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Debriefing After Obstetric Complication: Empowering Women Through Effective Communication

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Dear Editor,

In 2020, Corbett et al. demonstrated that the national caesarean section (CS) rate rose (5.9 to 29.7%, $p < 0.001$) while the VBAC rate dropped (90.4 to 28.2%, $p < 0.001$) in the Republic of Ireland[1]. Whilst the reasons for this are multifactorial, it is evident that women have become more averse to any perceived increase in fetal or maternal risk associated with vaginal delivery[2]. In countries with high VBAC rates, studies have suggested that knowing the advantages of VBAC and letting go of the previous childbirth with supportive clinicians and midwives increased the rate of VBAC[3]. We hypothesised that debriefing women after emergency operative delivery could have a significant impact on patient experience and empower women to make future obstetric decisions by providing greater insight into the factors contributing to interventional delivery.

We performed a quality improvement study with a 'plan, do, study, act' (PDSA) approach. Focus group discussions suggested a paucity of patient-doctor debrief following operative delivery and discussion regarding suitability for vaginal birth in subsequent pregnancies. A literature review was performed followed by a retrospective patient chart review. Patients who underwent emergency or elective caesarean section and instrumental delivery over a 2-month period were included. One hundred patients met inclusion criteria. Of these, 37% underwent emergency CS and 20% underwent instrumental delivery. Eight (8%) were reviewed by the primary surgeon post-operatively. Only ten (10%) had a documented debrief. These results demonstrated a need for intervention.

A standardised debriefing form was designed using HSE National Healthcare Communication Programme Guideline on providing information and planning[6]. Education regarding debrief and documentation was undertaken by NCHDs. Six months after these interventions, a review was conducted.

73 patient charts were examined, with 42% undergoing instrumental delivery and 56% undergoing Emergency LSCS. The debrief form was completed in 15% of cases (n=11); an increase in documented debrief of 50%. Over half of these forms were completed by the primary surgeon and the majority were completed day two postpartum.

To conclude, it is clear that planned VBAC is a clinically safe choice for the majority of women with a single previous lower segment CS[4]. Dedicated antenatal clinics and supporting women through the informed decision-making process on mode of birth after a primary caesarean delivery, can improve VBAC attempt rates[3]. With 'PDSA' approach, this quality improvement study identified a need for a standardised approach to debrief after interventional delivery and discussion regarding suitability for VBAC in our Tertiary Maternity Hospital. A standardised debriefing form was implemented into postnatal care and completed by the doctor in collaboration with the patient prior to discharge and the post-intervention review demonstrated an 50% increase in debrief. While this is not as impactful as expected, there will be continued educational sessions for NCHDs at the beginning of each new 'rotation' to flag the importance of the form and logistics of completion. We hypothesise that the introduction of education sessions and a debrief form can improve patient clarity and increase the likelihood of VBAC in future pregnancies. We hope to examine rates of VBAC in the future.

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