Care of Patients During Emergency Caesarian Section – Evaluation of Quality Characteristics from the Patients Point of View

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Background  An emergency caesarian section can be a terrifying experience for expectant mothers. Fear for her own life as well as her unborn child’s is a traumatic event that can result in the development of post-traumatic stress disorder in up to 39% of parturients, despite delivery of healthy newborns. Commonly, quality of emergency caesarian sections is assessed through neonatal umbilical cord pH and APGAR scores as well as absence of maternal mortality and morbidity. The occurrence of PTSD in mothers has a well-known negative impact on the wellbeing of the mother and the child, while also presenting a financial burden on society, with follow-up costs of 8500 GBP/birth/year. Studies have shown that apart from the traumatic situation itself, the subjective assessment and evaluation of the situation with regards to fear and threat level contribute to PTSD development. The multidisciplinary team of professionals previously unknown to the parturient and the urgent need to act traditionally leave little room for measures directed towards the patient’s emotional wellbeing. During multidisciplinary training exercises at our institution, it became clear that the designation of measures that convey a sense of security varies greatly among professionals. The aim of this survey was to define items and criteria that describe the quality of care of parturients in cases of emergency caesarian sections.

Methods  A pool of items was developed via a 2-step online Delphi survey administered to women who had undergone an emergency caesarian section. The resulting parameters were evaluated for relevance and validity in a larger patient collective. Lastly, we used factorial analysis to identify factors that could be used to group items into relevant scales.

Results  Explorative factorial analysis of 29 candidate items from the initial rounds of the analysis were validated via a sample of 315 mothers who had undergone emergency caesarian section. After validating the results of the Delphi survey, five scales with 18 items were identified. These 18 items exhibited a factorial loading of 0.3, which previous studies deem relevant. They encompassed the following dimensions: “the team’s external affect,” “mother’s level of information of the situation,” “subjective evaluation,” ”personal integrity,” and “after-care.” These items could explain 58.2% of total variance and provide a stable factorial solution. A Kaiser-Meyer-Olkin criterion of 0.76 supported a stable factorial solution.

Conclusion  Maintaining a professional and calm demeanor by every team member is of paramount importance in cultivating a positive patient perception. Medical professionals involved in the treatment process need to develop cognitive skills and be able to apply simple measures appropriate for the clinical setting in order to respect and facilitate patient autonomy. Equally important as the caesarian section itself is a specialized after-care concept addressing potential questions, feelings of guilt, worries and fears resulting from the event.

To our knowledge, this is the first time a German criteria checklist has been developed to evaluate the care of expectant mothers undergoing emergency caesarian section. This checklist can be used in addition to medical outcomes to assess quality of care. Further studies are needed to evaluate practical implementation and its impact on patient care.

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