Original Article

LEVEL OF PATIENTS' EDUCATION AND KNOWLEDGE ABOUT INFORMED CONSENT OF CESAREAN SECTION IN FEMALES UNDERGOING PLANNED CESAREAN SECTION

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ABSTRACT

Background: The consent-providing individual must not only have the appropriate mental ability but also have all of the required knowledge to give consent correctly. The patient must provide consent to accept or decline any treatment or examination. The study aimed to find the level of patients' education and knowledge about informed consent of cesarean section in females undergoing planned cesarean section

Material and Methods: This study was cross-sectional and carried out at Unit I, Department of Obstetrics and Gynecology, Sir Gangs Ram Hospital, Lahore for a duration of six months after approval of synopsis from January 2022 to June 2022. All the enrolled patients were asked about the informed consent of cesarean section before undergoing cesarean section and their knowledge about informed consent was noted. The Female education about informed consent was obtained as per operational definition by the researcher herself after the procedure. Data analysis was done through SPSS version 21 software.

Results: A total of 100 cases were enrolled in the current study. Level of adequate knowledge about informed consent of cesarean section was recorded in 74 (74%) of the cases whereas adequate knowledge was not recorded in 26 (26%) cases. Level of adequate education about informed consent of cesarean section was recorded in 9 (9%) of the cases whereas adequate education was not recorded in 91 (91%) cases.

Conclusion: Our study concluded that a high number of patients have an adequate level of knowledge about informed consent for cesarean section in females undergoing planned cesarean section while the level of adequate education was very low

Key Words: Education, Knowledge, Consent form

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INTRODUCTION

Cesarean section (CS) is one of the most common major operations in the field of Gynaecology and Obstetrics. Though WHO has tried to restrict the rate of cesarean section to 15% of all deliveries, it has been in vain.

The rate of cesarean sections is increasing day by day. In a current study, the prevalence of cesarean section in Pakistan was 28%.[1] Cesarean section has now become much safer than before with better anesthetic facilities and a well-defined surgical protocol.[2] In this era of the Consumer Protection Act and litigation in all aspects of health care, the patient is supposed to be given an informed choice and informed consent in a written format about any intervention or medication done on her.[3] CS is one of the major

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surgical methods in both developed and developing countries.[4]

Study findings show a strong need for doctors to inform pregnant mothers about Caesarean section sectioning at their appointments.[5] Additional studies suggest that when individuals are informed about their situation, they become more effectively engaged in the decision-making process.[6-8] Due to their increased knowledge of its benefits and safety, as well as the growing significance of the right to make a choice about the manner of birth on one's own, women in industrialized nations often consent to cesarean sections.[9] In contrast, owing to their cultural beliefs and social conventions, women in poorer nations are hesitant to consent to cesarean deliveries. They make an effort to forgo hospital delivery and hire inexperienced, untrained caregivers. These women often present to hospitals with life-threatening problems, and in such cases, the majority of procedures are carried out in an emergency setting under less-than-ideal conditions.[10,11]

The findings of the previous study showed that the pre-training knowledge score of the patients regarding cesarean sections dramatically rose after the informed consent, although a little decrease in trait anxiety was observed.[12] In this research, 71% of the women were aware of the indications and necessity for cesarean birth, according to the findings. Out of the total participants, only 25% of these women had the appropriate education regarding the surgery and its potential risks.[13]

The rationale of this study is to find the level of patients' education and knowledge about informed consent for cesarean section in females undergoing planned cesarean section. The literature review shows that most of the females were aware of informed consent related to cesarean section but few females were educated about the informed consent of cesarean section. Moreover, there is no local data available, which tells how much there is need to educate females about informed consent related to cesarean section. This study was conducted to achieve local evidence on the level of patient education and knowledge about informed consort of cesarean section in females undergoing planned cesarean section. This study will help in planning the strategy to educate females about informed consent and its contents so females can be aware of their condition.

OPERATIONAL DEFINITIONS

Planned Cesarean Section: It is defined as pregnant females planning to undergo delivery through an incision in the lower abdomen due to indication i.e. diabetes with complications, eclampsia (convulsions with PIH), cephalopelvic disproportion (on USG), premature rupture of membranes (PROM) (on per speculum examination) and fetal distress.

Patients' Knowledge: It was labeled as adequate if the female was previously aware of the informed consent that is signed before she undergoes a cesarean section by herself and calculated by correctly answering >5/10 questions asked in the proforma.

Patient's Education: It was labeled as adequate if the female was informed or given an explanation about the informed consent of cesarean section by a doctor and calculated by correctly answering≥ 5/8 questions asked in the proforma.

MATERIAL AND METHODS

This study was cross-sectional and carried out at Unit I, Department of Obstetrics and Gynecology, Sir Gangs Ram Hospital, Lahore. The duration of the study was six months after approval of the synopsis from January 2022 to June 2022. The sample size of the current study was 100 cases based on 95% CI (confidence level), 8.5% level of significance, and by taking an expected level of female education about informed consent in females undergoing cesarean section as 25% based on the previous study.[13] A consecutive non-probability sampling technique was used. The criterion for

inclusion in our study was all the females of age 20-40 years, parity <5 presenting at gestational age >36 weeks undergoing planned cesarean section whereas the criterion for exclusion in our study was all the females with mental retardation problems. The study was explained in detail to all the participants and then informed consent was taken from all the enrolled patients in written form. Socio-demographic information like age, name, gestational age and parity arid contact was documented in a pre-designed Performa. All the enrolled patients were asked about the informed consent of cesarean section before undergoing cesarean section and her knowledge about informed consent was noted. Female's education about informed consent was obtained as per operational definition) by the researcher herself after the procedure. All this information was recorded in the Performa. Data analysis was done through SPSS version 21 software. For the quantitative variables in our study like age and gestational age, means and SDs were determined while for qualitative variables such as parity, knowledge and education about informed consent, frequencies and percentages were documented.

RESULTS

In this study, a total of 100 cases were enrolled to record the level of patients' education and knowledge about informed consent of cesarean section in females undergoing planned cesarean section. Distribution of patients based on age shows that 67 (67%) patients were in the age group 20-30 years whereas 33 (33%) patients were in the 31-40 years age group. The mean ± SD age in the current was 28.61±3.89 years. Distribution of patients based on gestation shows that the gestational age in 76 (76%) patients were 37-39 weeks whereas 24 (24%) had >39 weeks gestational age. The mean ± SD gestational age in the current was 38.44±1.13 weeks. Patient distribution on parity shows that 64 (64%) patients were between 1-2 parity and 36 (36%) patients were between 3-4 parity with mean±SD of 2.27±0.86 parity. Educational status shows that 12 (12%) patients were illiterate, 38 (38%) had primary level education, 25 (25%) had middle level education whereas 25 (25%) patients were matric and above. Socioeconomic status shows that 51 (51%) patients had low socioeconomic status whereas 49 (49%) patients had middle socioeconomic class and no patients were with high economic status. (Table 1)

Level of adequate knowledge about informed consent of cesarean section was recorded in 74 (74%) of the cases whereas adequate knowledge was not recorded in 26 (26%) cases. (Figure 1)

Level of adequate education about informed consent of cesarean section was recorded in 9 (9%) of the cases whereas adequate education was not recorded in 91 (91%) cases. (Figure 2)

Table 1: Socio-demographic data of the enrolled patients

Parameter	Sub-category	Frequency (%)
Age	20-30	67 (67%)
	31-40	33 (33%)
Gestational age	37-39	76 (76%)
	>39	24 (24%)
Parity	1-2	64 (64%)
	3-4	36 (36%)
Education	Illiterate	12 (12%)
	Primary	38 (38%)
	Middle	25 (25%)
	Matric and above	25 (25%)
Economic status	Low	51 (51%)
	Middle	49 (49%)
	High	0 (00%)

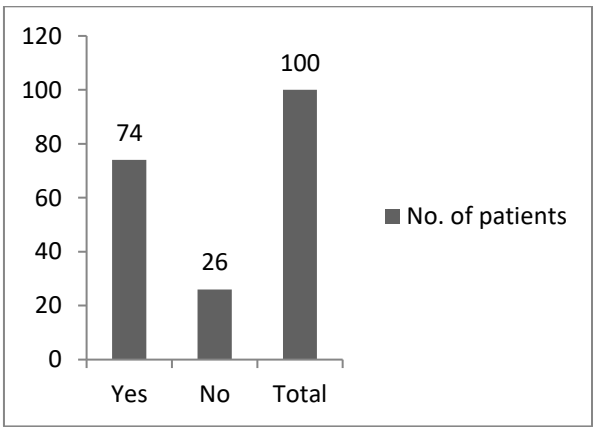

Figure 1: Level of adequate knowledge about informed consent of cesarean section in the enrolled patients

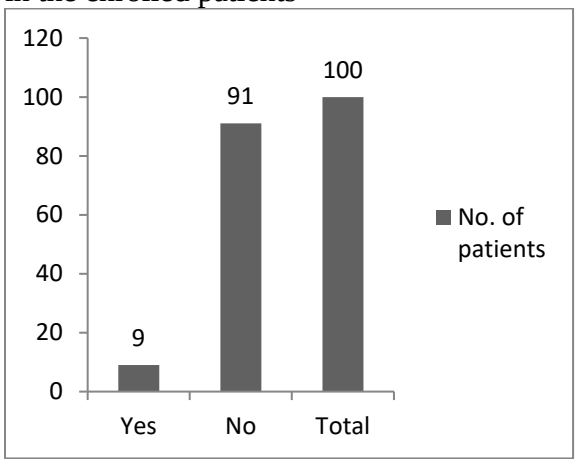

Figure 2: Level of adequate education about informed consent of cesarean section in the enrolled patients

DISCUSSION

The consent-providing individual must not only have the appropriate mental ability but also have the required knowledge about the procedure and its necessity to give informed consent.[14] The patient must provide consent to accept or decline any treatment or examination.[15] Additionally, it promotes the development of the patient-physician relationship. Informed consent allows the doctor to treat the patient.[16] It is a necessary step that must be taken, and completion of it will fulfill the individual's fundamental requirements. Name, nature, projected advantages, hazards, alternative techniques, consequences for long-term reproductive health, and anesthesia choices are all required information in the instance of a cesarean section. Both the law and ethics demand informed consent.[17,18]

This study was planned with the view that there is no local data available, which tells how much effort is needed to educate females about informed consent related to cesarean section. We wanted to conduct this study so that local evidence can be achieved and in the future, we can recommend a plan to educate females about informed consent and its contents and significance. In the current study, the distribution of patients based on age shows that 67% of patients were in the age group 20-30 years whereas 33% of patients were in the 31-40 years age group. The mean ± SD age in the current was 28.61±.3.89 years. A level of adequate knowledge was recorded in 74% of the cases whereas adequate knowledge was not recorded in 26% of cases. Our study, another study carried out by Kirane Akhilesh G et al. reported that adequate knowledge about the need and indication of cesarean section was observed in 71% of the women enrolled in their study.[13]

In our study, the level of adequate education was recorded in 9 (9%) of the cases whereas adequate education was not recorded in 91 (91%) cases. Another study reported that only 25% of these women had the appropriate education regarding cesarean section, its potential risks, and consent.[13]

According to a similar current study, 87% of the patients were informed that C-section deliveries were necessary. They emphasized the need of providing patients with proper counseling on the risks associated with cesarean sections.[19]

According to a study by Latika et al. on the effectiveness of consent forms in patients of cesarean section, the majority of patients were between the ages of 21 and 30 years and about 71% of the participants were from rural regions. The cesarean section resulted in term live deliveries in 90% of instances, with 85% of these cases being emergency cesarean sections. On a five-point Likert scale, fourteen questions on different factors of the consent form were inquired of the patients. They concluded that the most of cesarean sections were done for emergency reasons. Generally, the majority of patients were observed with adequate knowledge about the surgery and its potential side effects.[20]

A study was carried out by Yildirim G et al. on the impact of information that is given to patients before the cesarean section on their anxiety level and knowledge about informed consent. They observed that the mean (SD) knowledge scores of the patients before the information of cesarean section were 14.8 (5.5) while after the information was 29.8

(2) ($p < 0.05$). They also observed that their mean (SD) anxiety score before the information of cesarean section was 28.4 (6.6) while after the information 28.0 (5.9) ($p > 0.05$). The findings of this study showed that the pre-training knowledge score of the patients regarding cesarean sections dramatically rose after the informed consent, although a little decrease in trait anxiety was observed.[12]

An investigation on pregnant women's attitudes, knowledge, and preferences towards vaginal and cesarean deliveries was conducted in Hyderabad in 2009, and the results revealed that the women in that setting had low levels of knowledge about delivery methods and a favorable attitude toward vaginal birth. They recommended that a program is required to expand women's knowledge of different delivery options.[10]

The major strength of our study is that this research was the first one carried out in our country while the major limitation is the small sample size and single-centre nature of the current study. Therefore, another study with a large sample size by including multiple centers can be carried out to get more accurate results. Considering the results of our study and other studies, we are of the view that a program on a national level should be started to educate females about informed consent and its contents to make our female population aware of their condition.

CONCLUSION

Our study concluded that a high number of patients have an adequate level of knowledge about informed consent for cesarean section in females undergoing planned cesarean section while the level of adequate education was very low. Therefore, our study recommends starting a national education program for educating women about informed consent of cesarean section in females undergoing planned cesarean section.

AUTHOR'S CONTRIBUTION

RZ: Article Writing
R: Data collection
AA: Main idea and data collection
HZ: Data analysis
SA: Data analysis

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