

Background

Consent is when a fully informed patient agrees to undergo a specified medical action or procedure by a healthcare professional.^{1,2} During the intrapartum period, there are many potential procedures. Labour is unpredictable, so decisions about treatment and intervention often have to be made promptly meaning the process of informed consent in labour can be difficult.³ Understanding patients' experiences can help to improve this process.

Aim

To assess and synthesise the current evidence exploring patients' experiences of consent during labour to enable us to identify key for improvement.

Methods

Databases searched: MEDLINE, Embase, CINAHL, Cochrane Central Register of Controlled Trials (CENTRAL), BNI, trial registries.

Inclusion criteria: Qualitative, quantitative & mixed-method studies looking at experiences of women who had been consented for an intrapartum intervention either during labour or antenatally, who may or may not have actually undergone the procedure

Exclusion criteria: Studies looking at healthcare professionals' and/or family members' experience of consent and non-English studies **Quality Assessment:** Gough's Weight of Evidence tool was used to assess relevance of studies for this review.⁴ Quality of papers was assessed using CASP⁵ for qualitative papers and AXIS⁶ for cross-sectional studies.

Data analysis: meta-summary was performed by developing thematic sentences from the ideas and themes.⁷ Frequency effect size (FES) was calculated for each thematic sentence, and intensity effect size (IES) calculated to show the contribution of each included study.

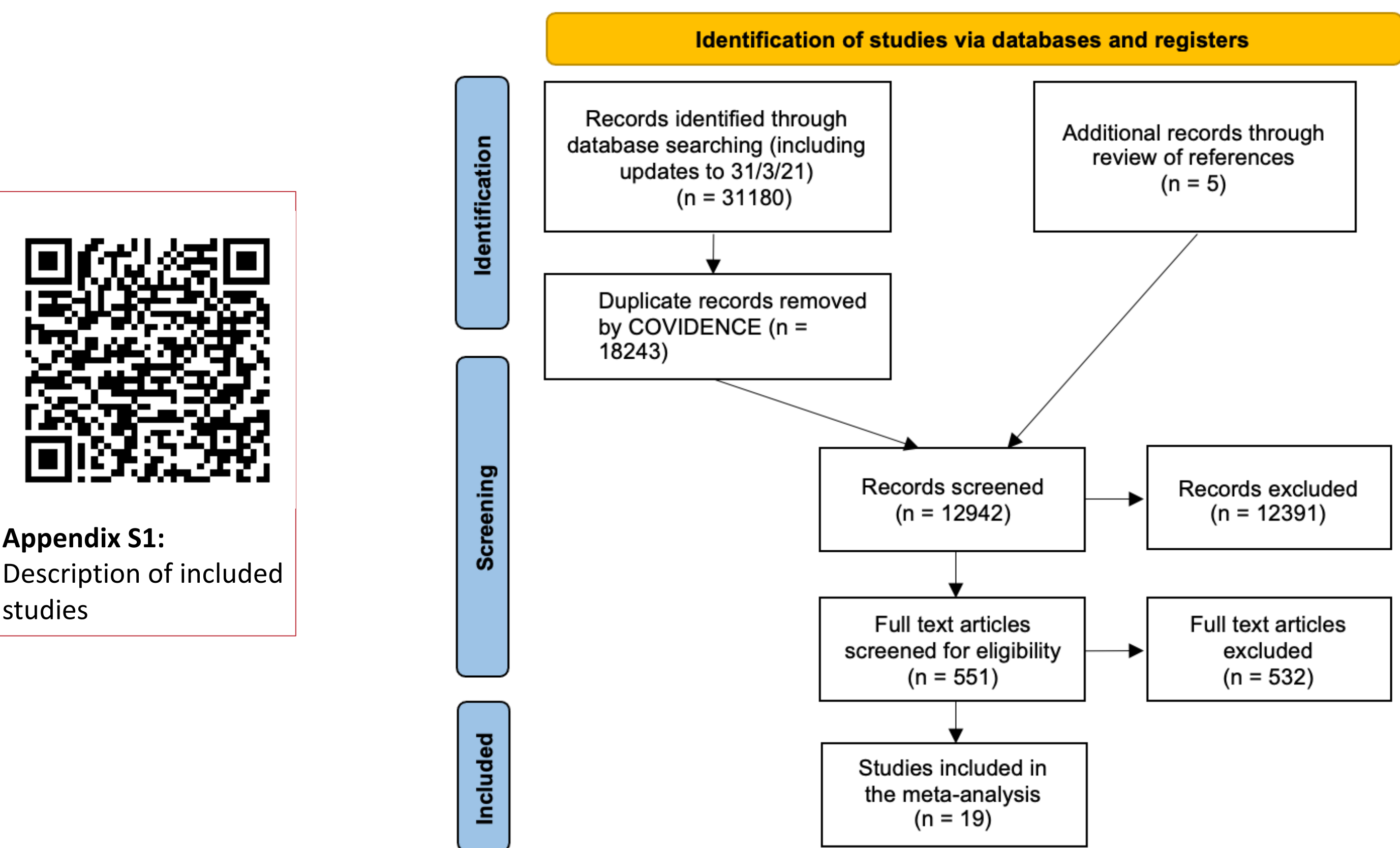


Figure 1. Prisma diagram

Results

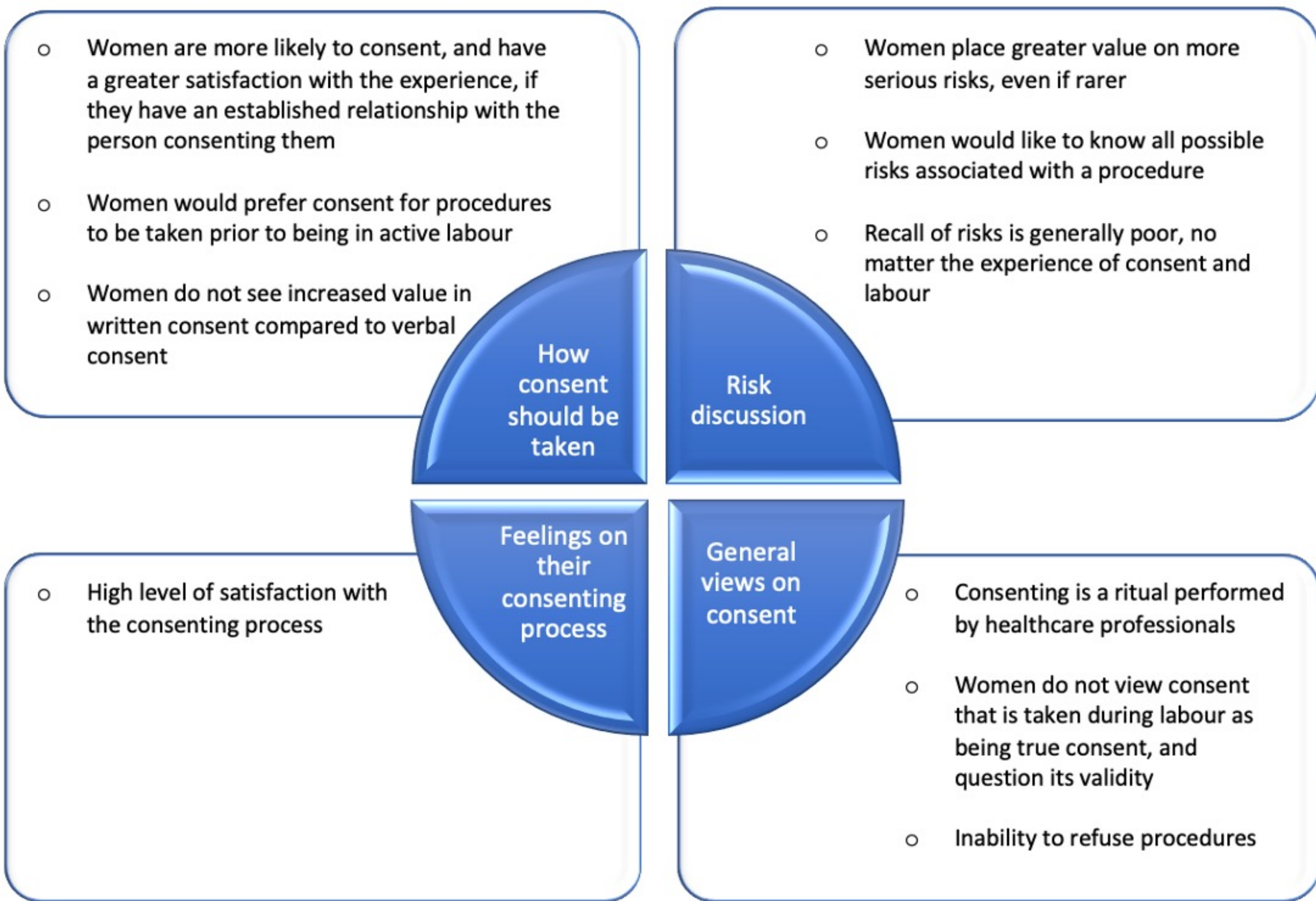


Figure 2. Thematic sentences

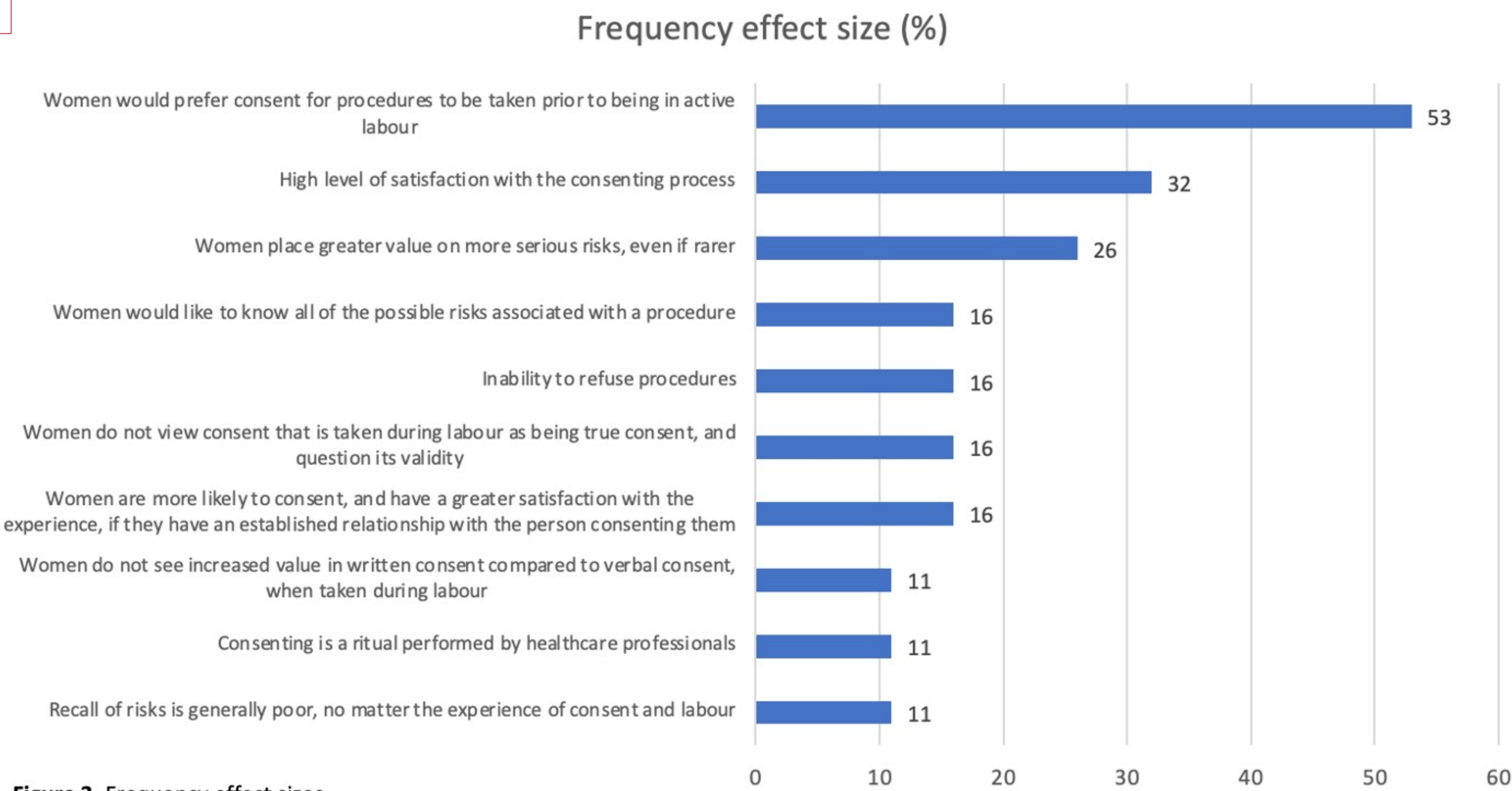


Figure 3. Frequency effect sizes

Discussion

- Women would prefer to be consented for potential procedures prior to being in labour, ideally antenatally
- Women do not feel they are able to provide valid consent during the intrapartum period due to the stresses of labour.
- Women prefer to be consented by a healthcare professional whom they have an established relationship with.
- No additional value is seen with using consent forms during labour as it reinforces the 'ritual' healthcare professionals go through to meet requirements, as opposed to being for the woman's benefit.
- Focus needs to be on improving consent discussions
- Women would like to know all potential risks of the procedures they are undergoing.
- With limited time available in labour, the most serious risks are most important to women, even if these tend to be the rarest.

Limitations of review

- Lack of literature looking at intrapartum consent
- Most of the research looked at consent for neuraxial analgesia, as opposed to obstetric procedures.
- Most papers included in the review were of medium or low quality.
- Studies included were from low, medium and high-income countries, where there may be cultural or systemic factors which influence the way in which consent is taken and experienced.

Strengths of review

- The Sandelowski method of meta-summary allows for inclusion of studies of varying design
- The method provided quantitative value to the main findings.
- Wide range of studies included with regards to population types and outcomes.

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