

Patient and Provider Perspectives on Informed Consent Prior to Cesarean Delivery: A Mixed-methods Study in Uganda

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Background

- Cesarean section (CS) is the most performed procedure worldwide, with global rates steadily rising¹.
- As access to CS expands in lower-resource settings, there is increasing attention to person-centered maternity care that is respectful to patient preferences, needs, and values.²
- Informed consent is an essential component of person-centered & ethical care.³
- Components of informed consent⁴: procedure indication, nature/purpose, risks/benefits, alternatives
- Research on the quality of and attitudes towards CS consent in lower-resourced settings is lacking.

Study Objective

To explore patient and provider perspectives of cesarean consent at a general hospital in eastern Uganda

Methods

We surveyed and interviewed 51 maternity care providers and 20 post-cesarean patients at Iganga District Hospital in eastern Uganda (Nov-Dec 2021).

- Provider surveys: CS attitudes, consent practices
- Patient surveys: CS history, care experience
- Interview participants and format:

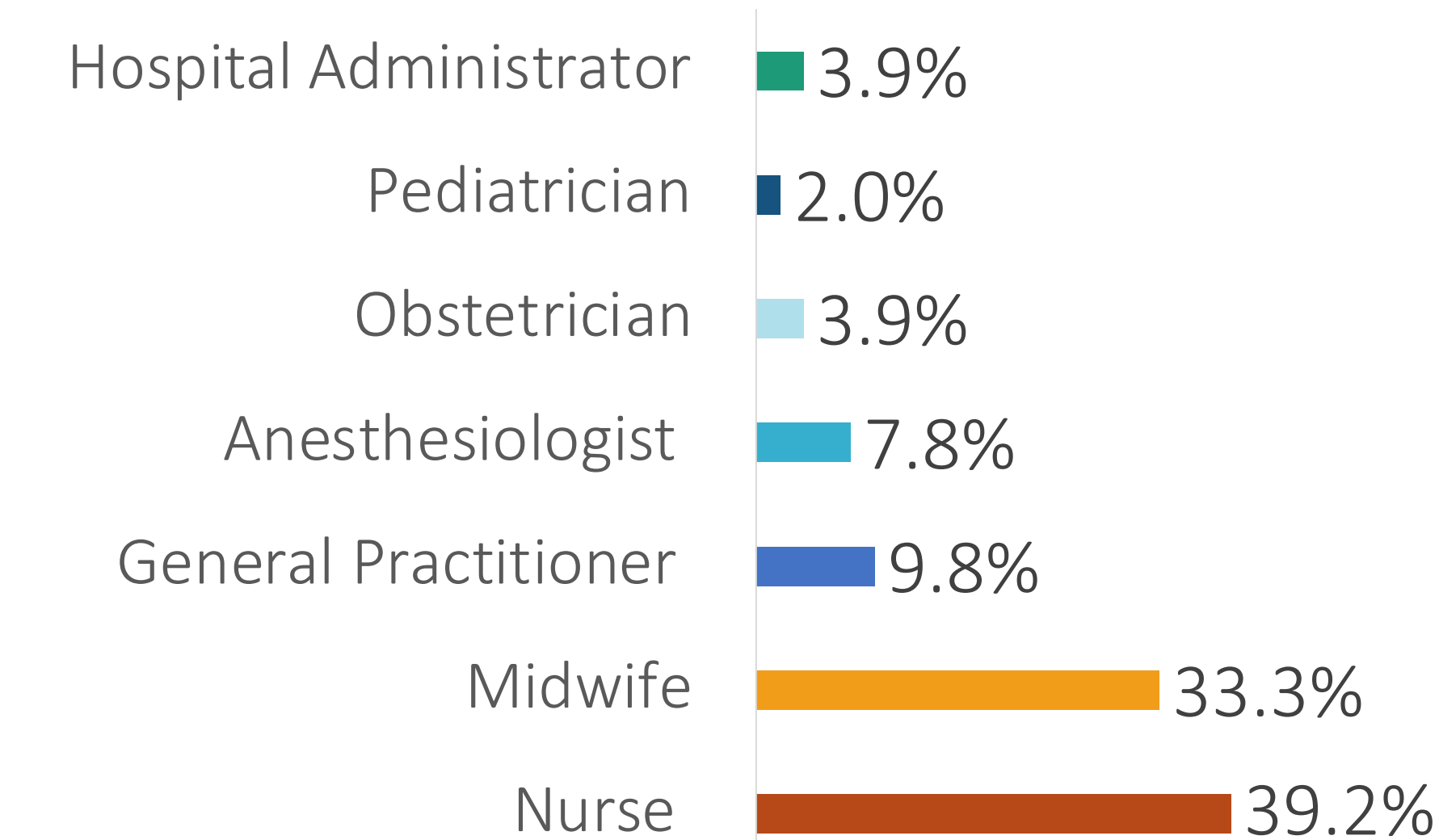
Method	# of events	Participant cadre
Maternity Care Providers		
Key informant interviews	N=11	- Physicians (obstetricians, pediatricians, anesthesiologists, general practitioners) - Nursing staff and midwives - Hospital administrators
Focus group discussions	N=7	- Maternity ward staff (3) - Female ward staff - Pediatric ward staff - Operating theatre staff - Physicians
Post-cesarean Patients		
In-depth interviews	N=20	Post-cesarean patients prior to discharge

• Transcripts were coded and thematically analyzed.

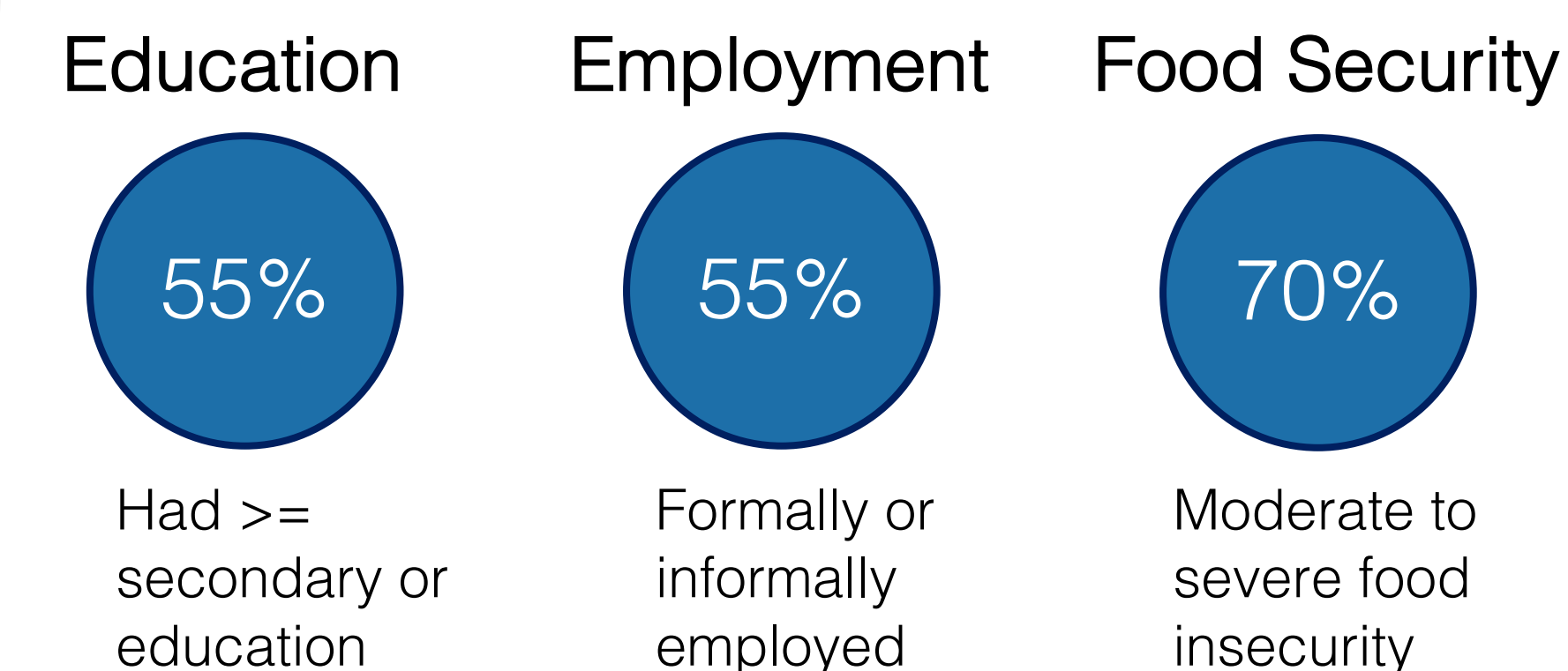
Study Participants

Providers (n=51)

- Median age, years: 34 (IQR 12)
- Role on Labor & Delivery



Patients (n=20)



Top 4 self-reported CS indications

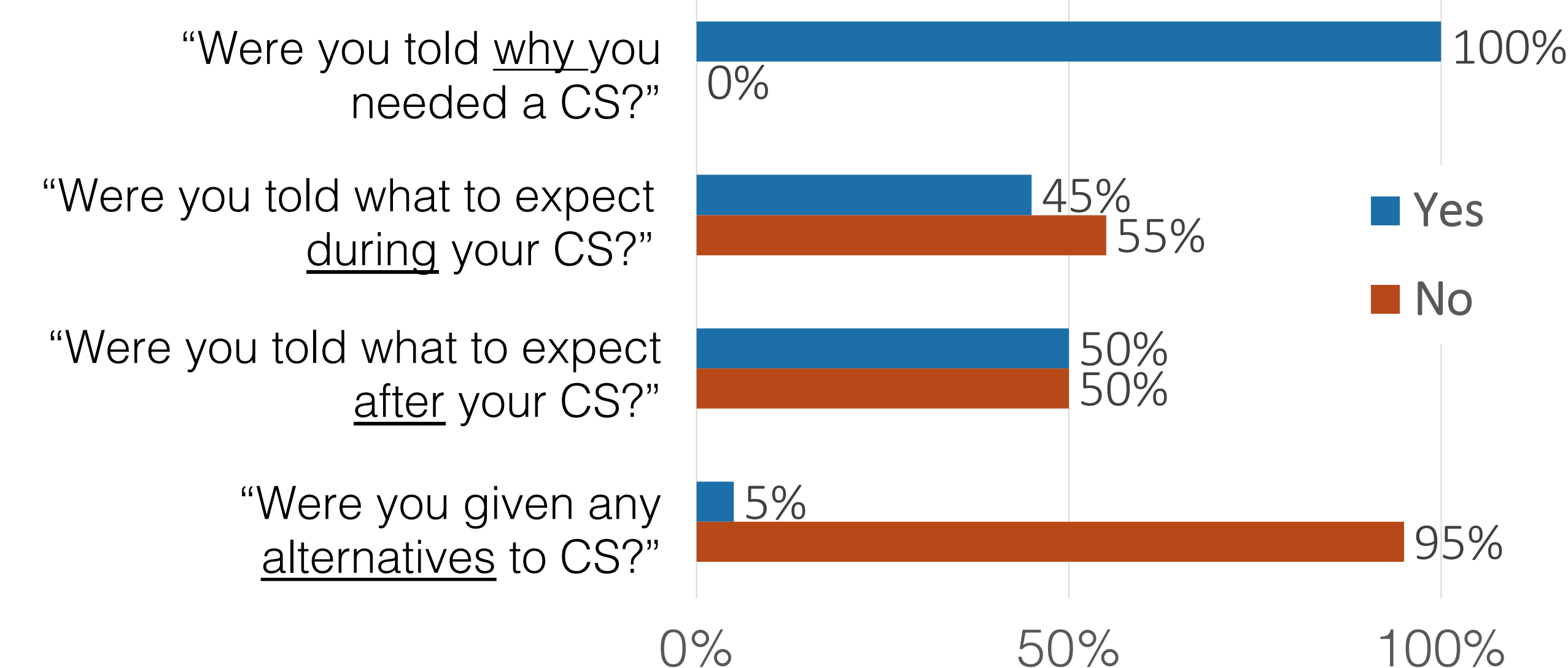
- Prior CS (20%)
- Uterus/cervix not opening (15%)
- Malpresentation (15%)
- Swollen uterus/cervix (15%)

Key Themes

1: Informed consent is often incomplete

- Providers consistently stressed the importance of informed consent and how it should be done in the ideal setting.
- However, there was widespread agreement that comprehensive counseling rarely happens.

Post-cesarean Patient Care Experience Survey Data (N=20)



2: Facility, patient, & clinical factors as barriers to consenting



Facility factors



Patient factors



Clinical factors

- | | | |
|--|---|---|
| <ul style="list-style-type: none">Low doctor to patient ratioLack of facility reminders and comprehensive guide | <ul style="list-style-type: none">Low health literacyAbsence of key family member or loved one | <ul style="list-style-type: none">Obstetrical emergenciesLabor painEmotional distress |
|--|---|---|

3: Consequences of incomplete consent

- Lost opportunity to strengthen patient-provider rapport.
- Providers reported not routinely exploring patient values and preferences.
- Patient preference for vaginal birth sometimes leads to refusal of CS and self-discharge from the hospital.

"Most of the mothers here are from deep in the villages, so, when they come here, they come and they want to push.... Most of the time they don't accept cesarean, so, they will end up first running back to the traditional birthing attendants to see whether they can push anyway and that is one of the causes of uterine rupture which has increased in Iganga hospital." [F006]

Conclusions

- At Iganga hospital, most CS patients are informed of the indication for CS delivery. However, other critical components of consent are often missed.
 - Not due to a lack of provider training.
 - Solutions must address facility, patient, and clinical barriers to the consent process.
- Informed consent plays a key role in patient-centered care, and, when missed, can have devastating consequences.
- Further attention to comprehensive consent counseling is essential as surgical capacity increases in lower-resource settings.
- Major study limitations:
 - Single-center study
 - Post-CS patients interviewed prior to discharge

References

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