# Consent for intrapartum procedures and experience of women in labour

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# Research

- Experience of consent in labour
- Decision making in labour
- Developing a core information set for vaginal birth

# Decision making and consent in labour

- Many potential intrapartum procedures
- Labour is unpredictable, so decisions about treatment and intervention often have to be made promptly in order to prevent bad outcomes
- Obtaining proper consent in labour can be difficult due to time constraints and effects of labour
- Challenges with decision making

# Women's Experience of Consent for Intrapartum Intervention:

# Systematic Review & Meta-Summary

# Background

- RCOG advocates informed consent as essential ensuring good practice and enabling women to make the right decisions for them
- Lack of research to explore consent in labour, with little known about whether the process meets expected standards, and whether it is satisfactory for patients

# How can we improve the process of consent in labour?

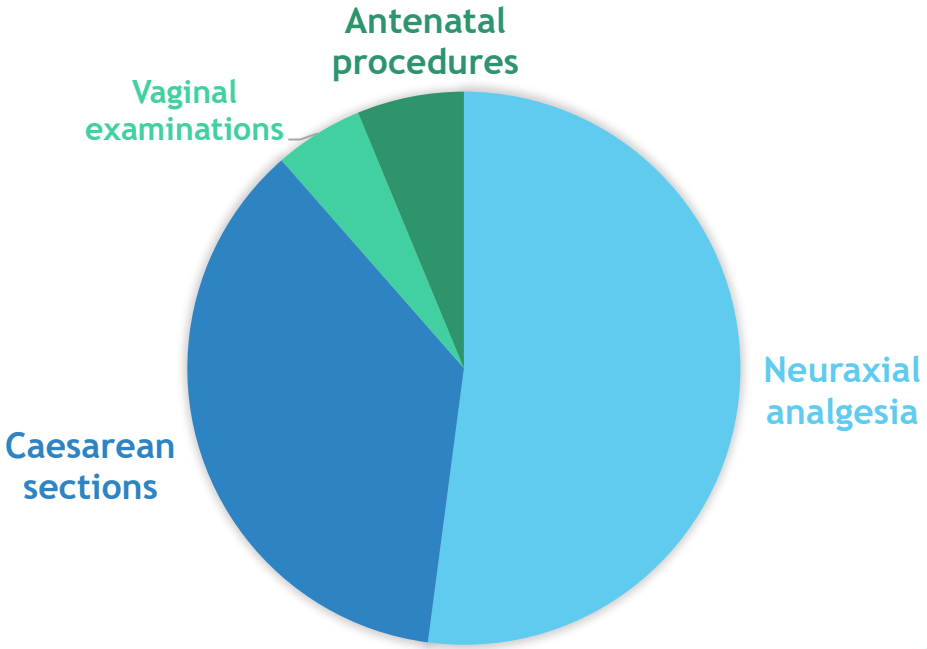
- Understanding experiences of consent during labour can help improve consent and support decision making
- This systematic review identifies studies, & assesses the evidence, exploring patients' experiences of consent during labour
- The aim is to determine themes which can then be used to inform and improve future research and consent practice

# Methods

- Systematic review and meta-summary
- Qualitative & mixed-method studies
- Thematic sentences were developed from the ideas and themes
- Sandelowski method of meta-summary was used as quantitative aggregation of findings.
  - **Frequency effect size**
  - Intensity effect size

# Results

- 19 studies available to include in the meta-analysis



# Frequency effect sizes

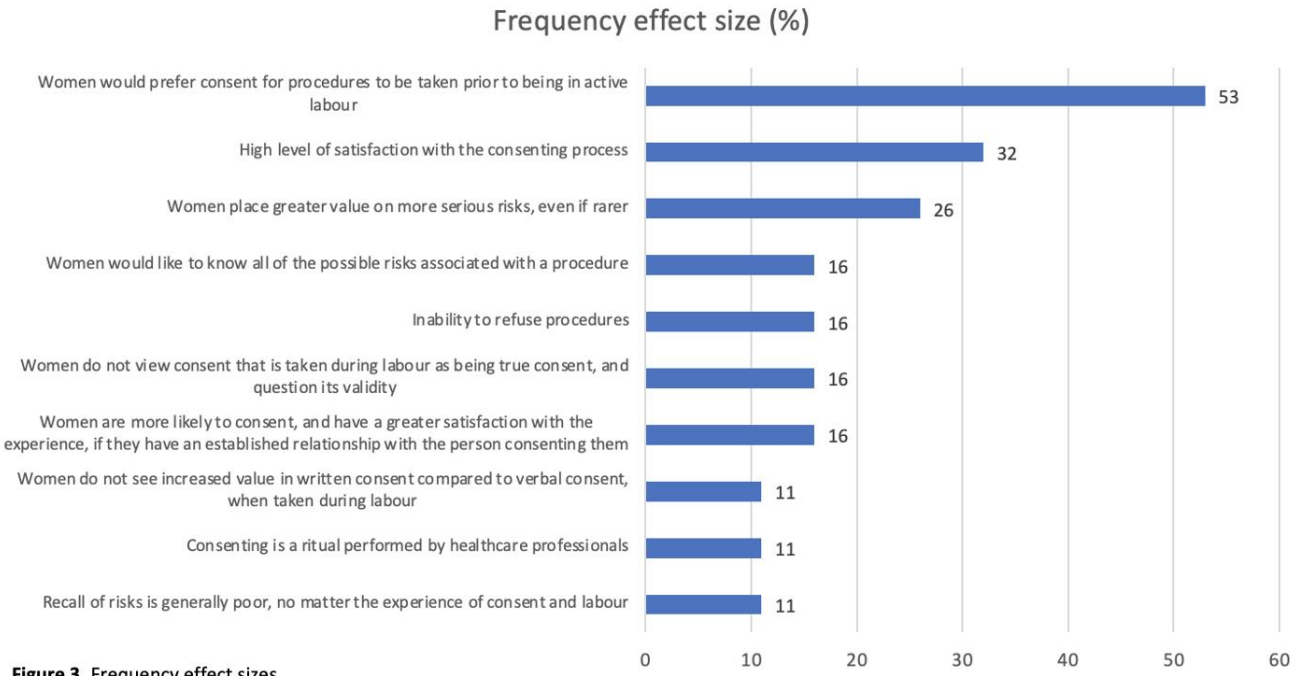



**Figure 3.** Frequency effect sizes

# Information and taking consent

- Antenatal discussion regarding interventions
  - Optimal timings mentioned between 28-34 weeks
  - Prior to active labour
- Relationship with the person taking consent
- Value of written consent versus verbal consent

# Risk discussion

- Preference to know **all** possible risks
- Greater value placed on more serious risks even if rarer

- Recall of risk is generally poor
  - Recall tends to be better with written consent

# Consenting process

- High level of satisfaction with process
  - Satisfaction not related to outcome
- Expectation baby ought to take priority
  - Often willing to endure any risks on child's behalf
- Increased anxiety and vulnerability with obstetric team presence
- People identifying as minority ethnic more likely to experience pressure consent or procedures undertaken without consent

# General views on consent

- Consenting seen as a ‘ritual’ performed by healthcare professionals
- View that consent taken during labour is not ‘true’ consent, and questions raised regarding validity
- Inability to refuse procedures during the intrapartum period

# Limitations

- Lack of literature looking at intrapartum consent
- Most of the research looked at consent for neuraxial analgesia, few on obstetric procedures
- Studies included were from low, medium and high-income countries, where there may be cultural or systemic factors which influence

# Key Findings

- Women prefer antenatal timing for information/discussions
- Questions of validity of consent in labour
- Trusting healthcare professionals is key
- Are written consent forms just a ‘ritual’?
- Women would like to know all potential risks of the procedures they are undergoing
- Most important risks are the most serious, even if these tend to be the rarest

Decision-Making in Labour:

Interviews on decision making with postnatal women who have undergone intrapartum interventions

Evaluate current practice

# Shared Decision Making

- History
- Informed consent
- Patient autonomy
- Patient’s have their own set of values they ascribe to decisions
- The patient as an individual

# Controversy with nomenclature

- Moving away from ‘shared’ decision making
- ‘Informed’ decision making
- ‘Supported’ decision making

# Challenges in intrapartum care

- Time
- Resources
- Dynamic nature of labour
- Emergency care

# How can we evaluate current practice around supported decision making for labour and birth?

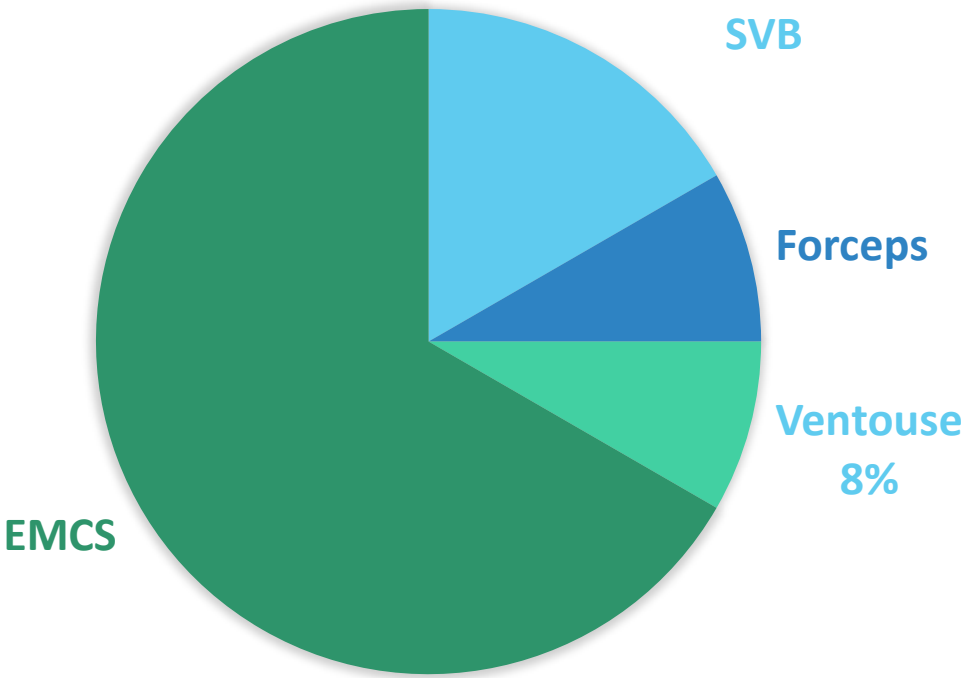
# Study

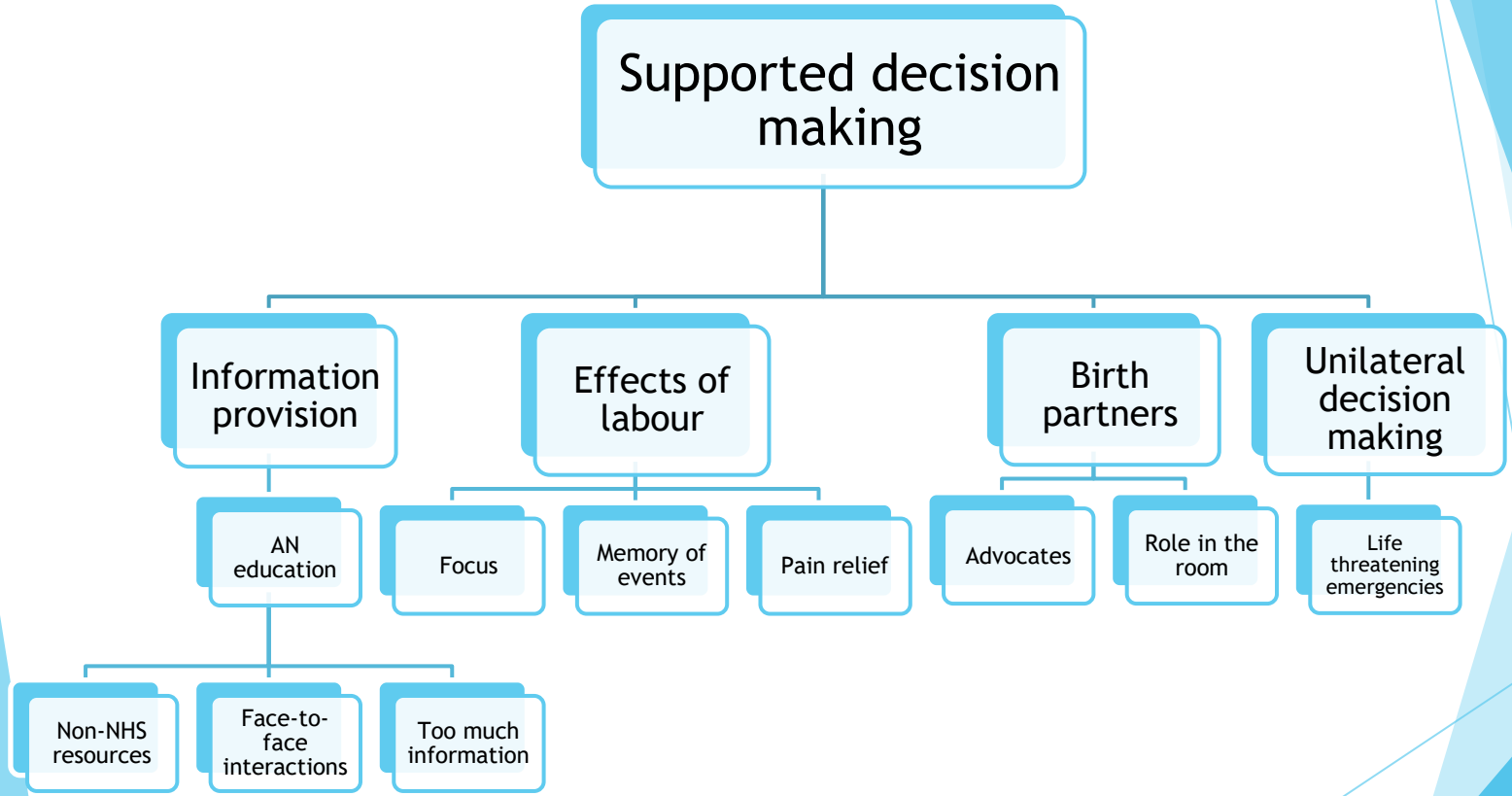
- Develop an understanding of women's views of current practices around information provision and supported decision making for intrapartum interventions
- 2 studies
  - Patients
    - Paired interviews
    - Postnatal interviews
  - Healthcare professionals (focus groups)

# Results

- 2021 to 2022
- 13 recruited
- Age 24-35
- All white British ethnicity

# Intrapartum




Supported decision making
Information provision
AN education
Non-NHS resources
Face-to-face interactions
Too much information
Effects of labour
Focus
Memory of events
Pain relief
Birth partners
Advocates
Role in the room
Unilateral decision making
Life threatening emergencies

# Themes

- Information provision
- Effects of labour
- Birth partner
- Unilateral decision making

# AN Information provision

- Good antenatal information provision
  - How do we improve this?
- Where are people getting there information?
  - Is it valid?
- Timing is key
  - 30-34 weeks

*“I think it’s just knowing the information beforehand so that when it comes down to making the decision it’s a lot easier”*

# Effects of labour

- Difficulty focusing on decision making in labour
- Cannot remember discussions
- Influence of pain
- Lots of people in the room

*"……I was a bit, you know, kind of doolally"*

# Role of birth partner

- Key participant in decision making
- Advocate
- Expectation can make decisions
- Improving preparation

*“I remember looking at my husband and being like ‘you need to get involved because I can’t be doing this right now’”*

# Unilateral decision making

- ‘Illusion of choice’
- Life-threatening emergencies

*“I guess that would be the only time is if it was going to put me or the baby in danger to not intervene.”*

*“When it’s for the welfare of you or for the baby I think most people probably agree you just put the decision making straight to the professionals…”*

# Future focus

- Increase diversity
- Directly involve birth partners
- Developing tools to assist with supported decision making
- Focus on antenatal information provision – when, what and how ?

# Conclusions

- Labour is a challenging time for informed consent and involvement in decision making
- Overall satisfaction appears to be good but key areas need improvement
- Possible ways of improving consent process in labour and decision making

# The way forward

- Improving antenatal information provision
  - Core information sets
  - Information accessibility
- Timing of information is crucial
- Emphasise the role of birth partners
- More research in this area

Thank you!

Any questions?

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