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Consent for epidural analgesia: how are women informed?

The aim of this research was to investigate the personal, social, cultural and institutional influences on women making decisions about using epidural analgesia in labour. By focusing on epidural analgesia as the initial problem, it was understood that related cultural insights into Western birth culture would also be gained.

An ethnographic methodology was used. The study was set in an urban tertiary-level maternity hospital. Data were comprised of interviews with parturient women, participant observation field notes, and policy and practice documents, collected in 2011-12. The research had Critical Medical Anthropology as its theoretical framework and drew on Foucauldian and feminist theory.

In this presentation we discuss the findings that relate to the consent process for having an epidural in labour. Specifically, we discuss the way in which epidural analgesia was presented in the antenatal classes of the participating hospital and juxtapose this with women's descriptions of the information they received from both midwives and anaesthetists. We propose that the responsibility for who should describe the risks and side-effects of epidural analgesia is not well-defined. Midwives do have a responsibility to provide unbiased information to women but hospital culture and policy affect the way that information is presented to women.

Informed consent is an oft-cited human right in health care, yet the nuances and fallibilities of actually fulfilling true informed consent are rarely discussed. This presentation offers some answers, but also asks questions, of current informed consent practices.