

CONSENT
IN
OBSTETRICS CARE

MTP & LSCS WITH TUBECTOMY

- HIPPOCRATIC OATH

Doctors to decide on best interest of the patient

- NUREMBERG CODE OF 1947

Mandatory to obtain voluntary and informed consent

- TWENTY FIRST CENTURY

Right of freedom to control health

Avoid nonconsensual medical treatment

CONSENT

- Consent is recognised as patient signing a name to a form or verbally agreeing to a treatment plan.
- Medical consent is evolving.
- Types Informed consent
 - Expressed consent
 - Implied consent
 - Surrogate consent

Informed consent

- Respect for patient autonomy self determination and legal right of a patient to bodily integrity
- Process by which treating health care provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment

Informed Consent

- Legal standard for adequacy of amount of clinical information given to a patient varies from state to state so a obstetrician and gynaecologist should be familiar with the local rules and regulation

- No standard consent format
 - **FOGSI PART I AND II**
- Uniform consent pattern
- Specific to procedure
- Simplify consent taking
- Expedites the process in emergency

Guidelines to uniform consent

- Uniformity in the country
- Amount of information
- Number of people signing
- Timing of consent
- Witnesses present or not

REDUCE LEGAL HASSELS

Part one of consent

Information about procedure

- Procedure name
- Meaning of procedure
- Common indications
- Description and benefits of procedure
- Alternative treatments
- Consequences of refusal
- Risks

Part one

Information about procedure

- Information leaflet received with date and sign of patient.
- Patient note
- Blank spaces...
- Consent for second procedure
- Document given to patient at end of counseling
- Instruction to bring it at admission for surgery

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Part two of consent Undertaking

- Free and valid consent
- Name of operation
- Name of doctor or team of doctors
- Anaesthesiae with name of doctor
- Additional procedures if required
- Consent for HPE
- Consent for blood transfusion

Part two of consent

Undertaking

- Consent for observing ,photographing or televising of surgery
- Identity is protected
- Medical science not perfect
- Follow recommendations
- Confirm information given to and by patient
- Free consent

SIGNATURES

- Patient
- Guardian if minor or incapacitated
- Doctor [consultant / doctor from the team]
- Two witnesses [one from patient side and one from doctors side]
- Document patient is aware of draft of consent incase of thumb impression or language barrier.

MTP

- CONSENT FORM

 - Medical method

 - Surgical method

- Procedure is governed by medical termination of pregnancy Act
- Common indications are listed
- Form C

Consent in MTP

Medical Methods

- Outline of risks
- Excessive / prolonged bleeding / pain
- Infection
- Incomplete evacuation or failure
- Individual variations in reactions

CONSENT MTP FIRST TRIMESTER

- RISKS
- Safer but inherent risks and complications
 - Infections
- Injury to surrounding structures
 - blind procedure / additional surgery
- Anaesthesiae and side effects
- Individual variation

- Rare conditions like allergic reactions to drug ,need for assistance for respiration, shock , stroke, heart attack , fluid collection in lungs ,thrombosis and embolism, loss of function of limb or organ or paresis.
- Incomplete or no evacuation
- Inability to complete the procedure

CONSENT FOR LSCS

- Obstetrical care provider have the opportunity to develop a relationship of trust over prenatal care
- But in an emergency
 - fear and apprehension
 - expectations of patient
 - previous experience

Trust has to be earned

- Obstetrical care today is delivered by teams and the dialogue that leads to consent is based on the sum of all information and the care the patient receives over the course of the pregnancy.
- Barriers of language/education / culture
- Cultural navigator
- Social media influences
- **Conflicting information is to be avoided**

- Shared team responsibility for preparing the women in our care for eventualities during labour like cesarean sections.
- Relationship of trust with the interprofessional teams
- Surgical safety checklist is important for surgical safety and an effective tool to ensure valid informed consent for a procedure.

Challenge in consent

- Grey areas of consent in obstetrics
- Capacity can be impaired with pain and exhaustion or combination of factors.
- Confusion during transfer
- Record of discussions prior to labour
- Patients autonomy must remain paramount in adverse circumstances.

CONSENT FOR LSCS

- INDICATIONS
- Immediate delivery is needed
- Inadequate space or improper positioning
- Uterus prone to rupture
- Risk of life threatening bleeding in placenta praevia
- Medical conditions like PIH ,gestational diabetes
- Cesarean section on demand
- If vaginal delivery more complex

OUTLINE OF SUBSTANTIAL RISKS

- Risks
- Neonatal morbidity
 - Neonatal morbidity noted after cesarean section is not due to surgery per se and a aftermath of basic problem or insult when done for fetal distress.
 - Minor injuries while delivering baby
 - Babies may have fast breathing after cs birth
 - Cerebral palsy
 - Rare bony part or nerve injury

Consent for anaesthesia

- Part 1 information about anaesthesia
- Part 2 undertaking
- Risks
 - Risks of anaesthesia
 - Risks of different types of anaesthesia
 - Anaesthesia and infection
 - Associated medical conditions

BTL

- Permanent contraception
- All women have a right to pursue and to prevent pregnancy
- Respect individual reproductive autonomy.
- Coercive forcible sterilisation unethical
- Presterilisation counseling
 - Reproductive desires
 - Patients wish as center of care

Counseling content for tubal ligation

- Patient understands risks and benefits of sterilisation.
- Long acting reversible contraception
- Sterilization is permanent with occasional failures and concomitant ectopic pregnancy risk.
- Male partner sterilisation
- Request for reversal
- Respect request for permanent sterilisation

Consent for medical treatment

- Lengthy forms
- Time consuming
- Impractical when patient has very little understanding capability
- Important for legal issues and engage our patients in the decision making process.
- Encourages self scrutiny and promotes rational decision

Thank you

