

**INFORMED CONSENT PROCEDURES IN PREGNANT
WOMEN BEFORE UNDERGOING CAESAREAN SECTION
AT DONALD FRASER HOSPITAL, LIMPOPO PROVINCE**

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DECLARATION

I, Kwinda Munyadziwa Albert hereby declare that this dissertation which is a partial fulfillment of the Masters of Family Medicine degree (M.Med FamMed) at the University of Limpopo, Medunsa Campus is my entire work and is hereby submitted to the Department of Family Medicine.

I further declare that this work has not been previously submitted for a degree at this or any other University in South Africa or abroad by me or someone else.

This dissertation is my original work and all references contained therein have been duly acknowledged.

M.A. KWINDA

PRETORIA

13ST JULY 2010

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ACRONYMS AND ABBREVIATIONS

1. **CEO:** Chief Executive Officer
2. **HOD:** Head of Department
3. **CPD:** Continuing Professional Development

DEFINITION OF TERMS

1. **Informed Consent:** Permission by a patient to undergo a medical or surgical treatment or to participate in an experiment after the patient understands the risks involved
2. **Caesarean section:** The delivery of a fetus through a surgical incision through the abdominal wall (laparotomy) and uterine wall (hysterotomy).
3. **Cross-sectional study:** A study that measures the prevalence of health outcomes or determinants of health, or both, in a population at a point in time or over a short period.
4. **Descriptive study:** A study that examines associations between variables
5. **Quantitative study:** A study that determines the relationship between one thing(an independent variable) and another (a dependent or outcome variable) in a population.
6. **Anesthesia:** A pharmacologically induced reversible state of amnesia, analgesia, loss of responsiveness, loss of skeletal muscle reflexes and/or decreased stress response.
7. **Skewness:** A measure of the asymmetry of the probability distribution of a real-valued random variable
8. **p-Value:** The probability of obtaining a test statistic at least as extreme as the one that was actually observed, assuming the null hypothesis is true
9. **Chi-Square:** A test used to determine whether there is significant difference between the expected frequencies and the observed frequencies in one or more categories

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ABSTRACT

Informed consent procedures in pregnant women before undergoing caesarean section at Donald Fraser Hospital, Limpopo Province, South Africa

Aim: To determine the adequacy of information received by pregnant women before undergoing caesarean section

Study Design: Cross – sectional descriptive quantitative study

Setting: Donald Fraser Hospital maternity ward

Methods: 128 patients were surveyed using a standardized questionnaire 2 – 3 days after caesarean section. The study extended from November 2009 to May 2010. Data was collected by a trained research assistant. The data entered on the questionnaire was entered and frequencies and percentages were analyzed on Stata.

Results: 126(98.44%) admitted that they were informed of the reason why a caesarean section had to be performed and 124(98.41%) could recall the information provided. 108(84.38%) of participants admitted to being informed about the benefits of having a caesarean section as a mode of delivering their babies, however, only 7(6.48%) participants remembered the information provided. 6(4.69%) and 3(2.34%) of the participants admitted to being informed about complications that may occur during and after caesarean section, respectively; and 33.33% could recall the information provided for both. 50(39.06%) admitted to being informed about the implications of the caesarean section to future pregnancies and 12(24%) could remember the information provided. Majority of participants, 124(96.88%) admitted to being informed about the type of anaesthesia to be administered, however, 89(71.77%) could remember the information provided and 10(7.81%) were informed about the

possible complications of anaesthesia although only 4(40%) could remember the information provided. The strength of association between participants' profile and their responses was generally weak, except those with previous caesarean section and their responses to the question that seek to understand if they were informed about the future implications of the caesarean section to future pregnancies.

Conclusions: Pregnant women are not informed about the complications or risks associated with caesarean section and anaesthesia to be administered. This makes informed consent procedures to be inadequate.

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