Autonomy at the edge of risk:
Anaesthetic management of a high-risk obstetric patient refusing standard care

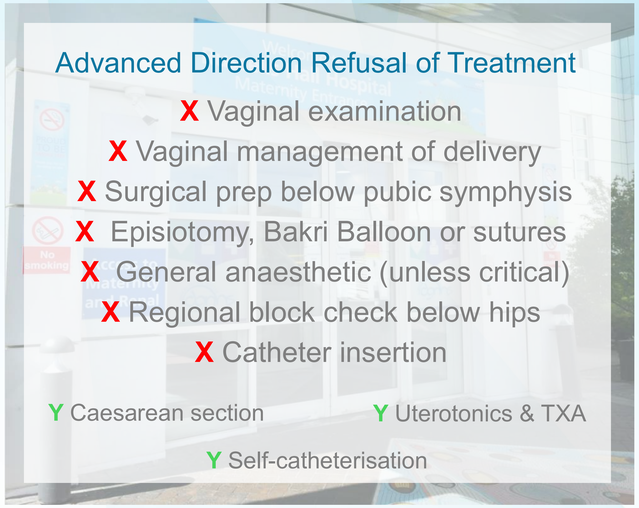
The Dudley Group NHS Foundation Trust

Authors: Dr Luke Hartley-Hawkins, Dr Rinesh Parmar & Dr Felicity Corcoran

BACKGROUND

Providing safe obstetric anaesthesia requires balancing maternal autonomy with maternal–foetal safety, particularly when patients decline standard care.

We present a high-risk case with strict consent boundaries that altered conventional management.



CASE PRESENTATION

A multiparous patient (para 5) with previous caesarean section, postpartum haemorrhage, mild Factor VII deficiency and pregnancy-associated venous thromboembolism on prophylactic LMWH presented for antenatal review. She had complex psychosocial needs and declined all examinations and interventions below the hips, including vaginal examination, urinary catheterisation by staff, perineal repair and surgical preparation below the pubic symphysis. These preferences significantly influenced obstetric and anaesthetic management.

A detailed multidisciplinary plan was developed involving anaesthesia, obstetrics, haematology, midwifery, legal and ethics teams. Neuraxial anaesthesia was considered if >12 hours had elapsed since LMWH, with modified block assessment performed above the hips only. General anaesthesia was acceptable if required, provided her boundaries were respected. Tranexamic acid was planned prior to surgical intervention.

The patient underwent a category 2 caesarean section under spinal anaesthesia for suspected placental abruption. Sensory testing below the hips was declined, and although intraoperative discomfort was reported, conversion to general anaesthesia was refused. Uterotonics and tranexamic acid were administered.

Seven days postpartum, she re-presented with bleeding and abdominal pain, declining examination. Imaging identified uterine arterial bleeding, successfully treated with interventional radiology embolisation.

DISCUSSION

This case highlights the importance of balancing patient autonomy with maternal–foetal safety in obstetric anaesthesia. Clear, honest communication is essential to ensure patients can make informed decisions, with risks, benefits and limitations explained in a way they understand.

Early multidisciplinary involvement allows complex needs to be anticipated, with shared planning across a range of clinical and non-clinical specialties.

Robust documentation and clear communication between teams are critical to maintaining consistency of care, particularly in urgent scenarios.

Proactive planning enables flexibility while preserving patient wishes, ultimately improving safety, reducing uncertainty and delivering truly individualised, patient-centred care in high-risk obstetric practice.

References & Acknowledgments
Icons are sourced from Microsoft 360 image-stock library as free access including in author subscription
Russells Hall Hospital stock images: https://www.stourbridgenews.co.uk/resources/images/10875579.jpg?type=mds-article-962