

OPEN COMMENTS TABLE For Peer/Consumer Review of RCOG products

RCOG patient information aims to provide clear and accessible information to girls and women to assist them in making informed choices and to their family and friends who may be offering support. The points below are intended to assist you, as a reviewer, to submit brief and structured comments:

- Please critically appraise the content and structure of the patient information, ensuring it is balanced and unbiased.
- Please make your comments constructive, structured and brief indicating the line number or section to which your comment refers.
- Detailed copy-editing or layout comments are not necessary, as this document will be edited before publication.
- Please disclose any conflicts of interest, although these do not preclude you from reviewing the document.
- The RCOG reserves the right to summarise and edit comments received, or not to publish them at all, where the comments are voluminous, publication would be unlawful or inappropriate.

Please email this form to: patientinformation@rcog.org.uk

Closing Date: Friday 20 December 2019

Name of Peer Reviewer	Please be clear as to which line number/section your comments refer to	Comments	FOR OFFICE USE ONLY PIC response to comment
Association for Improvements in the Maternity Services (AIMS) www.aims.org.uk		AIMS has major concerns with this leaflet. Our comments reflect fundamental inadequacies in the leaflet’s tone, language, evidence base, perspective and legal and ethical standpoints. General Comments 1. It is unclear when women and birthing people will be provided with this information, or whether it will be uploaded onto the RCOG website and women will be expected to seek out this information themselves. When this leaflet is accessed is crucial to understanding the relevance of the information provided within it (see Prevention below). 2. While we recognise the need to keep statistical information brief and uncomplicated for the general public, this leaflet is lacking in even basic statistics. This is particularly	

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		<p>relevant with regards to the section entitled ‘can I avoid an assisted vaginal birth?’ Failure to provide such statistics undermines informed consent as women will not have access to all crucial and relevant information.</p>	
	Page 2.	<p>Prevention</p> <p>This leaflet fails to provide enough information to assist women to prevent an instrumental birth. In fact, it normalises ventouse and forceps birth and presents these as inevitable for 1 in 8 women. This is an incorrect interpretation of available data and medical/midwifery evidence. For example, the leaflet does not highlight that assisted births are much lower in planned homebirths, nor does it mention that there is good evidence that induction of labour can lead to higher rates of instrumental birth. This type of information is crucial for informed decision making, especially if women are receiving this leaflet during pregnancy.</p> <p>It is recommended that the section ‘can I avoid an instrumental birth’ is strengthened considerably. This section would benefit greatly from midwifery/RCM input. As it stands, the leaflet is too fatalistic and does little to empower women to make birthing decisions that may help them avoid the need for assisted births.</p> <p>Brief information on preventing or avoiding instrumental birth should be added to the ‘key points’ section.</p>	
	<p>Throughout document.</p> <p>Throughout document but particularly page 6.</p>	<p>Failure to recognise the legal and ethical position of women with regards to declining medical interventions during pregnancy and birth.</p> <p>The tone of this leaflet does not emphasise that both legally and ethically it is women and birthing people who are the decision makers with regards to which interventions they will accept or decline. This is apparent throughout, particularly with regards to interventions being ‘recommended’ as opposed to ‘offered.’ The latter is both legally and ethically more appropriate.</p> <p>This tone is outdated and leans towards doctor led care as opposed to woman centred care. The section ‘about intimate examinations’ is particularly worrying. It is not enough to suggest that if women are distressed that they should ‘let their healthcare professional know.’ This does not accurately reflect the legal or ethical position of women in this situation. Women have the right to decline vaginal examinations, but the</p>	

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	<p>Page 7.</p>	<p>presentation of the existing information implies that women must submit to vaginal examinations if health care staff deem them necessary. This is entirely inappropriate and is not presenting a clear legal or ethical picture of what women’s options are in this situation.</p> <p>Similarly, the box at the end of the leaflet entitled ‘shared decision making’ also misrepresents the legal and ethical position of women when making decisions about their care. Although a woman will require the agreement of a health carer when requesting an intervention, the legal position is totally different when she is declining one. Unless she lacks mental capacity, she does not require the agreement or permission of health care staff to decline a medical intervention. In this situation the term ‘shared decision making’ is therefore a misnomer and consequently inappropriate. The box at the end should therefore be removed or altered to the term ‘supported decision making.’</p> <p>Please note, it is dangerous and unfair to both women and health care providers to inaccurately represent the law regarding women’s rights to decline medical interventions.</p>	
	<p>Page 1.</p> <p>Page 5.</p> <p>Page 6.</p>	<p>The leaflet downplays the consequences of instrumental birth, thus distorting its effects and potentially eroding informed consent.</p> <p>Notably the ‘key points’ mention nothing about the potential effects of instrumental birth on women. This is a crucial omission and does not reflect the seriousness of the intervention on women’s bodies (particularly forceps).</p> <p>The section ‘vaginal tears/episiotomy’ is lacking in significant information. It does not mention the potential physical consequences of these injuries, including urinary and faecal incontinence and surgery. There is no mention at all of any emotional, psychological or sexual impact.</p> <p>Similarly, ‘how will I feel after I leave hospital?’ significantly downplays the potential physical and emotional consequences of instrumental birth, especially with regards to forceps. Of most relevance, ‘You may feel a little bruised and sore’ is inappropriate, incorrect and therefore misleading.</p>	

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		<p>These sections of the leaflet would benefit from considerable input from women who have experienced assisted births. As it stands, the leaflet suggests that the authors have not adequately captured nor understood the significant impact assisted births can have on the physical, emotional and sexual health of women.</p>	
	<p>Page 1.</p> <p>Page 4.</p> <p>Page 6.</p>	<p>Language</p> <p>As already noted, the language used in this leaflet misrepresents the legal and ethical position of women. Further specific concerns are as follows:</p> <p>‘Why do I need help with the birth of my baby?’ should read ‘why might I be offered an assisted birth?’</p> <p>‘Your labour is not progressing as would be expected’ would read better and more accurately as ‘If you have been pushing for a long time and your baby has not yet been born.’</p> <p>In the section ‘What are my alternatives to assisted birth?’ the option for a caesarean section has been described as an ‘emergency’ caesarean section. We would recommend the word ‘emergency’ be dropped. The reason for this is that it is a woman’s legal right to withdraw consent to an instrumental birth at any time. Removing the word emergency implicitly reiterates a woman’s right to request an elective caesarean section during a difficult birth. For greater clarity, it is recommended that this point is stated explicitly.</p> <p>The sentence that begins and ends, ‘We understand that for some people, particularly those who may have anxiety very difficult’ suggests that only specific types of people may find vaginal examinations very difficult. This is untrue and misrepresents the reality of the situation for many women. This needs to be rewritten to highlight that it is normal for women to feel discomfort and anxiety during vaginal examinations and that it is their decision as to whether they accept them or not.</p>	