Content and Consistency of Informed Consent for Neuraxial Labor Analgesia

A Prospective Observational Study

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Background

- Intrapartum consent may be compromised by **pain**, **time pressure**, and **clinical context**[1,2]
- Emphasis on **shared decision-making**, disclosure of risks, benefits, and alternatives[3]

Knowledge Gap

Intrapartum informed consent content and variability among clinicians is poorly described

Objective

To assess the thematic domains included in obstetric anesthesiologists' consent for neuraxial labor analgesia

[1.] Anaesthesia. 2025; 80(10):1275–6 [2.] Anaesthesia 2025; 80(12):1581–2 [3.] CMPA

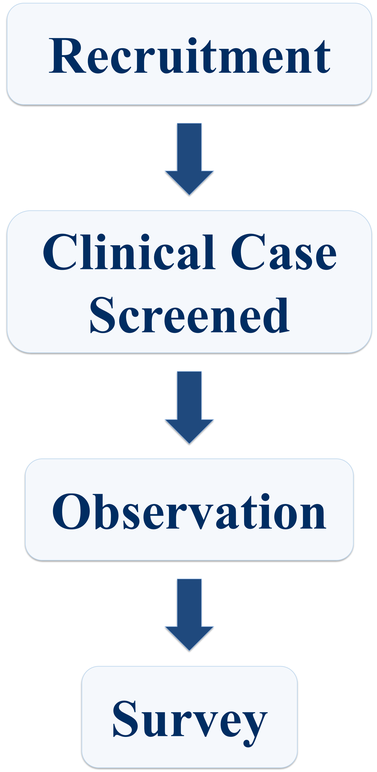
Methods

Study Design & Population

- Single-centre, prospective observational study
- Participants aware of observation but blinded to specific elements assessed
- Healthy laboring patients (ASA II, ≥19 years, English-speaking)

Excluded: advanced labor with significant distress or altered clinical circumstances.

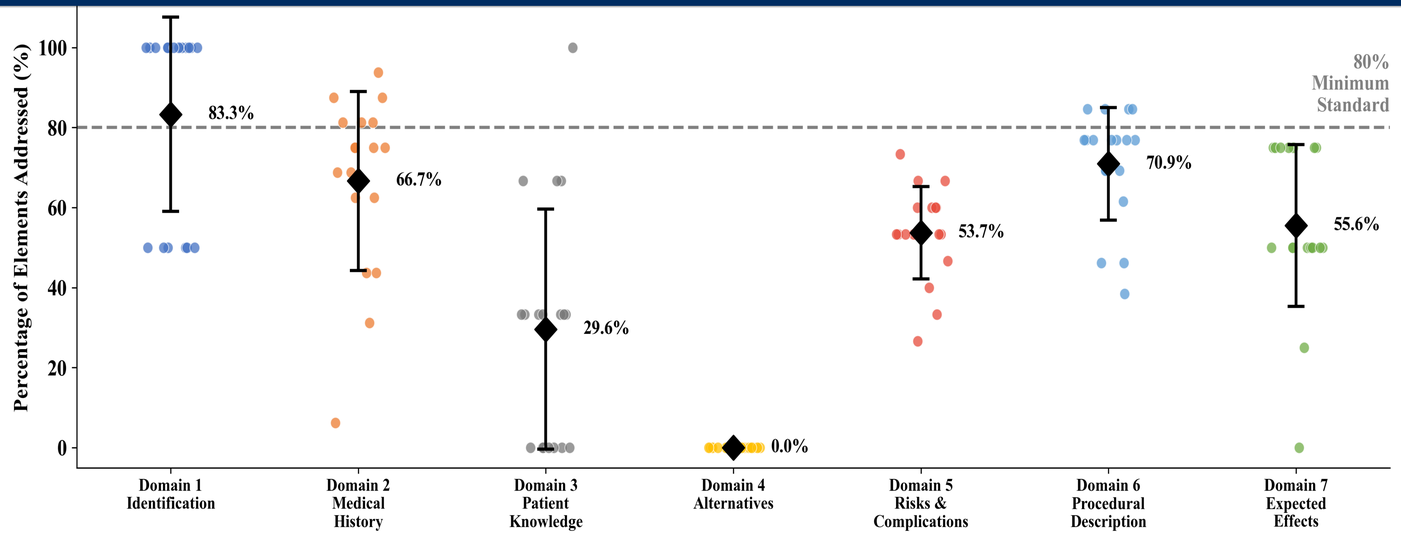
Checklist **predefined a priori** from professional and Canadian medicolegal guidance

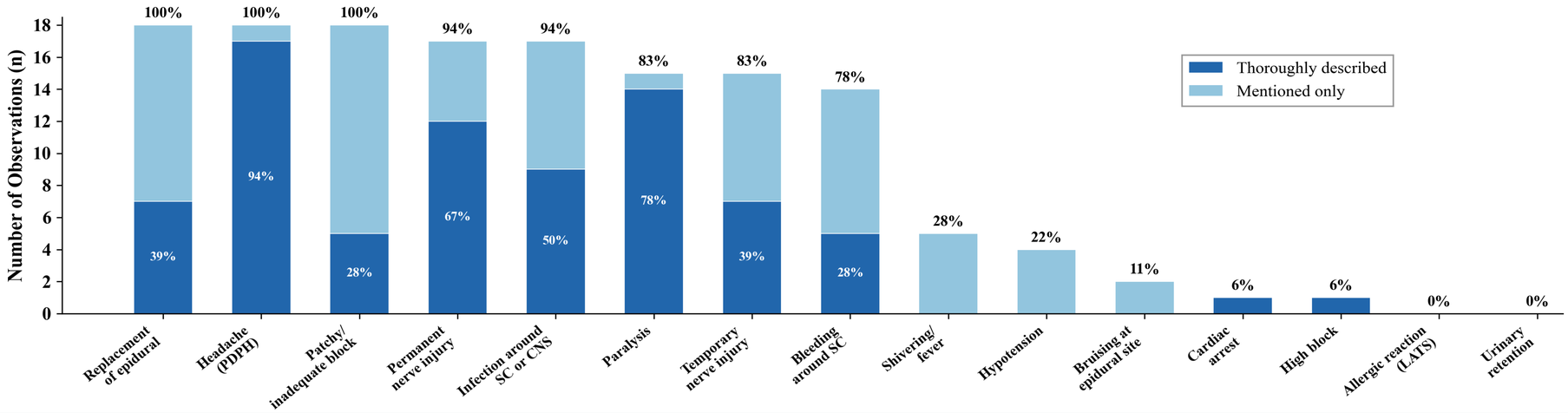


Thematic Domains

- Identity verification
- Pre-procedure assessment
- Risks & benefits
- Complications
- Side effects
- Alternatives

Results





Survey Results (n = 18)

78% Agree parturients in active labor can provide informed consent

6% Agree patients are adequately informed prior to labor onset

Median consent duration:
4 min (IQR 4–5)

Results

Key Findings

- **Considerable variability** in the number of counselling elements and the depth to which they were discussed.
- A minority of anesthesiologist believed patients were adequately informed about labor analgesia prior to delivery, yet discussion of **analgesic alternatives was consistently omitted**.

Implications

- **Standardized consent prompts** may improve consistency
- Integration of **structured antenatal education** initiatives could strengthen **shared decision-making**

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[1.] Anaesthesia. 2025; 80(10):1275–6 [2.] Anaesthesia 2025; 80(12):1581–2 [3.] CMPA