AIMS For a better birth...

Information and consent

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Birthrights highlighted the following example in their advice about consent and the Montgomery case.[1] It is a concise example of what women should expect from an informed consent discussion.

'Far from threatening doctors with more claims, proper disclosure of risks should protect the medical profession from litigation and lead to patients bearing responsibility for their own decisions. Respect for patient autonomy means that patients take responsibility.'

An example: post-dates induction

'Post-dates induction provides a useful example of how informed consent ought to work in practice. The obstetrician must make time for a genuine dialogue with the woman. Hospital information sheets on induction are not a sufficient basis for making informed decisions. During the dialogue, the doctor cannot not simply impart facts or hospital policy without taking account of the woman's particular situation and wishes for the birth.

'The conversation must be personalised – it would differ between a first-time mother and a woman who has already had children; or between a woman who wants to give birth vaginally and a woman who is concerned about vaginal birth.

'The obstetrician should explain the risks of exceeding her due date using accurate and comprehensible information that does not put undue pressure on the woman (stating only that 'your baby might die' would not be considered sufficient information).

'She should then be told of 'any material risks' of induction to both herself and her baby. It is obvious that most women would wish to know the likelihood of success and failure of induction in that clinician's experience at the hospital in question, and the risks should induction fail. These will include fetal distress, assisted birth, with consequent potential for perineal trauma, and emergency caesarean section.

'The obstetrician should suggest alternative courses of action, including waiting for natural labour to begin and elective caesarean section.'

How often does this happen?

From our experiences at AIMS we have noticed that this 'discussion of risks' also frequently appears to exlude the risks of forceps deliver y to the baby, which was a significant factor in the Montgomery case.

Reference

1. www.supremecour t.uk/decidedcases/docs/UKSC_2013_0136_Judgment.pdf