COUNSELING, INFORMED CONSENT, AND DEBRIEFING FOR CESAREAN SECTION IN NIGERIA

Key findings and recommendations from a mixed methods study conducted in Ebonyi and Sokoto States

A collaboration between researchers from NPHD, The London School of Hygiene & Tropical Medicine, and EngenderHealth.

COUNSELING, INFORMED CONSENT, AND DEBRIEFING (CCD) are important aspects of respectful maternity care (RMC) and medical ethics. Cesarean section (CS) is one of the most performed surgical procedures in the world. RMC remains important even when maternity care becomes surgical. To better understand attitudes, preferences, and practices related to CCD in the context of both emergency and non-emergency surgical obstetric care, the MOMENTUM Safe Surgery in Family Planning and Obstetrics project* conducted a mixed methods research study (including interviews, focus group discussions, observations, and record reviews) in four health facilities in Ebonyi and Sokoto States in Nigeria, between November 2022 and March 2023.

Counseling: Sharing of accurate and relevant information, through two-way communication that addresses patient concerns, including risks, benefits, and alternate options.

Informed Consent: Documentation of the voluntary decision to undertake a medical procedure or intervention following the provision of counseling.

Debriefing: Sharing of information after a procedure, through two-way communication addressing patient concerns, that includes information on how the procedure went and implications/instructions going forward.

These should be done in simple, concise and unambiguous terms in a language in which the patient is fluent and in a manner that facilitates patients'/families' ability to ask questions.

KEY FINDING: HIGH AWARENESS OF CESAREAN SECTION, BUT STIGMA PERSISTS

- Awareness of CS is high in the community, but acceptance varies.
- Stigma can impact whether women seek or provide consent for CS and are able to access the care they need. Examples of stigma include beliefs that a woman who delivers through CS:
  - Is not as strong as other women;
  - Wants to waste her husband's money;
  - Has had her prayers for an easy pregnancy go unanswered, is being spiritually punished.
- Communities also report fear of death from CS.

> *"If you undergo cesarean section, your husband will look down on you and say you are now very old which is why you could not give birth on your own (…). They say you no longer have the strength for anything again." —CS client*

* https://usaidmomentum.org/about/projects/safe-surgery-in-family-planning-and-obstetrics/

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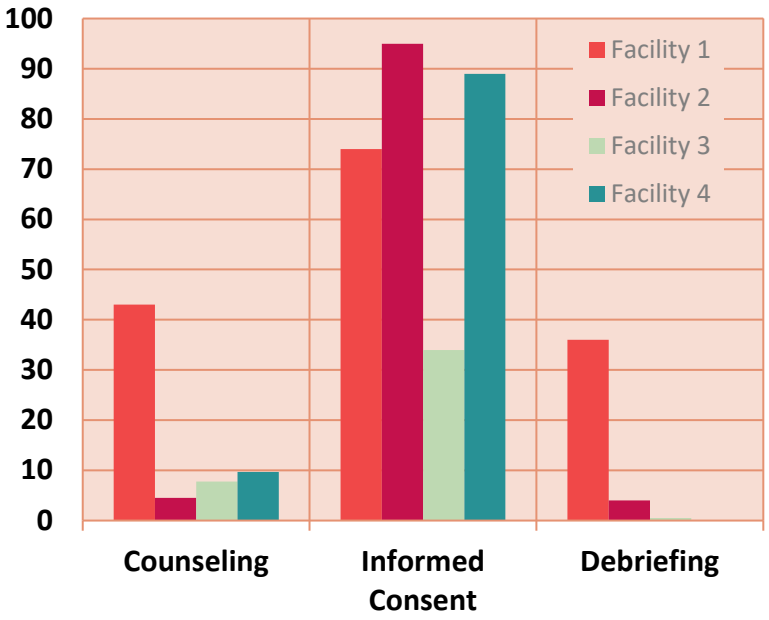
KEY FINDING: LACK OF POLICIES, PROTOCOLS, AND DOCUMENTED PROCESSES FOR CCD

- There were notable differences in documentation of the elements of CCD in medical records across health facilities, with consent being the most documented and limited documentation of counselling and debriefing.
- Documentation of consent varied considerably between hospitals (Figure 1). Even where other information was provided in the consent form, such as the name of the procedure and the doctor's name, a signature of the woman's consent was often missing.
- There were no identified policies, protocols, or documented processes for CCD. The consent form utilized was different across the four facilities, and solely provided in English.

Figure 1: % of patient files containing CCD documentation



KEY FINDING: PATIENTS AND FAMILIES ARE NOT RECEIVING THE INFORMATION THEY NEED, IN A RESPECTFUL WAY

- Health care workers (HCWs) showed an understanding of the concept of counselling and informed consent.

> *"In counselling, you have to fully communicate with the patient at least to a certain level that the patient fully understands the problem she has and is able to make a decision, based on what you people have discussed" —Nurse*

- However, patients and families did not feel that their need for respectful, two-way communication was met.
- Content of counselling was mostly on the indications and requirements of surgery including payment for surgery.
- Inadequate information was given during counselling. Details of the surgery were not usually explained.
- In practice, counselling appears to be centered on the family rather than on the woman.
- Privacy was not guaranteed during CCD.
- Communication was mostly one way, from HCW to woman/family. Women were not encouraged to ask questions.

> *"Sometimes, the health workers are not very nice, they won't give you adequate direction and information, and sometimes it can be very annoying. We want explanations that are given with patience and care. We don't want general instructions because it also causes confusion, but if it is done with patience, it will be good." -Male family member*

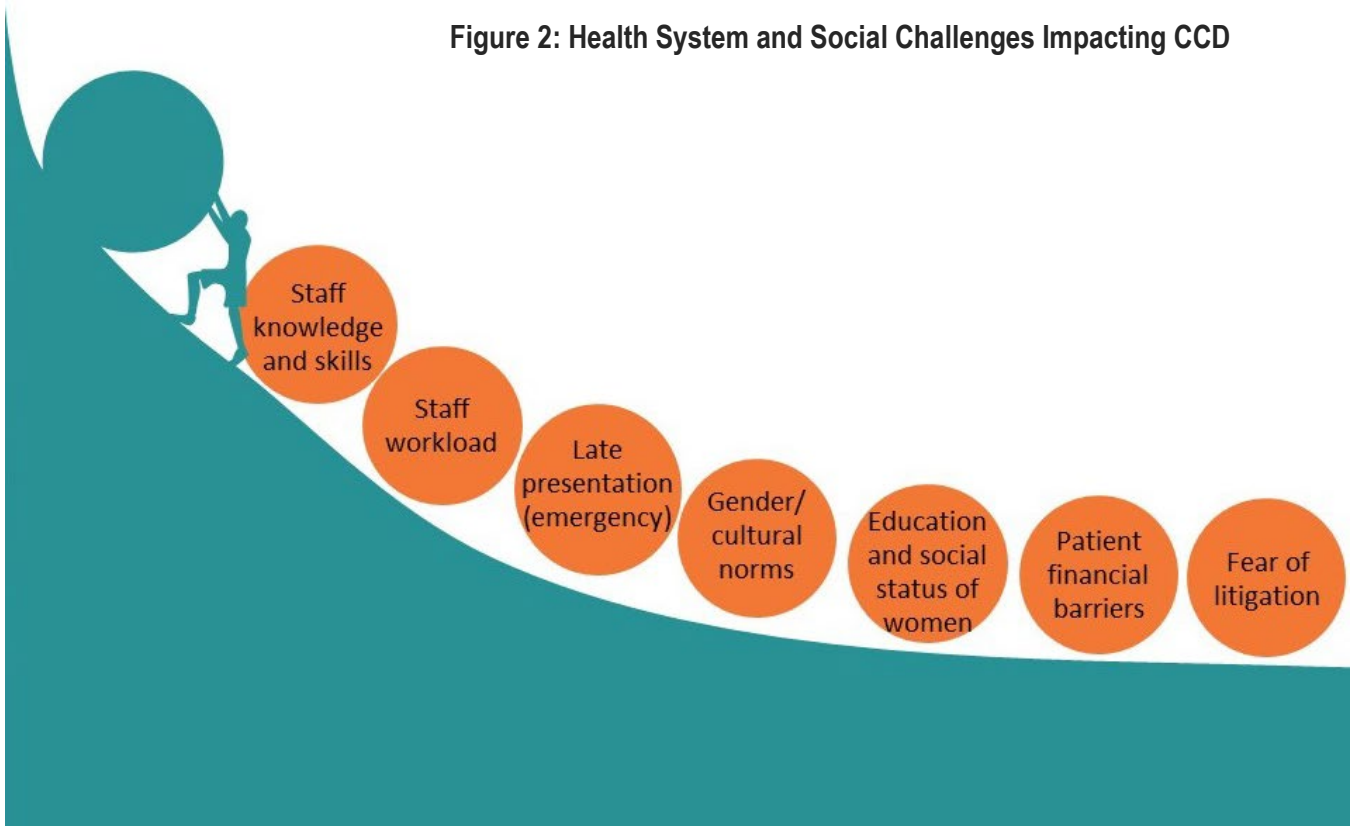
KEY FINDING: DEBRIEFING IS NOT WELL UNDERSTOOD AS A CONCEPT OR PRACTICE

- HCWs had no formal training or organized in-service training on CCD, communication skills, or grief counselling.
- Debriefing was not well-understood, with HCWs primarily reporting it to mean solely post-operative instructions, if any understanding was provided.
- In practice, debriefing was limited to post-operative care advice.

KEY FINDING: HEALTH SYSTEM CONSTRAINTS AND SOCIETAL NORMS IMPACT CCD

- Facilities had sub-optimal data management and retrieval systems which negatively impacted record keeping and the ability to monitor whether CCD processes were being carried out.
- Payment for CS was out-of-pocket and women/family who could not pay or provide surgical kits had delays in accessing care and were pressured for payment.
- Health care workers have heavy workloads and receive inadequate remuneration, which impacts their motivation and ability to provide meaningful CCD.
- Some CS is provided in an emergency context, where decisions must be made quickly and there is pressure to consent.
- Women's overall position in society, which impacts their education levels and their agency. Family members are often prioritized over the patients themselves in receiving information and providing consent. Some women supported this position.

Figure 2: Health System and Social Challenges Impacting CCD



RECOMMENDED ACTIONS

Initial findings were shared with stakeholders at study facilities for validation. Through those workshops, the following recommendations emerged.

Training

- Train, mentor, and support health workers on CCD processes, respectful maternity care, (including shared decision making), breaking bad news, providing grief counselling.
- Improve the patient-health worker relationship especially effective provider-patient communication, via training and retraining of health care workers.
- Develop job aids and visual cues to enhance health care worker conformity to CCD processes.

Establish Procedures for CCD

- Revise the existing consent form to make it more comprehensive in order to guide the counseling process and standardize consent foms across public maternity hospitals.
- Develop and implement policies, protocols, and procedures for CCD and RMC in health facilities, including integration into codes of conduct and other human resource documents for healthcare workers.

Staff Welfare

- Improve working conditions for health workers. Without appropriate remuneration and realistic workloads, health care will continue to struggle to be able to provide high quality care.

Social Mobilization

- Conduct gender-responsive awareness campaigns at the community-level about the importance of CS and the significance of informed decision-making.
- Address perspectives between familial consent and patient autonomy through education and male engagement approaches.

Financial Assistance and Awareness

- Establish revolving funds, insurance for informal sector to assist women and families in covering costs so that ability to pay / payment does not remain entangled with CCD.

Data Management

- Transition to electronic record-keeping systems to enable better recordkeeping and monitoring of CCD processes.

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