019> (Accessed 15 Jan 2026)

Discussion

Survey findings highlighted inconsistencies in the consent process and suggested that women's understanding of labour epidurals may be limited at the point of decision-making. In response, we developed a short, animated video to deliver key information in a concise, accessible format during active labour.

With funding from Sheffield Hospitals Charity, a two-minute video was produced in collaboration with a digital healthcare innovation team. The video explains the procedure and risks of a labour epidural in a clear and structured way. To reflect the needs of the local population, it is available in English, with subtitles in Urdu, Arabic, and Roma Slovak. It is hosted on the Sheffield Teaching Hospitals NHS website and promoted via QR codes on the labour ward, allowing easy access at the point of care.

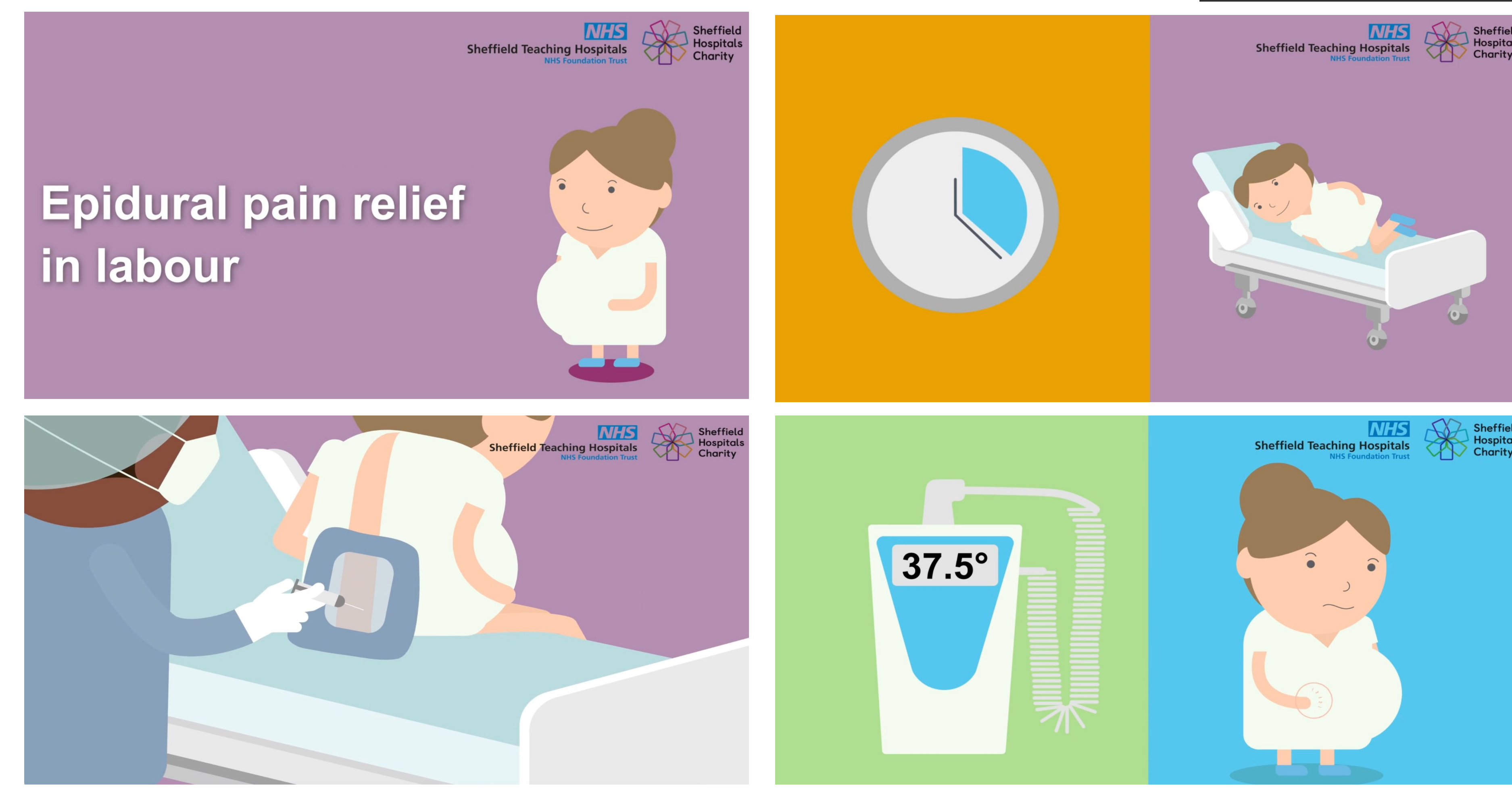
This approach enables the consent process to begin as soon as an epidural is requested, prior to anaesthetic review, and may be particularly valuable during busy periods where delays are unavoidable. Providing early access to clear, standardised information may help improve understanding and support informed decision-making in a setting where traditional methods are less effective. Effective communication is closely linked to patient autonomy and may contribute to a more positive birth experience.

Importantly, this video is intended to enhance, not replace, discussion with an anaesthetist. Individualised, face-to-face consent remains essential to ensure that women can ask questions and make decisions based on their specific clinical circumstances.

Future evaluation will focus on assessing the impact of this intervention on patient understanding, recall, and satisfaction with the consent process



Figure 3; screenshots from the animation. Scan the QR code to watch.



Results

Figure 1 shows how many women remembered the anaesthetist taking consent to place a labour epidural. Figure 2 outlines recall of specific information from the consent process.

Figure 1; Can you remember the anaesthetist taking consent for a labour epidural?

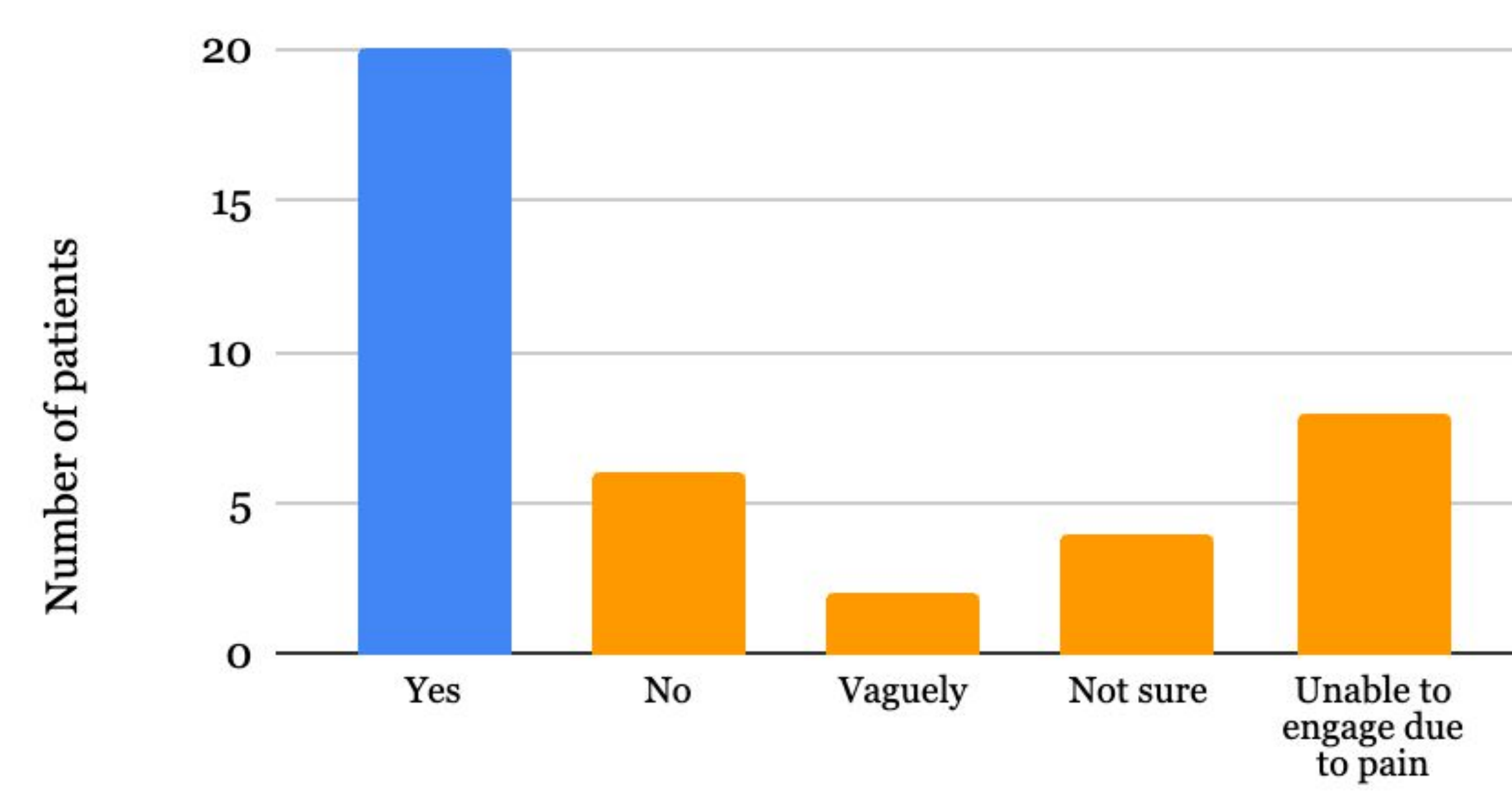


Figure 2; Can you recall any specific risks discussed during consent for your labour epidural?

