

Original Study

Level of Maternal Awareness Amongst Mothers who had Undergone Elective C/S

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Abstract

Caesarian section (C/S) is a very common obstetric procedure. It had many advantages and disadvantages. In this age of consumer awareness, patient has to give an informed consent before the procedure – means merits and demerits of the procedure shall be known to the patient. She also has the right to choose between different procedures, type of incision and anesthesia, where possible. We have studied that status amongst 100 such patients, only 7% of them being illiterate, who had undergone elective C/S in SNP Hospital, a two tier hospital of Kolkata. The result was shocking. 65% of the mothers did not have any idea regarding the procedure they are undergoing. 1/3rd of the patients even did not know why they are having C/S. None of them was given any choice regarding anesthesia and only 9% regarding incision. A detail of the study is presented.

Keywords

caesarian section, informed consent, choice of procedure

Introduction

Caesarean section (C/S) is one of the most common major operations in the field of Gynaecology & Obstetrics. Though WHO has tried to restrict the rate of caesarean section within 15% of all deliveries, but it has been in vain. The rate of caesarean section is increasing day by day. The incidence even in developing countries is as high as 30% by Kumar A. *et al*, 27.7% by Ai Turki *et al*^{1,2}. An unpublished data by Ray D³ in 2007-08 shows an exceptionally high rate of C/S of 48.21% in adolescents and 51.11% in mothers aged more than 30 yrs (irrespective of parity) in our hospital, i.e. Sambhunath Pandit Hospital, Kolkata, which is a tier two referral hospital. In fact, in many private hospitals, the only indication for caesarean section is pregnancy. Caesarean section has now become much safer than before with better anesthetic facilities and a well defined surgical protocol. But the morbidity, length of hospital stay and mortality of this procedure is definitely more than a normal vaginal delivery. In this era

Table 1 Questionnaire		
Patient name Under Dr.		Regn. No. Parity
		Bed No. Educational status
Question No.	Question	Answer (apply ✓ on the correct answer)
1	Do you know why you had a caesarean section?	Yes/no
2	Did someone explain to you about the procedure?	Yes/no
3	Were you given a choice regarding the type of anaesthesia?	Yes/no
4	If given a choice, which mode of anaesthesia would you choose?	Epidural or spinal / General
5	Give reason to your choice	
6	Were you asked about the type of incision you would like to have?	Yes/no
7	If given an option, which incision would you choose?	Transverse/Longitudinal
8	If given an option, which mode of delivery would you choose?	C/S or N.D
9	In the next pregnancy, how would you prefer to deliver?	C/S or N.D
10	Which mode of delivery do you think is safer for mother?	C/S or N.D
11	Do you think there is any difference between a baby born by normal Delivery and one born by C/S? If yes what are the difference?	
12	Did you have any postoperative complication?	
13	Would you like to come back to this same hospital for your next delivery?	Yes/no
14	What was your experience with the doctor, nursing staff & G.D. As of this hospital?	
Signature :		
Date :		

of Consumer Protection Act and litigation in all aspect of health care, the patient is supposed to be given an informed choice and an informed consent (in a written format) about any intervention or medication done on her. Undoubtedly, it is the duty of the attending doctor to explain in writing the pros and cons of any intervention, as well as the consequences of it. A written consent is always taken, but how well do we inform our patients and their family about the procedure? Do we give them a choice in possible cases?

This study was undertaken to find out how well informed our patients are about the indications of caesarean section, type of anaesthesia or plan of incision and what would have been their choice of method of delivery if asked for. This study is in the lines of a similar study done by Prof. J.

B. Sharma *et al* in Moulana Azad Medical College in New Delhi in 2001⁴. We do also intend to see whether 10 yrs down the line we have been able to progress much, regarding the information we give to our patients before undertaking such a major procedure involving two very important lives.

Material and Methods

A questionnaire was prepared on the lines of the study done by Prof. J.B. Sharma *et al* on various aspects of caesarean section, regarding involvement of the women concerned in the decision-making, about the indication of caesarean section, expectation during surgery, type of anaesthesia, type of incision etc. The questionnaire was prepared in English, Bengali & Hindi and was given to the patient as per her mother tongue.

A total of 100 women who had undergone elective caesarean section in Sambhu Nath Pandit Hospital, Kolkata, were given the questionnaire (**Table 1**) and retrospectively asked about it just prior to discharge. Mothers who had undergone emergency C/S were strictly being excluded from the study. This is a second tier hospital in the heart of kolkata, which is also undertaking DNB training in a few specialties, including G&O. The study was undertaken from January 2010 to August 2010.

Results

The answers to the above questionnaire were as follows-

- 1) A total of 67 women (67%) knew the indication of their caesarean delivery, but 33% had no idea why they had a caesarean delivery.
- 2) 65% of the mothers were not explained about the procedure while 35% said that it was explained to them.
- 3) None of the mothers were consulted regarding the choice of anaesthesia prior to caesarean section.
- 4) If given a choice, 59% would prefer epidural or spinal anaesthesia while the other 41% preferred general anaesthesia.
- 5) 59% of women who preferred regional anaesthesia said they did so because they wanted to be pain free but conscious enough to hear and see their baby immediately after birth. On the other hand, 41% preferred general anaesthesia, as they were too scared to remain conscious in the O.T during the procedure.
- 6) 91% of the patients were not asked about the type of incision to be given during the operation.

Table 2

Level of education	Percentage
Illiterate	7%
<8 years of education	48%
8-10 yrs of education	29%
10-12 yrs of education	8%
>12 yrs of education	8%

- 7) If given an option between longitudinal & transverse (bikini) incision, 42% would have opted for transverse incision, 8% would want a longitudinal one, while a huge 50% said that they had no choice, they would leave it to the doctor to decide.
- 8) If given a choice, 70% of the women wanted a vaginal delivery, 28% preferred C/S, 1% would depend on her doctor and 1% was undecided and did not want any children.
- 9) On being asked whether they preferred a normal delivery or C/S in their next pregnancy, 56% of the women wanted a vaginal delivery, while 44% wanted an elective C/S.
- 10) Surprisingly, 73% of the women had the idea that the mortality and morbidity was more with vaginal delivery- only 26% believed that the risk was higher with C/S.
- 11) 61% of the women did not think that the baby delivered by C/S was in anyway different from that delivered by normal delivery, but 38% thought that a caesarean baby was more intelligent as they were not injured (no head compression) during the process of delivery. They also thought that C/S babies needed special care.
- 12) 88% of the women had no complications following delivery. 12% developed post-operative complications like wound infection, excessive pain abdomen & back and post-partum bleeding.
- 13) Majority (79%) of the women preferred to have their next delivery at the same hospital. Only 3% preferred to go elsewhere and 18% had no choice – they depend on the decision of their relatives specially in-laws. The reasons for preferring the same hospital was the proximity of the hospital to their homes or someone known to them working in this hospital and pleasant behaviour of the staff of this hospital.
- 14) 91% of the women thought that the attending doctors, nursing personnel and other staff were polite and helpful. Only 5% women said that the staffs were rude and 1% women had no comments on that question.

Table 3

Question No.	Question	J. B. Sharma 2001	Present Study 2010
1	Knowing the indication of C/S	80%	67%
2	Explanation of the procedure to be done	0%	35% explained
3	Choice given to type of anaesthesia	0%	0%
4	Type of anaesthesia preferred	GA-60%	GA-41%
		Regional-40%	Regional-59%
5	Choice given to women regarding incision	0%	9%
6	Incision preferred	Transverse-86%	Transverse-42%
		Longitudinal-14%	Longitudinal-8%
			No choice-50%
7	Type of delivery preferred	ND-78%	ND-70%
		C/S-18%	C/S-28%
		Instrumental-6%	Depends on doctor-1%
8	Delivery preferred in next pregnancy	Vaginal-84%	Vaginal-66%
9	Choice of next hospital	Majority same	79% same hospital
10	Outcome of baby	16% thought C/S baby smaller, weaker	39% thought C/S baby different, more brain maturity

Discussion

Awareness among the patients and the role of doctors in increasing their awareness presents a very dismal picture in our hospital. Even though ours is a level two referral hospital and there is no shortage of senior and junior doctors, such an important operation is being taken very casually. Rate of C/S is as high as 40-45% and one third of these women are undergoing this procedure without knowing whether they really need such a major intervention and the great risk involved. Increased safety in procedure has made the doctors more complacent, but this is a dangerous sign.

An important factor due to which a section of medical personals might think that it is futile to make the patients understand the implications of the procedure is literacy.

The level of literacy amongst the women who were questioned as follows is listed in **Table 2**. And it shows that only 7% of them were illiterate though that does not justify why they won't be having any knowledge regarding the interventions they are undergoing.

However, a doctor should try to make it as simple as possible regarding language and content. So 55% of our mothers would find it difficult to comprehend all the details

of the operation. Fear, pain and unfamiliar surroundings further complicate the matter.

If we compare the results with the study of Prof. J. B. Sharma done almost 10 years back, there is only a marginal improvement, which is not significant enough (**Table 3**).

We doctors should be more vigilant and train our junior doctors to be aware of their responsibilities and expect that the picture will change for the better at least in the next 10 years.

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