



Original research

A survey of ophthalmologists and gynecologists regarding termination of pregnancy and choice of delivery mode in the presence of eye diseases

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Abstract

Purpose: To evaluate and compare the attitudes of ophthalmologists and gynecologists in suggesting appropriate approach to pregnancy in different ocular conditions.

Methods: Specialty-specific questionnaires on delivery mode and abortion indications for ophthalmic patients (refractive, vascular, oncologic, retinal, glaucoma, post-operation, post-trauma, and infectious) were designed and distributed among physician staff of Farabi Eye Hospital and Yas Women Hospital in Tehran. Attitudes and preferences of the ophthalmologists and gynecologists were quantified and compared.

Results: Participants were 29 ophthalmologists and 19 gynecologists. Their mean age was 50 ± 7.5 and 47 ± 1.5 years, respectively. More than 50–70% ophthalmologists were in favor of normal vaginal delivery in all ocular diseases. All gynecologists (100%) expressed their need for an ophthalmologist's opinion for decision-making. Ophthalmologists' top choices for conditions potentially requiring a caesarean section were corneal transplants (34.5%), high myopia (23%), retinal detachment (29%), and orbital tumors (34.5%), while two gynecologists recommended abortion in the presence of intraocular and orbital tumors and retinal detachment.

In the case of a history of refractive surgery, orbital tumor and intraocular tumor, ophthalmologists recommend normal vaginal delivery over caesarean section twice as much as their gynecologist peers. For history of retinal detachment, glaucoma, retinal vascular accident and intraocular hemorrhage, no single gynecologist recommend normal vaginal delivery. The corresponding figure for ophthalmologist-recommended normal vaginal delivery were 67, 84, 72, and 81%.

Conclusions: There is extreme inconsistency among ophthalmologists and gynecologists in managing ophthalmic-obstetric scenarios, especially for caesarean section indications. Clinical guideline development and consultation for decision-making in challenging cases are recommended. Copyright © 2016, Iranian Society of Ophthalmology. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Keywords: Eye diseases; Caesarean section; Attitude; Abortion

Introduction

The significant increase in the rate of caesarean-section (C-section) delivery worldwide is one of the major problems in health systems.¹ In Iran, the rate of C-section delivery

(35–41.9%) is 2–3 times higher than the optimal rate recommended by the World Health Organization (10–15%).^{2–4} It is obvious that medically unindicated C-section deliveries impose enormous burden on healthcare budgets. Furthermore, unnecessary caesarean surgeries carry great risk to the mother and baby. Risks to the mother include infection, bleeding, anesthesia complications, psychological complications, and a possible need for transfusion, while the baby might suffer respiratory problems and premature birth.^{3–7} Therefore, reducing the proportion of C-section deliveries is one of the health system goals, and normal vaginal delivery (NVD) rate is a major indicator of the mother and fetus health.⁸

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According to studies, eye diseases are one of the main non-midwifery reasons for performing C-section delivery. Eye problems reported during pregnancy include refractive errors, diabetic retinopathy, retinal detachment, glaucoma, ocular tumors, and reversible blindness.^{9–11} Some of these diseases occur in the context of other medical conditions related to pregnancy such as diabetes and hypertension.^{12,13} Some others may be present before pregnancy but they may undergo remission or exacerbation during pregnancy, or their medical intervention pose a challenge to fetal health.¹⁴ Thus, issues of family planning (contraception), pregnancy termination (abortion and C-section) or type of term delivery (normal vaginal or caesarean), and the type of anesthesia become controversial.¹⁵

We are all so sensitive about our eyes. When this organ has a problem/disease (like high myopia) or has undergone surgery (like refractive surgery or corneal graft), a groundless fear forms: “What if my cornea – which is thinner because of surgery – ruptures because of the strain during NVD (Valsalva reflex or increasing venous pressure)?” It is likely that pregnant women unconsciously seek a reason to avoid NVD and the caring gynecologist accordingly offers C-section delivery instead; this is not an evidence-based practice.

Frequent consultations with ophthalmologists regarding the need for a caesarean delivery in ophthalmic patients suggest the fact that patients and gynecologists have certain concerns and expectations.

The purpose of this study is to survey and compare the conception of the ophthalmologists and gynecologists in type of delivery in different maternal ocular conditions.

Methods

The survey was conducted among ophthalmologist faculty in Farabi Eye Hospital and gynecologist faculty in Yas Women's Hospital, as referral centers in Tehran, Iran. The questionnaire was comprised of two sections: questions about the academic profile of ophthalmologists and gynecologists, and questions related to their attitudes and perceptions about the type of delivery, necessity for performing abortion, and need for consultation in eye diseases and special eye conditions. Completing the questionnaire is considered participants' consent.

Questionnaire development (validity and reliability)

A list of ocular diseases and conditions, sorted anatomically, was provided; they were found in literature and previous

reports^{6,7,15,16} or otherwise assumed to be related to pregnancy. The list included structural, refractive, vascular, and infectious disorders, as well as trauma and previous surgery (content validity). Respondents could select the “no comments” option, too (Table 1). In addition to baseline and demographic characteristics of the respondents, we calculated their preferences with respect to various obstetric choices in the presence of different ocular conditions by specialty, i.e. ophthalmology vs. obstetrics.

Based on the specialty, i.e. obstetrics versus ophthalmology, two customized versions of questionnaire were developed. In the gynecologists' version, we used more general terms for the ophthalmic list. These lists were independently reviewed by one ophthalmologist and a gynecologist to cover all important and specific eye diseases and conditions (face validity).

The questionnaire was distributed among all faculty members of Farabi Eye Hospital and gynecologists of the Yas Women's Hospital. One of the researchers was present on site while respondents completed the questionnaire. There were also open-ended questions and spaces for free comments.

Descriptive statistics were used to summarize and compare results. Relative frequencies were determined, and bar diagrams were used to illustrate results. The mean age and years of practice of the two professions were analyzed with student *t* test.

The study protocol was reviewed and approved by Tehran University of Medical Sciences Research Council, and was granted partial support (grant# 90-04-43-15451).

Results

Participants were 29 ophthalmologists and 19 gynecologists. The mean age of these two groups was 49.73 ± 7.57 years and 46.79 ± 1.36 years, respectively ($P = 0.18$). Twenty-five of the ophthalmologists (86%) were men, and all gynecologists were women. Mean years of practice was 18.04 ± 8.7 for ophthalmologists and 15.67 ± 6.12 years for gynecologists ($P = 0.3$). Among ophthalmologists, there were 6 assistant professors (24%), 10 associate professors (40%), and the remaining were full professors. In the gynecologists' group, there were 6 assistant professors (32%), 8 associate professors (42%), and 5 held the title of professor (26%).

Abortion recommendation

Two gynecologists (10.5%) were in favor of suggesting abortion in the presence of intraocular tumors, orbital tumors,

Table 1
A generic view of the questionnaires.

	Offer abortion in first trimester			Suggested delivery types			Needing consultation with an ophthalmologist	
	Yes	No	No comment	Normal vaginal	Caesarean-section	No comment	Yes	No
Ocular diseases and conditions					With general anesthesia	With local anesthesia		

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