Service Improvement Project: Nurse Led Consenting for the Surgical Management of Miscarriage

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Background

- Traditionally consent for treatment is obtained by doctors. However, early pregnancy care is becoming increasingly nurse led.

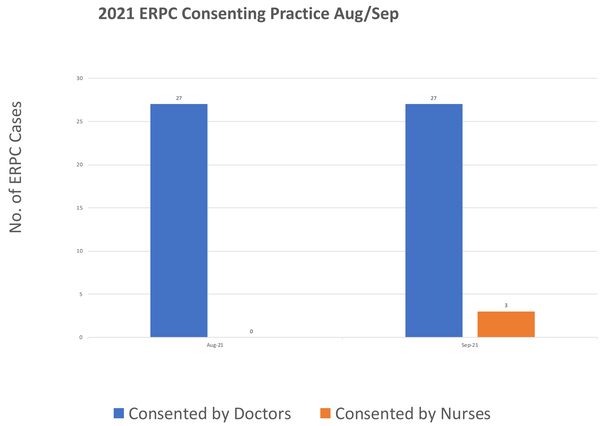
Aim

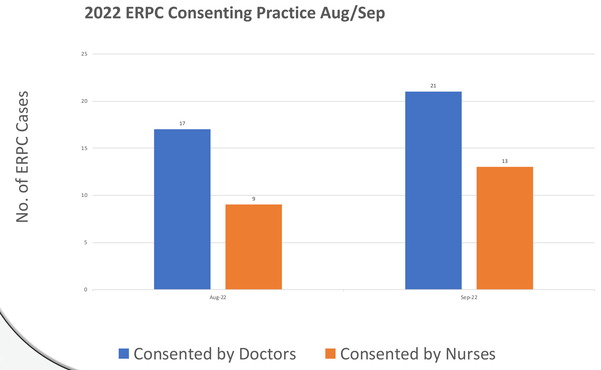
- To equip nurses with the knowledge and skills to participate alongside doctors in the informed consent process.

Method

- Qualitative study using a focus group of 20 members of the early pregnancy unit (EPU) nursing team.
- In-depth teaching delivered about the informed consent process.
- An updated version of the current standardised consent form was developed and distributed.

Results





- We compared the data from when we first implemented nurse-led consenting for the Evacuation of Retained Products of Conception (ERPC), with the following year
- The results demonstrated there has been a significant increase in the number of nurse-led consents for ERPC's
- Nurses reported feeling "that they had upskilled and felt confident in the process"

Date	Total No. Cases	% Consented by Nurses
Aug-21	27	0
Sep-21	30	10
Aug-22	26	34.6
Sep-22	34	38.2

Conclusion

- **Including nurses for daily EPU procedures may result in the more efficient running of the unit.**
- **Allowing more members of the MDT to take part in the consenting process allows for skill development, higher job satisfaction and better time management.**
- **Nurses were empowered to develop further within their roles as patient advocates.[1]**
- **Similar consenting processes could be trialled out within Gynaecology, in areas such as colposcopy and hysteroscopy and audited over time**

References: 1. Axson, S. et al 2017. Evaluating nurse understanding and participation in the informed consent process. Nursing Ethics, 26(4), pp.1050-1061