

**Improving Quality
Standards in the
Obstetric
department**

Titbits-Obtaining Consents in Obstetric care

**Normal / conversion to
instrument / LSCS,
PNDT**

Procedures in Obstetric care

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- Pelvic examination
 - Artificial rupture of membrane
 - Amnioinfusion
 - Internal electrode placement for fetal monitoring
 - Continuous fetal monitoring
 - Blood transfusion
 - Epidural analgesia
 - Vaginal delivery
 - Episiotomy
 - Instrumental delivery
 - LSCS
 - ICU Care
 - Emergency procedures (ex: B lynch procedure)
 - Sterilization procedure
 - Scan

Challenges of taking consent in Obstetric patients

- When to take the consent
- Not all woman require all the procedure mentioned
- Are we putting the already anxious mother to more stress by listing all possible complication
- Life threatening condition occur unexpectantly
- Ability of the patient to understand and comprehend the explanation given by professionals
- Refusal to give consent for the procedure
- Fulfilling the four basics of medical ethics (autonomy, beneficence, non maleficence and justice)
- Not revealing the gender to the parents even though they have all rights to know about their own medical condition

Overcoming the specific challenges of getting consent in Obstetric patients

- The consent for major procedures (vaginal delivery, instrumental delivery) should be taken preferably in third trimester . The reason
- Standard consent sheet for the same is available for use in FOGSI website
- Adequate time should be given to the patient to read through the written consent and opportunities should be given for her to clarify her doubts
- Conversion to instrumental delivery can happen in a unprepared clinical situation, hence the mother should give consent for both the procedure in advance simultaneously

Overcoming the specific challenges of getting consent in Obstetric patients

- LSCS Consent will be taken when needed but the possible reasons for the LSCS can be discussed with patient while getting consent for vaginal delivery
- Informing the rarity of certain complications will help in relieving their anxiety
- The clinician should be prepared for refusal of giving consent, which requires clinician's extra time to clarify their queries.
- Consenting is not a licence to perform substandard care. The clinician should take utmost care in planning and executing care needed for the patient even in the case of refusal of a procedure

PNDT

- The primary objective is to put a check on female feticide
 - Strictly to be followed by all ultrasound clinic (diagnostic/treatment / genetic Labs) under PCPNT act
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- The requirements are

- Registration of the centre
- Written consent of the pregnant woman and prohibition of communicating the sex of the fetus
- Maintenance of all the records
- Creating awareness among the public by placing the board of prohibition on sex determination

Consent

- Is taken from the pregnant woman in Form F each time when she is scanned
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- Copy of the form should be given to the woman
 - Form should have declaration by the sonographer that she has not revealed the sex of the fetus
 - Form should have declaration by the pregnant woman that she has not requested for gender of the fetus
 - The summary of the scans should be submitted to the concerned authority every month
 - The forms, related records, ultrasound pictures should be preserved for a period of 2 years

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- Portable ultrasound has to be used only in the centre where it is registered and cannot be used as stand alone scan in the mobile scan clinic
 - Genetic counselling centre use Form D
 - Genetic lab Form E
 - Genetic clinic Form F
 - Penalize all the errant either involved in sex determination or non maintenance of records
 - Any violation leads to freezing of the registration , freezing the ultrasound machine , and subject to criminal law

THANK YOU
