Improving Communication in the Labor Suite

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KEYWORDS

• Communication in obstetrics • Interdisciplinary communication • Team training
• Informed consent • Pain perception • High reliability organization
• Transitions of care • Simulation

KEY POINTS

- Effective communication among providers and between providers and the patient is essential to high-quality obstetric care. Successful communication is the hallmark of a highly reliable obstetric unit.
- Informed consent is an opportunity for shared understanding between patient and provider.
- Providers should be mindful of the terminology they use when communicating with patients regarding painful procedures. The words used by the provider influence the amount of pain experienced by the patient.
- Health care institutions are placing increased emphasis on improving interdisciplinary communication as a means for optimizing patient safety. Team training and simulation on obstetric units are effective tools for improving communication among all providers.

INTRODUCTION

Breakdown in communication is cited as one of the leading problems in patient safety reports. Although inadequate or ineffective communication does not always lead to harm, it may lead to an increase in frustration, cost of care, and delay of treatment. In a retrospective review of one institution's obstetrics and gynecology risk-management files, poor communication was determined to be a potentially preventable contributing factor in almost a third of adverse events.[1] An analysis of obstetric anesthesia closed claims cases also cited poor communication as contributing to neonatal injury or death in over one-third of cases.[2] This review considers not only

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strategies to improve communication among multidisciplinary obstetric staff but also ways by which the anesthesiologist may improve communication with patients.

Great advances in patient safety and care by anesthesiologists have been made through improvements in technology and pharmacology; however, there is recent renewed interest in the effect on outcomes of the human factor of communication.[3] A survey of outpatients showed that they placed a value on communication perioperatively, which was undervalued by the anesthesiologist.[4] Obstetric anesthesiologists are in a unique position in that that they are more likely to be remembered for the care they provide than are anesthesiologists in other hospital settings. It is important for the anesthesiologist to consider how he or she communicates with the patient regarding various aspects of care, such as informed consent, pain, or birth plans, as this will have a significant effect on how the woman feels about the birth experience. In fact, women who receive care in patient-centered facilities where they feel they are treated with respect and dignity and are involved in decision making are significantly more likely than women treated in less patient-focused institutions to recommend the facility to their family and friends.[5]

INFORMED CONSENT

Some of the barriers to informed consent should be considered before possible improvements to the process are discussed. While differences in the primary language spoken is an obvious barrier that may exist between provider and patient, less apparent differences also impede the process of informed consent, including different values, beliefs, concerns, cultural backgrounds, and expectations. The patient may expect and request a procedure that the physician is unwilling to perform, such as epidural analgesia to alleviate the pain of labor even if the platelet count is deemed too low. The negative right of the patient to refuse an intervention, such as a cesarean delivery or blood transfusion, must be respected, but a physician does not have to comply with a patient's positive right to request a procedure that may be harmful to her or her fetus.[6,7]

Medicine has moved ethically and legally from the model of physician paternalism whereby the physician made all care decisions that were judged to be in the best interest of the patient, to the current framework of patient autonomy. Within this framework the responsibility of the decision as to what is best for the patient has been shifted to the patient, and the process of informed consent has been developed to provide guidance to the patient when making choices.[6] However, the patient is rarely completely autonomous. She does not possess the medical training or knowledge of the physician, and the physician who is guiding the patient in the decision-making process is not without bias. As the push for increasing autonomy has developed, another change in the process of informed consent has occurred. The standard of information provided in the consent process is no longer the information a reasonable practitioner would be expected to provide, but rather the information a reasonable patient would expect to receive to make a decision regarding a treatment option. There is now a new focus on the patient as the consumer of health care and the physician as the provider.[6]

Some practitioners believe that extreme pain, such as the pain that occurs during labor and delivery, may impede a patient's ability to provide informed consent. Studies looking at recall of information provided to patients in pain show that their ability to mentally and physically consent was not affected by the pain.[6] Some people have even argued that it is not until a woman is in labor that she is fully able to make an informed decision about the pain management technique she wants. In a study that compared women who were retrospectively asked about their decision to undergo

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