

Consent for cesarean section: How much is informed?

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Abstract

The consent is required so that patient can accept or reject any examination or treatment. It also helps in building the relationship between patient and physician. This study was aimed at studying the quality and quantity of informed consent practices for cesarean section in a tertiary health centre. The present study is a descriptive cross-sectional study carried out in women who underwent emergency or elective cesarean section during study period. The accuracy of the informed consent was calculated on the basis of response to these statements i.e. test or procedure name, risks and benefits of procedure etc. We found that 87% of the women were aware about the necessity to do C-section delivery. We emphasize on the need for appropriate counseling of patients in relation to the complications of cesarean section.

Keywords: Informed consent, Cesarean section, Questionnaire.

Introduction

Consent: To give a correct consent the person who is giving the consent must be having all the necessary information and should also have sufficient mental capacity. The consent is required so that patient can accept or reject any examination or treatment. It also helps in building the relationship between patient and physician. The physician is also able to diagnose and treat the patient by an informed consent.⁽¹⁾ It is a mandatory process and it satisfies the essential requirements of the individual.⁽²⁾ This concept originated from the legal right of the patients to decide what happens to their body and from the duty of the physician to necessitate the healthcare decisions to the patient.⁽³⁾ Informed consent is widely accepted as a voluntary decision for medical intervention made by a sufficiently competent person on the basis of adequate information to accept rather than to reject some proposed action that will harm him or her.⁽⁴⁾ Urbanization, education level, family systems, health care finance options and individual's religious practices also influence the consent practices.⁽⁵⁾ It contains information which allows the patient to make an informed decision about their health. The information must include nature, name, risks and benefits of the procedure, alternative procedures, impact on future reproductive health and anesthetic options in case of C-section. Consent can be given either by the patient or her legal guardian.

Cesarean section (known as C-section): When incisions are made in mother's abdomen and uterus to deliver a baby, the procedure is known as cesarean section. C-section nowadays has become safer and hence is considered as the commonest obstetrics surgery. Informed consent practice has been adopted all over the world when surgical procedures are concerned with. But, with increasing knowledge about ethics and

rights, issues on consent have become one of the frequent grounds for litigation and malpractice claims. This study was aimed at studying the quality and quantity of informed consent practices. Better diagnosis and early referral have increased the rate of cesarean deliveries in India. Cesarean sections are done for the betterment of the patient and their protection.⁽⁶⁾

Materials and Method

This study was done at a tertiary care hospital of India. The main aim was to check the awareness 130 patients had about the cesarean delivery which are very necessary for women to know before giving any kind of informed consent. Questionnaire had 19 questions and each had a yes or no answer. The accuracy of informed consent was calculated on the basis of response to these statements i.e. test or procedure name, risks and benefits of the procedure, indications etc. Questionnaire used for the study included other than identity of woman:

- Test or procedure name
 - Reason for the test or procedure
 - Test or procedure-Risks and benefits
 - The time and place of the test or procedure
 - When and how were the results obtained
 - How much you had to pay for the test or procedure
- Questionnaire was Close ended which included a 'yes' or 'no' response option.

By appropriate statistical method, the data was entered into Microsoft excel sheet and the database was created.

Results

During the study period, 130 women were found eligible according to the inclusion criteria and were selected for the study. 20 patients declined consent, 10 patients were excluded from study because of

incomplete information, and 100 patients were analyzed. 36% were women below the age of 25 yrs (Fig. 1).

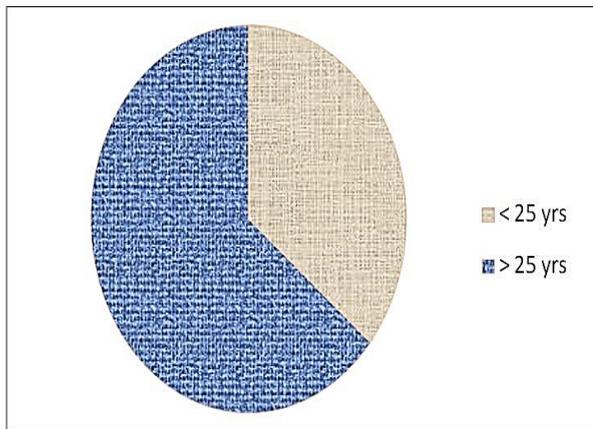


Fig. 1: Age in years

32% had taken education up to 10th std, 24% up to 12th std. and 44% above 12th standard (Fig. 2).

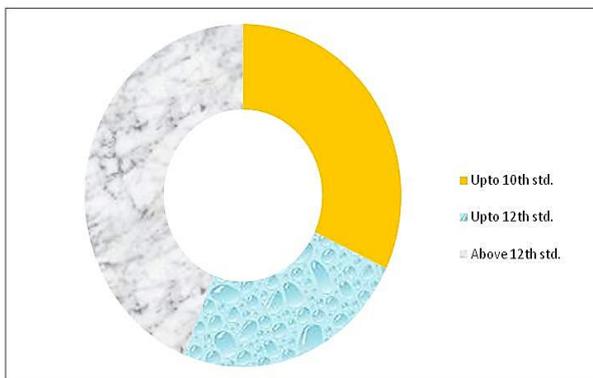


Fig. 2: Educational status

93% of the women were housewife in spite of getting education as shown in Fig. 3.

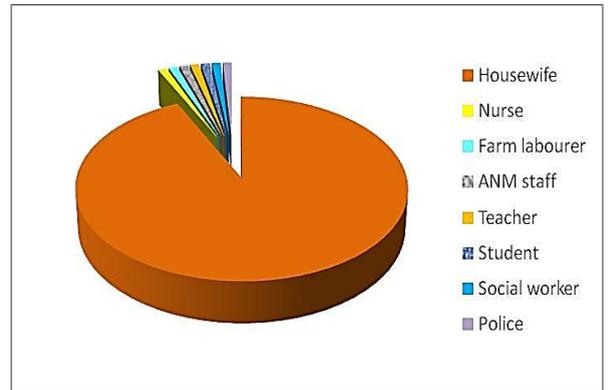


Fig. 3: Occupational status

28% knew the benefits of surgery, 29% were aware of the risks, 66% were aware about the requirement for blood transfusion if necessary, 87% of the women knew the need to do cesarean delivery, 12% knew scar marks could develop after the procedure which may turn red and become painful, 93% were aware of the procedure of C-section, 100% knew the cost of procedure and the requirement of anesthesia during the procedure, 26% had their doubts cleared, 57% knew the procedure options, 12% were aware of the scar rupturing in future pregnancies, 66% were aware of the occurrence of bleeding requiring a return to operating room, 100% knew they had the right to change their mind including after signing the consent form as shown in Fig. 4.

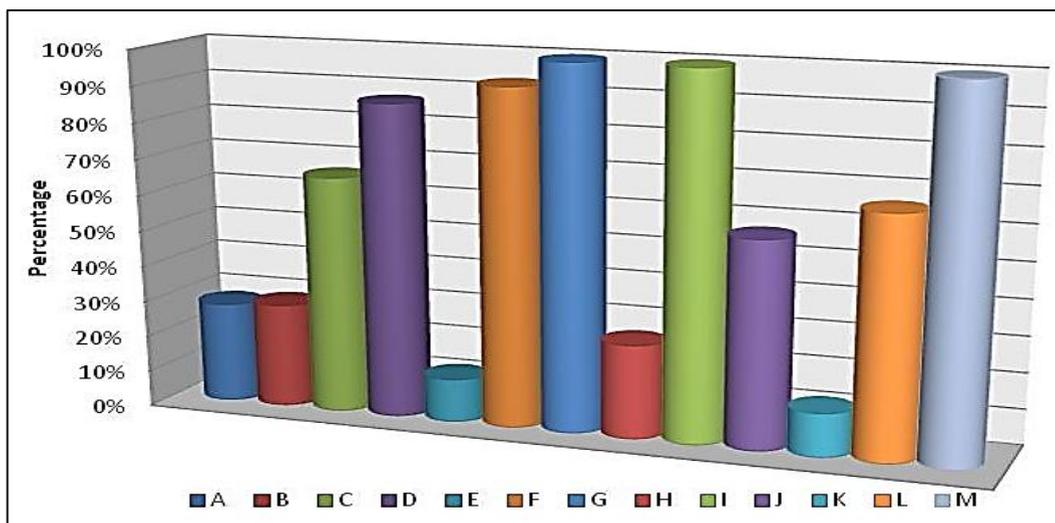


Fig. 4: Parameters for awareness regarding C-section

A-Benefits of surgery	B-Risks of surgery	C-Requirement of blood transfusions
D-Risk of not having the procedure	E-Scar marks which may develop, become red & painful	F-Procedure of C-section
G-Cost of procedure	H-Any doubts regarding procedure	I-Requirement of anesthesia during procedure
J-Procedure options	K-Scar rupturing in future pregnancies	L-Occurrence of bleeding requiring a return to operating room
M-Right to change the mind including after signing the consent form		

Discussion

The quality of healthcare should be improved and maintained in hospitals. This study emphasizes on the need for counseling of patients regarding the complications of cesarean section. Counseling of the patient before and after undergoing cesarean section comprises an important part. The patient's participation in taking decisions is also necessary.⁽⁷⁾

Our study shows that there is still much counseling to be given regarding post-operative complications. A lot of times patients are not informed about the correct procedure, complications as well as other factors. Maximum women in our study wanted vaginal delivery which would make us question the justification to carry out the procedure. These findings match the findings of Saoji et al.⁽⁸⁾ and Sharma et al.⁽⁹⁾

Appropriate patient counseling is very essential in order for the patients to understand the risks and benefits of cesarean section because it has been seen, 29% were of the opinion that mother was at higher risk during C-section.

In the findings of Saoji et al 91% showed the priority for vaginal delivery.⁽⁸⁾ This is the reason for patient education and right counseling becoming an integral part of cesarean section. For reducing maternal deaths and complications women need to give an informed consent so that the services can be rendered by healthcare providers.⁽⁶⁾ Some variables that could affect the patient's attitude towards informed consent are highlighted in this study.

Conclusion

Awareness should be created regarding the C-section. Hospital should try to create a friendly environment so that the patients can get their doubts cleared without hesitation. Arranging special sessions about the procedure, its risks and benefits may also help. In this way the women could undergo the procedure with proper knowledge, awareness and confidence and help in the progress of the society and country.

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