

Gaps in informed consent process among women who have undergone elective cesarean section at AIC Kijabe Hospital, Kiambu County. Kenya

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Introduction

Informed consent for elective cesarean section is both a legal and an ethical requirement. Its process includes the presence of the patient's decision-making capacity, provision of adequate information and voluntary consenting.

Missing any of the following denotes gap(s) in informed consent: name and nature of surgery, indications, benefits, risks and alternatives including no treatment, anaesthesia and analgesia options available, implications of this surgery on future pregnancies, extra procedure(s) deemed necessary intraoperatively and the patient's right to accept, refuse or defer surgery.

Objective

To describe the elements of informed consent that are most frequently addressed or missed when obtaining consent for elective cesarean section at AIC Kijabe Hospital.

Methodology

A cross-sectional study using a structured questionnaire was administered to 137 women was sampled via systematic random sampling technique in AIC Kijabe hospital's postnatal ward after consenting. Information gaps were measured by frequencies while process gaps were measured by time spent on obtaining consent and whether patients' concerns were addressed.

Results

All elements of informed consent were well addressed except benefits of cesarean section, post-surgery briefing and implications on future pregnancies, addressed in only 41.2%, 47% 29.4% cases respectively. Without fail consent form was signed but the informed consent process was not documented. Patients' concerns were addressed invariably. The average time spent on obtaining consent was eight minutes.

Conclusion

Documentation of the informed consent process, benefits of the elective cesarean section, post-surgery briefing and implications of this surgery on future pregnancies were not well addressed in the informed consent process.

Recommendations

Further research is required to decipher why the benefits of caesarean section, implications of the surgery on future pregnancies and delivery, post-surgery briefing and documentation of the informed consent process are inadequately addressed.

Keywords: Informed consent, elective cesarean section, gaps.

Key words

informed consent, Gaps, elective cesarean section

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