

Background

Informed consent for labour epidural analgesia requires understanding of the risks, benefits and alternatives. For patients whose first language is not English, barriers such as **limited access to translated information**, **time pressures** and **reliance on interpreters contribute to care inequalities** [1].

In our tertiary obstetric centre, provision of translated epidural information was inconsistent, highlighting the need for a **more accessible** and **sustainable approach** to support equitable consent.

Our aims:

1. To **improve equitable access** to **information** about **labour epidural analgesia** and **support informed consent**.
2. To improve the **efficiency** and **experience** of the **anaesthetic consent process**.



Initial Survey

Baseline surveys were completed by **15 postnatal patients** and **18 anaesthetists**.

Patient survey assessed:

1. First language
2. Receipt of epidural information
3. Self-rated understanding (0–10)
4. Willingness to use QR-code resources

Anaesthetist survey explored:

1. Provision of written information for non-English speaking patients
2. Interpreter use
3. Perceived impact of language barriers on consent time



Summary of Results:

Post-natal Patients:

1. All English-speaking patients (6) reported receiving written or digital epidural information antenatally or intrapartum, compared with **1/9 non-English-speaking patients**.
2. 66% (6/9) of non-English-speaking patients stated they would use a QR-code resource if available.

Anaesthetists:

1. Written information was provided variably when obtaining consent from non-English-speaking patients.
2. Professional interpreters were used by 14/18 anaesthetists.
3. **Consent commonly took an additional 20+ minutes in these patients.**



Positive Change

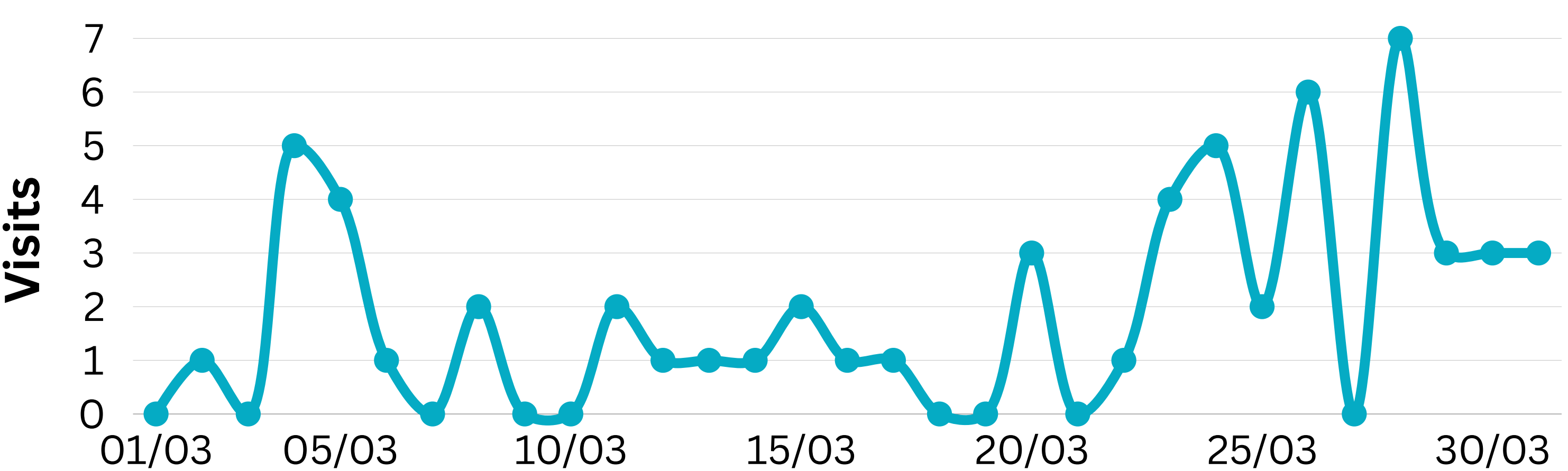
A **QR-code intervention** was introduced on labour ward using laminated sheets with 24 language-specific links to LabourPains epidural information [2], supported by midwifery education.

Due to loss of materials and inability to track use, this was redesigned as a **single QR-code poster** linking to a multilingual webpage with **usage analytics**. Engagement was monitored weekly.

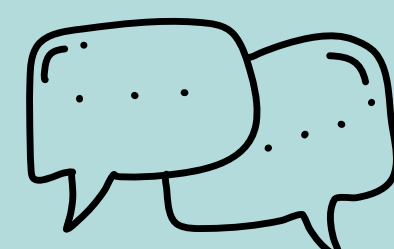
Post-intervention, anaesthetists were re-surveyed and qualitative feedback was collected from midwifery staff.



Post intervention, usage data showed **sustained engagement**.



Qualitative feedback from anaesthetists suggested **improved information accessibility**, **greater confidence in patient understanding**, and **reduced consent time**. Feedback from midwifery staff has been overwhelmingly **positive**.



Discussion

QR-code-based information delivery is a **feasible** and **sustainable intervention** that improves equitable access to information, informed consent, and efficiency of labour epidural provision.

Further patient-level evaluation is planned, alongside expansion into antenatal care, with the development of a **dedicated website providing multilingual resources**.



Sneak peek
feelready.co.uk

References

