

To explore antenatal education on obstetric interventions to gain valid consent

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Aims

- To explore the level of understanding of obstetric interventions in pregnant women
- To review the information, with regards to obstetric interventions, currently provided to pregnant women booked at St Mary's Hospital
- To identify areas of improvement for antenatal education to ensure informed consent can be achieved for all pregnant women requiring obstetric interventions during labour and delivery

Introduction

Informed consent is integral to medical practice with the importance of information provision and informed decision-making highlighted in the 2015 Montgomery v Lanarkshire ruling.¹ The Ockendon report² further stresses the importance of ensuring all women and members of the multidisciplinary team are aware of risks associated with labour and delivery, even in pregnancies initially considered low risk.

Poor birthing satisfaction can result from expectations not aligning with birth experience.³ Emergency conditions can render informed consent difficult to obtain, with one study suggesting women felt cognitively incompetent when signing consent for emergency caesarean sections.⁴ It can be difficult to obtain consent during labour and delivery due to pain and analgesia, so information provided in the antenatal period can allow for information assimilation and ensure questions or doubts can be addressed.⁴

Provision of information antenatally can be an important factor in satisfaction with antenatal care,⁵ with educational interventions lowering women's perception of pain and anxiety and allowing for better coping behaviour during labour.⁶ However, it is important to consider methods of delivery as it has been shown that women with higher education levels are more likely to have access to better resources and enrol onto educational programmes. Socio-economic status and language barriers can limit access to good sources of prenatal education.⁷

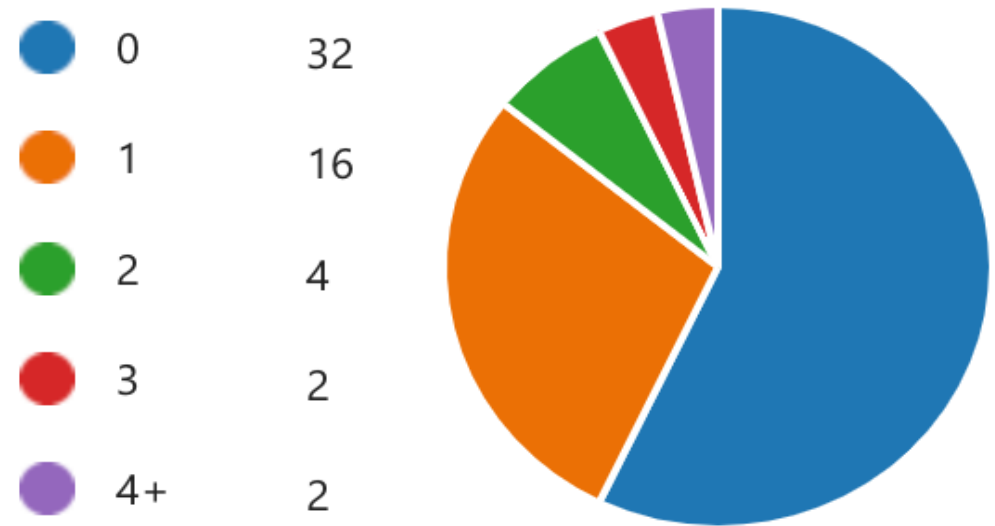
Methodology

Statistics were obtained for the frequency of obstetric interventions at a nationwide (RCOG/NHS) and trust-wide (ICHT) level. This information was used to devise a survey asking women to identify how likely they believed various obstetric interventions (emergency caesarean section, instrumental delivery etc.) were carried out in primiparous women going through labour and delivery. Surveys were conducted in antenatal clinic and on the antenatal ward for women of varying presentations and gestations. A total of 56 responses were received, with results analysed according to gestation and parity. Current information provided to women was then reviewed, including information provided via ICHT-run PRISM (Preparation Recovery Inspiration and Support for Motherhood) online courses. Suggestions for future improvement were then made based on the following findings.

Results

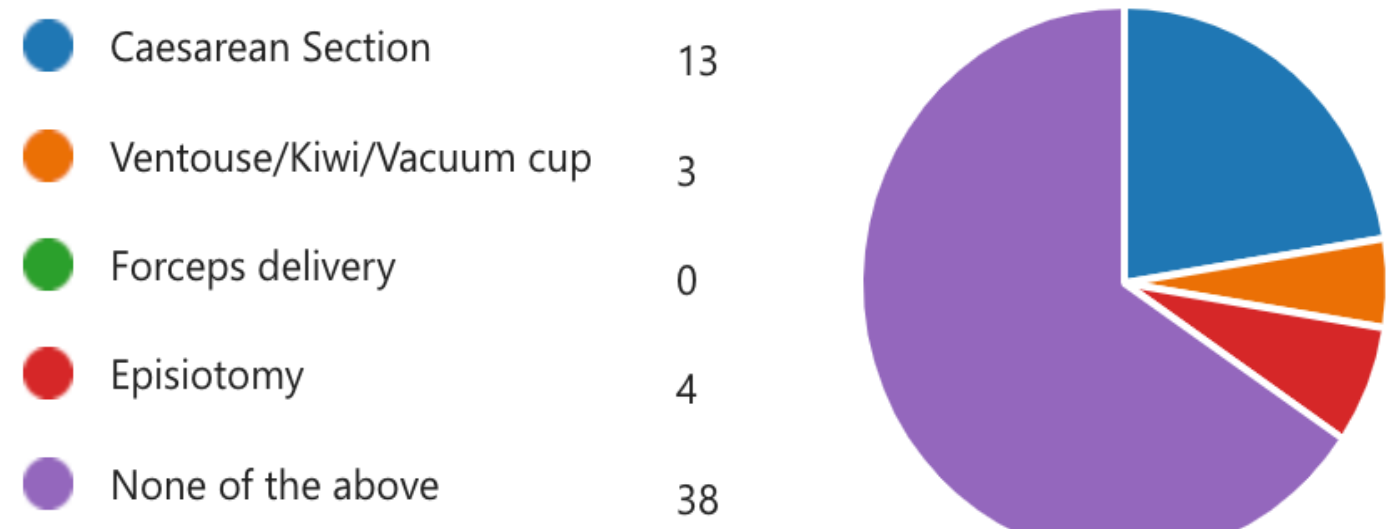
A total of 56 responses were received with the average age of the participant being 35 years of age (range 18-49). The average gestation was 28 weeks and 2 days (range 12w+4d – 41w+5d).

Figure 1: Pie chart demonstrating number of previous deliveries (live birth beyond 24 weeks gestation)



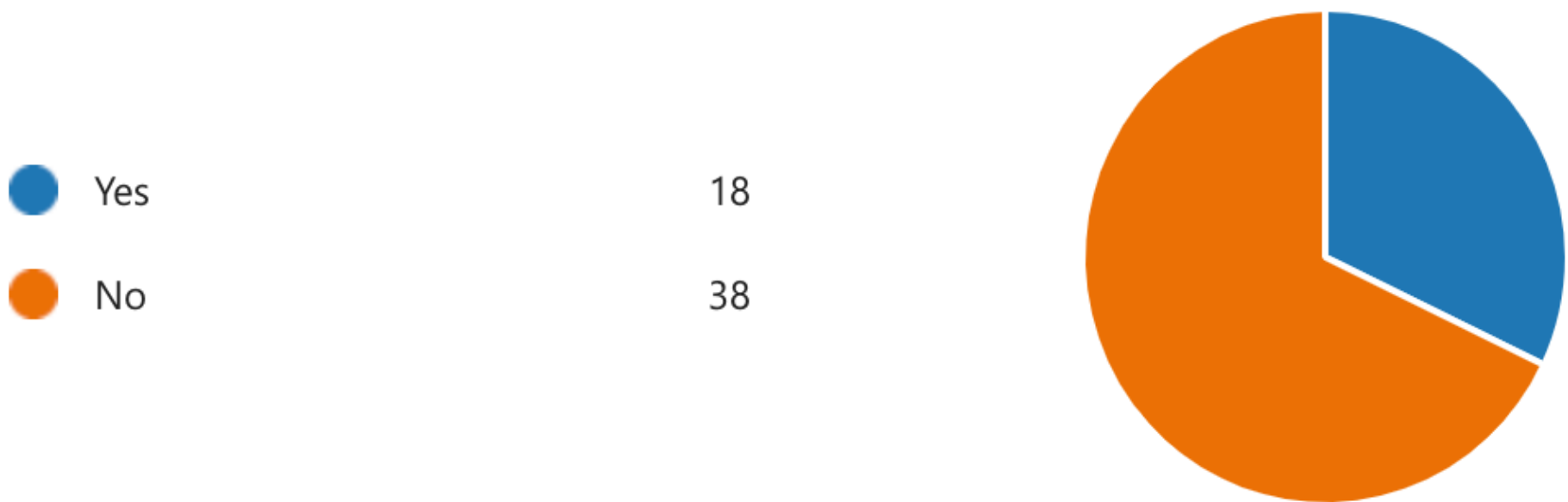
57% nulliparous, 29% primiparous and 15% multiparous. Overall, 10% of participants had previously had a vaginal delivery with no interventions.

Figure 2: Pie chart demonstrating obstetric interventions carried out in previous deliveries



As most women would be primiparous at delivery, the majority of women (66%) had not had any form of intervention before. The most common form of intervention was a previous caesarean section (22%).

Figure 3: Pie chart demonstrating number of women who felt they had been provided with information or leaflets with regards to requiring an obstetric procedure during labour or delivery



32% of participants felt they had been provided with information about the likelihood of requiring obstetric interventions.

	Overall (n=56)	<34 wks gestation (n=43)	>34 wks gestation (n=13)	Primiparous at delivery (n=32)	Multiparous at delivery (n=24)
Total score	45.89%	45.81%	46.15%	45.31%	46.67%
Likelihood of a normal vaginal delivery	50.00%	53.49%	38.46%	56.25%	41.67%
Average length of a first labour	41.07%	46.51%	23.08%	40.53%	41.67%
Percentage of women receiving epidurals	64.29%	62.79%	69.23%	65.63%	62.50%
Rate of emergency caesarean sections	12.50%	13.95%	7.69%	18.75%	4.17%
Rate of elective caesarean sections	51.79%	46.51%	69.23%	37.50%	70.83%
Likelihood of requiring an episiotomy	42.86%	41.86%	46.15%	46.88%	37.50%
Likelihood of getting a tear at delivery	33.93%	32.56%	38.46%	21.88%	50.00%
Likelihood of getting a 3 rd or 4 th degree tear at delivery	46.43%	51.16%	30.77%	53.13%	37.50%
Likelihood of requiring an instrumental (Ventouse/Forceps) delivery	53.57%	51.16%	61.54%	56.25%	50.00%
Likelihood of a primiparous woman requiring an induction of labour	62.50%	58.14%	76.92%	56.25%	70.83%

Differences in percentage of correct answers was negligible for both differences in gestation and parity. The overall score across all questions for all participants was 45.89%

Subjectively, only 36% of women feel adequately informed about the risks and benefits of each of the different interventions they may require during labour and delivery (including caesarean sections, epidurals, instrumental deliveries and episiotomies). 38% of women had attended or were planning to attend an antenatal class. 8 out of 56 women had attended the PRISM sessions run by the ICHT team either in this pregnancy or a previous pregnancy. 57% of women had not used any additional resources or sources of information to find out more about the labour and delivery process and interventions. "Bump & Baby" and "NCT" were the most common antenatal classes attended.

Conclusions

- Overall, women do not feel well-informed about the various types of obstetric intervention, reflected in the overall score of the quiz being less than 50% (45.89%).
- Many women expressed areas of poorer knowledge was perhaps due to them not yet being at the gestation where the risks and benefits of interventions should be discussed.
- Only 36% of women felt well-informed about the risk and benefit profile for each intervention.
- 68% of women felt they had not received information about the likelihood of requiring obstetric interventions at delivery and of the 32% of women who felt they had been provided with information, a number of women believed this information was included in their maternity folder but this was not the case.
- Rate of emergency caesarean sections was underestimated by a significant proportion of women, with 34% believing the chance of an emergency caesarean section was less than 1 in 100.
- Only 33.9% of women recognised the 90% chance of getting a vaginal tear during delivery for primiparous women. More information can allow for a more realistic expectation of the birth experience as well as highlighting the importance of aftercare postnatally.
- PRISM classes run by ICHT were only attended by 14% of participants surveyed. This was due to a number of factors including course availability and adequate advertising of the course to prospective mothers.
- Finally, language barriers were an issue for a significant number of women. As St Mary's hospital is situated in central London, with a diverse patient population, it is important to consider the impact of language barriers and how we can improve the overall patient experience for these women. This is especially crucial where there may be additional challenges to achieving a good level of understanding and ensuring valid, informed consent for invasive procedures, such as obstetric interventions.

In summary, more antenatal education should be provided on obstetric interventions to provide a more positive birth experience and ensure consent is obtained based off of a good knowledge behind the indications, risks and benefits of each procedure and intervention.

Recommendations

PRISM courses provide a good level of information about possible obstetric interventions and are a good platform for clarifying women's questions and concerns regarding labour and delivery. Unfortunately, currently there are limited places and lack of publicity. Perhaps PRISM could be specifically emphasised during the booking visit or initial midwife appointments.

To provide all women booked with ICHT the opportunity to access the information provided via PRISM, pre-recorded videos or information leaflets summarising important details could be provided to all women. To ensure inclusivity of all women, ideally the information should be translated and available in multiple languages.

It should also be highlighted to all members of the multidisciplinary team the importance of ongoing discussions and providing opportunities for women to ask questions about the likelihood and risks associated with obstetric interventions. Through discussing the possibility of obstetric interventions early on in pregnancy, women can be more prepared for labour and delivery and ample opportunity is provided for women to seek more information and clarification should they wish.

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