Dear Lead Obstetric Anaesthetist,

**National Survey of Informed Consent for Epidural Analgesia on the Labour ward**

Anaesthetists are morally and legally obliged to obtain consent from patients before performing regional analgesia in labour. It is also part of good clinical practice. All women requesting epidural analgesia should be fully informed of the benefits, side effects and risks involved, before consenting to the procedure.

Despite pain, anxiety, exhaustion and the use of opioid analgesics there is evidence that women are capable of recalling information given during labour. Some literature has indicated that women want to be informed of all risks associated with epidural analgesia and nondisclosure of the serious risks is unacceptable.\(^1,2,3\)

Written information, in addition to a verbal discussion to obtain consent for epidural analgesia in labour, improves recall of the information given.\(^1,4,5\) It may also act as written medico-legal evidence of the information given to patients.

We would like to assess what is the practice within units in the UK with regards to obtaining informed consent, and whether the risks discussed with patients are being documented.

We would therefore be grateful if you could fill out the accompanying survey, giving as much information as possible, about the standard practice within your unit. We hope to publish the results of the survey in a peer reviewed journal.

Many thanks,

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References


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Please fill in the form below by ticking the appropriate box, ringing the appropriate answer and giving additional information to the questions below.

1. Do you obtain written informed consent from the patient prior to epidural insertion?  
   Yes / No
   If so, where is it documented?

2. If not, do you obtain verbal informed consent prior to epidural insertion?  
   Yes / No
   If you document your verbal consent, please indicate where?

3. What RISK information do you routinely inform women about prior to insertion of epidural for labour analgesia?
   a) Itching due to painkillers  
      Risk stated
   b) Bad headache  
      Risk stated
   c) Drop in blood pressure  
      Risk stated
   d) Partially/not working epidural  
      Risk stated
   e) Backache (local, temporary)  
      Risk stated
   f) Motor block  
      Risk stated
   g) Prolongation of labour  
      Risk stated
   h) Decreased ability to push / increased chances of instrumental delivery  
      Risk stated
   i) Temporary nerve damage  
      Risk stated
   j) Permanent nerve damage  
      Risk stated
   k) Paralysis  
      Risk stated
   l) Epidural abscess/haematoma  
      Risk stated
   m) Meningitis  
      Risk stated
   n) Accidental total spinal  
      Risk stated
o) Intravenous injection from epidural □ Risk stated.

p) Any other risk □ Risk stated.

4. Do you have a separate consent form for ethnic minority women or use the services of a translator/patient advocate as part of the consenting procedure? Yes/No

5. Do you have a local Epidural Information Card (EIC), with the benefits and risks of epidural anaesthesia, which is shown to all women prior to epidural insertion? Yes / No

   **If yes,** is it documented in the patients notes that the EIC has been read and discussed with the patient prior to epidural insertion? Yes / No

6. Should there be a standardised national OAA Epidural Information Card, with the benefits and risks of epidural anaesthesia stated, to use in all obstetric units in the UK? Yes / No

*Many thanks for your help with this survey.*

*Please insert your completed questionnaire in the stamped addressed envelope provided and post it.*