

Knowledge, Attitude and Practice of Partner's Presence in OT for Elective C-Section: A Caribbean Perspective

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ABSTRACT

Objective: It is current practice in our setting to not admit a partner in the Caesarean room even though this is becoming commonplace in various countries. This study is designed to determine the views of healthcare workers, postpartum mothers and their accompanying partners on having a partner present during an elective Caesarean section at Port of Spain General Hospital, Trinidad, West Indies. **Design:** 94 participants were selected, a questionnaire was given to healthcare workers, patients and partners in November/ December 2021 to investigate the viewpoint of anaesthetists, obstetricians, midwives, operating room nurses, pregnant/post-partum mothers and their accompanying partners. **Results:** 70% of respondents were in favour of a partner being present in the operating room for an elective Caesarean section and thought it would help to keep the mother at ease by allowing her to hold hands with the partner, talk to them and be accompanied by them to the recovery room. Healthcare workers did not think that male partners had a role to play in the operating room as they would not know what to do and may actually pose a security threat if the operation did not go exactly as planned. **Conclusions:** Healthcare workers were neutral to the concept of a partner being present in the Caesarean room, while mothers and partners supported the idea. Future studies are needed to confirm if these observations are comparable among other public hospitals in other territories in the developing world where partner accompaniment is not a priority to mothers.

Keywords: Perspective, Healthcare, CaesarCaesarean section, Support, Theatre

INTRODUCTION

Several randomized trials have shown that women who are supported during labour by a partner (e.g., husband), experience less anxiety, have more spontaneous deliveries, require less anaesthesia, and need fewer medical interventions. ¹ One study examined the overall experience of a planned Caesarean birth and under the theme "emotional roller coaster of birth", one woman recounted her feelings about her partner by saying: I think he wasn't prepared for it (the surgery) either because he never held my hand. If I just had someone be able to hold my hand, I think I would have felt better but I didn't even have that.² The fear of anaesthesia was often compounded by the fact that the support person was not allowed in the

operating room while the anaesthesia was placed. The women needed to rely on the nursing staff for support. One woman explained: To make it worse there is no one in the room with you except the nurses and the anaesthetist, but they are strangers.² In Princess Margaret Hospital (PMH), Swindon, UK, over 90% of elective lower segment Caesarean sections (LSCS) are performed under regional anaesthesia and, in the vast majority, the woman is accompanied by her partner.³ According to the National Institutes of Health Consensus Development Task Force on Caesarean childbirth of 1981 - 'Hospitals are encouraged to liberalize their policies concerning the option of having the father or father surrogate attend the Caesarean births.'⁴ Marut and Mercer, using interview data collected two days after Caesarean birth, concluded that mothers "having a partner with them had a more positive perception of the [birth] experience than those who did not".⁵ A study by Sakala found that anaesthetists were the most sceptical to the idea of partner presence during Caesarean section among gynaecologists, midwives, nurses and anaesthetists.⁶ Another study supported the view that healthcare workers were the ones preventing entry to companions at the time of the operation, "The nurse said that the doctor wouldn't let me be present, and that I could stay waiting in the corridor and that when the baby was born, I could be with them – but that I could not enter the operating room".⁷

MATERIALS AND METHOD

The Research Instrument

The instrument of choice was a self-administered questionnaire formatted from a previous study by Sakala et al and identical for all participant .⁶ The questionnaire was sent in November and December 2021 during the pandemic, it evaluated the attitudes of the staff, mothers and partners to the presence of partners in the theatre during an elective caesarean delivery. We selected 200 healthcare workers, choosing this number from Sakala's paper but received a response rate of 48.5% (97). The first item of the questionnaire asked whether persons thought partners should be allowed in theatre. Section 1 was omitted if the answer to the initial question was "no". All persons were then asked to complete sections 2 and 3.

The options for each question were phrased so as to be mutually exclusive and were arranged from more liberal to more restrictive using a Likert scale. The options ranged from strongly agree (5) to strongly disagree (1). The questions reported in this paper covered 3 general areas: section 1 - conditions for admission; section 2 - appropriate behaviour for mother in O.R.; section 3 - appropriate behaviour for partner in O.R. (see Appendix 1).

ETHICS

After ethical approval was granted by the Ethics Committee, questionnaires were distributed virtually to all obstetric physicians (consultants, registrars and senior house officers), all anaesthetic physicians as well as all theatre and midwifery nursing staff. This study took place during the height of the Covid-19 pandemic, as a result there were numerous restrictions in place that resulted in limited access to wards and a further need to maintain safety by limiting contact with participants to reduce the risk of transmission. The questionnaire was done on a Google form, again due to pandemic restrictions and distributed to the list of participants from the chosen sample. It was returned anonymously except for professional identification as to the above five categories for evaluation. Mothers and partners were not allowed to collaborate on their response.

RESULTS

Ninety-four questionnaire responses were returned with distribution as shown in Table 1

Table 1 showing the number of participants from each role

ROLE	NUMBER
Anaesthetist	39
Obstetrician	20
Theatre RN	10
Midwife RN	12
Pregnant mothers	10
Partners	3
Total	94

67% of respondents were in the age group 25-40, 24% in the 41–56-year-old age group, 5% in the over 57 years old category and 4% made up the age group 18-24. Ethnic backgrounds for respondents were as follows: 46% Africans, 29% East Indians, 23% Mixed, 1% Chinese, 1% Syrian/Lebanese. Females made up 79% of respondents while 21% were male.

The majority of respondents agreed that partners should be allowed in the Caesarean section room (70%). These persons were then asked to answer Section 1, the conditions for admission to theatre. The remaining respondents (30%) were then asked to move onto Section 2 along with the previous respondents.

Access to Theatre

The Opportunity for Partner to Be in the O.R Should Be Willingly Offered:

Participants responded more favourably to this (85%), a small number of persons were undecided (15%) and no respondent disagreed to a partner being present in the operating room.

The Opportunity for Partner to Be in the O.R Must Be Requested:

Even though most participants agreed to partners being willingly offered the opportunity to be present in the operating theatre, they also felt more favourably about partners having to request permission to enter the operating room (67%). In this case respondents did disagree with partners having to request admission to the theatre (29%).

A Support Person Other Than the Partner Should Be Allowed in The O.R.:

Participants expressed similar sentiments to this question (39% disagreed and 45% agreed). Ten respondents were undecided at that time (16%).

Partner Should Not Be Allowed in The O.R. For A General Anaesthetic:

Participants generally agreed that the partner should not be allowed once the method of anaesthetic would be a general anaesthetic (55%). 32% participants did not agree. Only 14% of participants were undecided.

Partner Can Enter the O.R. If The Type of Anaesthetic Used is a Regional Technique:

This statement was supported by the majority of participants who agreed that once a regional technique was being done, there would be no issue allowing the partner to be present in the O.R. (77%). A similar number of persons disagreed and were undecided (14% and 9% respectively)

It is Appropriate to Allow Partner in the O.R. For Elective Cases:

Participants were more favourable to partner presence in an elective Caesarean section (91%). A minimal number of participants disagreed (3%) or were undecided (6%).

It Is Appropriate to Allow Partner in the O.R For Emergency Cases:

Participants responded less favourably to this question as they believed that it was not appropriate to allow a partner in the O.R for an emergency case (58%). A large number of participants were undecided about this question (26%)

Partner Should Not Be Excluded from Entering the O.R. Even If the Mother Has Not Received Antepartum Care At POSGH:

Participants agreed that partners should not be excluded (50%) and they were less in favour to partners being excluded (23%). Participants also felt unsure about whether or not the partners should be excluded (27%).

Partners Who are Not Present During Mothers' Antenatal Care Should Still Be Allowed to Accompany Them in The O.R.:

Participants agreed that partners can still be allowed in the operating room (48%), they were less in favour for their exclusion despite the partner not being present during antenatal care (36%). A small number of participants were not certain (16%).

Mandatory Educational Sessions on Childbirth Via Caesarean Section Should Be Compulsory Prior to Admittance to O.R.:

Participants responded more favourably to having educational sessions prior to operating room admittance (85%). Very few participants disagreed (11%) or were undecided (4%).

Consent Must Be Signed by Partner Outlining the Risks of Surgery Before Admission to The O.R.:

Participants agreed more favourably that consent should be applicable prior to surgery (62%). 26% of participants did not think partners should be made to sign consent, few participants were uncertain (12%).

All participants were asked to respond to section 2, and this consisted of ninety-four (94) persons.

Spousal Support/Comfort**Mother Can Touch, Hold, Or Even Breast Feed Her Baby During Surgery:**

Participants agreed more favourably to this question (80%). A similar number of participants were both undecided as well as not in favour of this practice (12% and 8% of persons respectively).

Mother Can Be Allowed to View the Delivery with A Mirror or By Lowering Anaesthesia Screen:

There was a slight trend toward participants agreeing that mothers should be allowed to view the delivery of their baby (51%). A smaller number of participants were not in agreement and felt that they perhaps should not be allowed to see (35 %) with some undecided participants (14%).

Mother's View Should Be Obstructed with The Anaesthesia Screen:

There was no significant difference in favorability among participants for this question (41% of persons agreed and 38% disagreed). 21% of participants were undecided.

Mother Will Be More Anxious with Partner Present:

The majority of participants were less in favour of this statement (70%) and disagreed. A small number of participants did however think that they would be more anxious (9%). 21% of participants were undecided.

Mother Will Be at Ease with Partner Present:

Participants agreed that mothers will be at ease, showing high favorability (77%). Very few participants disagreed or were undecided (23% together)

Communication Between Mother and Partner Can Occur While Surgery Ongoing:

A similar number of persons were in favour of having communication between mother and her partner as compared to her being more at ease (77%). 23% of participants yet again were not in favour or unsure.

Mother Cannot Hold Hands/Be in Close Proximity with Partner During Surgery:

Participants were less in favour of this, disagreeing with the inability of the mother to hold hands or be in close proximity with the partner (67%). Few participants agreed that it should not be allowed to occur (13%), 20% of participants were undecided.

If Mother is Uncooperative Partner Should No Longer Be Allowed to Enter the O.R.:

Participants agreed more favourably to not allowing a partner to enter the operating room if the mother was uncooperative (51%) than those who thought they should be allowed despite their behaviour (32%). 17% of participants were undecided.

Partners' Participation at Caesarean Section

Partner Entering the O.R. Before Anaesthesia Should Be Encouraged:

Participants were less in favour of partners entering the operating theatre before anaesthesia commenced (48%). A high number of participants also saw no issues with partners being present (38%). 14% of participants were undecided.

Partner Should Not Sit in Close Proximity to Anaesthetic Staff:

Participants agreed and were more in favour of partners not sitting close to anaesthetic staff while in the operating theatre (56%). A smaller number of participants disagreed and thought they should be allowed to sit close to staff (25%), with even fewer participants being undecided (19%).

Partner Should Be Allowed to View the Surgery and Take Pictures:

Most of the participants disagreed with this being more in favour of the partner not being allowed to view the surgery or take pictures (70%). Participants who agreed that partners could view the surgery made up a smaller number (19%) with those who were undecided (11%).

Partner Can Hold the Baby in The O.R.:

Participants were strongly in favour of partners being allowed to hold the baby in the operating room (78%) with very little participants disagreeing to having this practice done (11%). A similar number of participants were undecided (11%).

Partner Should Not Be Asked to Leave the O.R. If Complications Arise:

Most participants agreed more favourably to partners being asked to leave if complications arose in the operating theatre (81%). A minimal number of participants had no problems if they remained (11%). Very few participants were undecided (8%).

Partner Can Accompany and Stay with Mother in The Recovery Room:

Participants were strongly in favour of partners accompanying the mother to the recovery room (83%). Few participants however did not think this should occur (10%) and even fewer were undecided (7%).

- See Appendix 1 for questionnaire
- See appendix 2 for charts

DISCUSSION

The aim of this study was to determine the views of healthcare workers along with peripartum mothers and their respective partners toward having a partner present in the operating theatre for an elective Caesarean section, in the public setting. In the US a mandate had been made since 1981, encouraging hospitals to liberate their policies on the ability to have a father or partner present for a Caesarean section,⁴ however this policy has not been accepted by the public hospitals of Trinidad and Tobago. The UK was also found to have this option available for partners and fathers, mostly when surgery is performed under a spinal anaesthetic.³ The results of this current study showed that majority of participants (70%) thought that partners should be allowed in the operating theatre. This data corresponded with the study by Sakala where the majority of the respondents (90%) also thought it was beneficial for a father to be present in the caesarean room.⁶ Sakala's study found that anaesthesiologists were most unwelcoming of the idea of a partner being present,⁶ however this study did not seek to examine whether any specific healthcare worker preferred to not allow partners the option of being present in the operating room. The results from the questionnaire were further subdivided into three categories: access to theatre, spousal support/comfort and partner's participation at Caesarean section.

The majority of participants (85%) believed that partners should be willingly offered access to theatre. Participants were more in favour of a partner being present once the method of anaesthesia was a regional technique (77%) and if they had had educational sessions on the topic (85%). If a choice of anaesthetic modalities was possible, it appears regional anaesthesia (with the mother awake) has many psychosocial advantages over general anaesthesia. For many women a Caesarean operation symbolizes a profound loss of control which generates

tremendous anxiety. Being in control was seen as a positive aspect of labour, with 124 (30%) women stating that it was necessary to maintain personal 'dignity during labour'.⁸ It was also believed that partners should not be given access to the operating theatre once an emergency Caesarean was being performed (55%), however some participants were not certain about this (26%).

Spousal support/comfort was another main reason that study participants encouraged the idea of a partner being around for the delivery process. Our study found that respondents thought mothers would be more at ease (77%) with a partner present and that she should be allowed to speak to her partner and even hold their hand if necessary. Several studies found that having a partner present helped to allay any concerns the mother may have about the surgery as she would not have to go through the experience on her own. Cain et al theorized that the father's presence at the birth was linked to more active decision making and communication during labour and delivery between husband and wife.⁹ Santos et al found that the presence of the companion, during the pregnancy and puerperal cycle, has repercussions on the quality of care for the new born and women, reduces child mortality and improves maternal health.¹⁰ Even though this study examined elective Caesarean sections, thus the mother would have already known she would be having an operation, the mothers all admitted that they would still be quite anxious about the procedure being done. One study found that having a partner with the expectant mother led to a more positive perception of the birthing experience. It has been reported that the presence of a family member or a friend, even just by being at the same room with the woman, has contributed to a positive intrapartum experience.¹ The respondents felt that it should be the woman's choice of who she would like to accompany her in the Caesarean room. Doctors and nurses felt that it might be easier to have the partner be a woman as they would have an idea of what the mother would be experiencing and even better understanding of the birthing process in general. The woman's choice for accompanier tends to be based upon personal familiarity, ability of that person to support her emotionally and the desire to be a part of the birthing experience.¹

The cultural and societal viewpoints of persons from Trinidad and Tobago from the responses yielded in this study found that societal norms and traditional views did not support the idea of males being present on the maternity ward far less in the operating theatre, "I think that is just not the way things have been done properly, and it has remained like that". This is why it is important for staff to be on board to help shift this way of thinking. It is recommended, for the companions, to develop their role and contribute to the birth, they need to be welcomed by the team. However, even in the face of the benefits and the right of women, Santos et al found that some Brazilian maternity hospitals still prevent the presence of the companions or do not welcome them, depriving the woman of support during the process of labour and delivery.¹⁰ Respondents agreed favourably that partners should be asked to enter the operating room after the anaesthetic has already been administered (48%), though participants did think that partners could have the option on entering beforehand (38%). They also had no issues with the partner holding the baby (78%) and accompanying the mother to the recovery room (83%). Partner participation was encouraged by healthcare workers in this study however they did think that the partners should be educated on this type of surgery and what they could expect to see in the operating room. Ribeiro's study was similar in comparison as it found that the father can be a familiar reference, emotional support, support in the care attributed to the woman, providing the progress of labour, giving

her more security, tranquillity and comfort, which may reflect in strengthening the relationship.¹¹ This also contributes to the greater involvement of fathers in the family's health and quality of life. The health team should be prepared to welcome the parturient, her partner and other family members, respecting all the meanings of that moment, with the duty to facilitate the creation of bonds, transmitting confidence, tranquillity and guaranteed the rights of women in the health actions.¹¹

In conclusion, there was an overall positive attitude by all healthcare workers to having partners present during a caesarean section provided the parturient has undergone a regional anaesthetic technique. To broaden the perspective a similar questionnaire should be administered to the mothers and partners to gain 360-degree insight.

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APPENDIX 1

Questionnaire

State whether you are an obstetrician/anaesthetist/labor or delivery nurse/pregnant mother/partner (father or any other accompanying person)

1. How old are you?
2. What is your ethnicity?
3. What is your gender?
4. What is your religion?
5. Do you think that partners should be allowed in the theatre during Caesarean section?

If yes to question 2, please answer sections 1, 2 and 3.

If no to question 2, please omit section 1 and answer sections 2 and 3.

For each of the questions below, circle the response that best characterizes how you feel about the statement, where: 1= Strongly Disagree, 2= Disagree, 3= Undecided, 4= Agree, and 5= Strongly Agree.

Section 1: Conditions for admission.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
The opportunity for partner to be in the O.R. should be willingly offered	1	2	3	4	5
The opportunity for partner to be in the O.R must be requested	1	2	3	4	5
A support person other than the partner should be allowed in the O.R	1	2	3	4	5
Partner should not be allowed in the O.R for a general anaesthetic	1	2	3	4	5
Partner can enter the O.R if the type of anaesthetic used is a regional technique	1	2	3	4	5
It is appropriate to allow partner in the O.R for elective cases	1	2	3	4	5
It is appropriate to allow partner in the O.R for emergency cases	1	2	3	4	5
Partner should not be excluded from entering the O.R even if mother has not received antepartum care at POSGH	1	2	3	4	5
Partners who are not present during mothers' antenatal care should still be allowed to accompany them in the O.R	1	2	3	4	5
Mandatory educational sessions on childbirth via caesarean section should be compulsory prior to admittance to O.R	1	2	3	4	5
Consent must be signed by partner outlining the risks of surgery before admission to O. R	1	2	3	4	5

Section 2: Appropriate behaviour for mother in the O.R

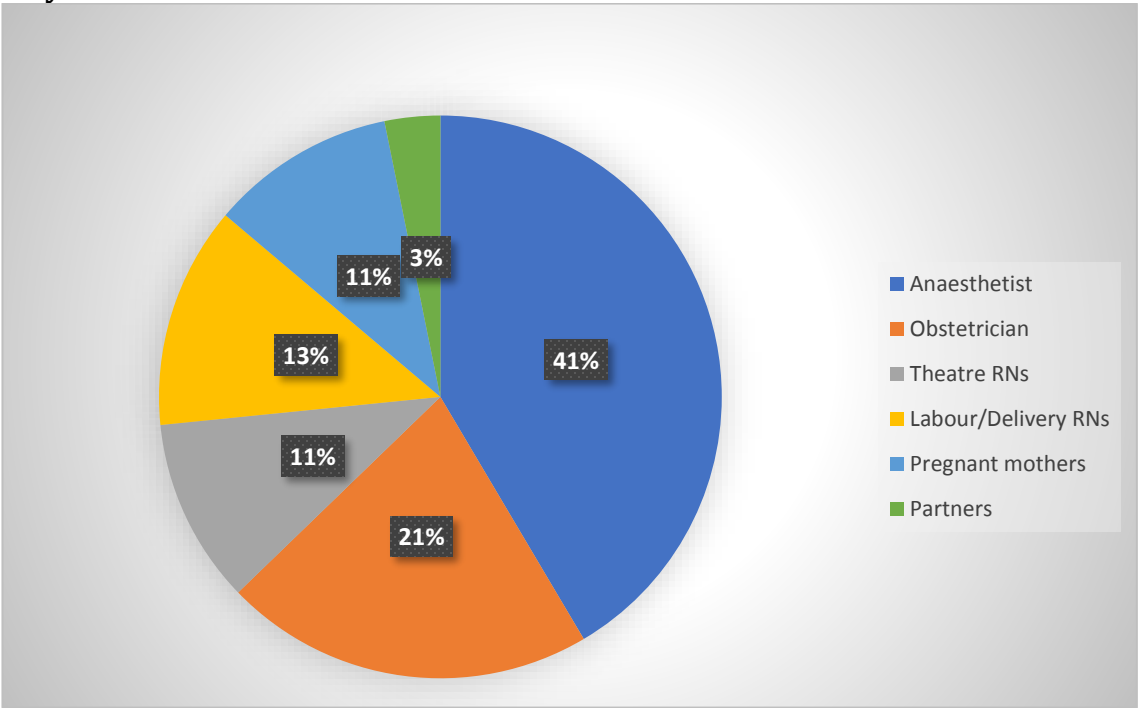
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Disagree
Mother can touch, hold or even breast feed her baby during surgery	1	2	3	4	5
Mother can be allowed to view the delivery with a mirror or by lowering anaesthesia screen	1	2	3	4	5
Mother's view should be obstructed with the anesthesia screen	1	2	3	4	5
Mother will be more anxious with partner present	1	2	3	4	5
Mother will be at ease with partner present	1	2	3	4	5
Communication between mother and partner can occur while surgery ongoing	1	2	3	4	5
Mother cannot hold hands/ be in close proximity with partner during surgery	1	2	3	4	5
If mother is uncooperative partner should no longer be allowed to enter the O.R.	1	2	3	4	5

Section 3: Appropriate behaviour for partner in the O.R

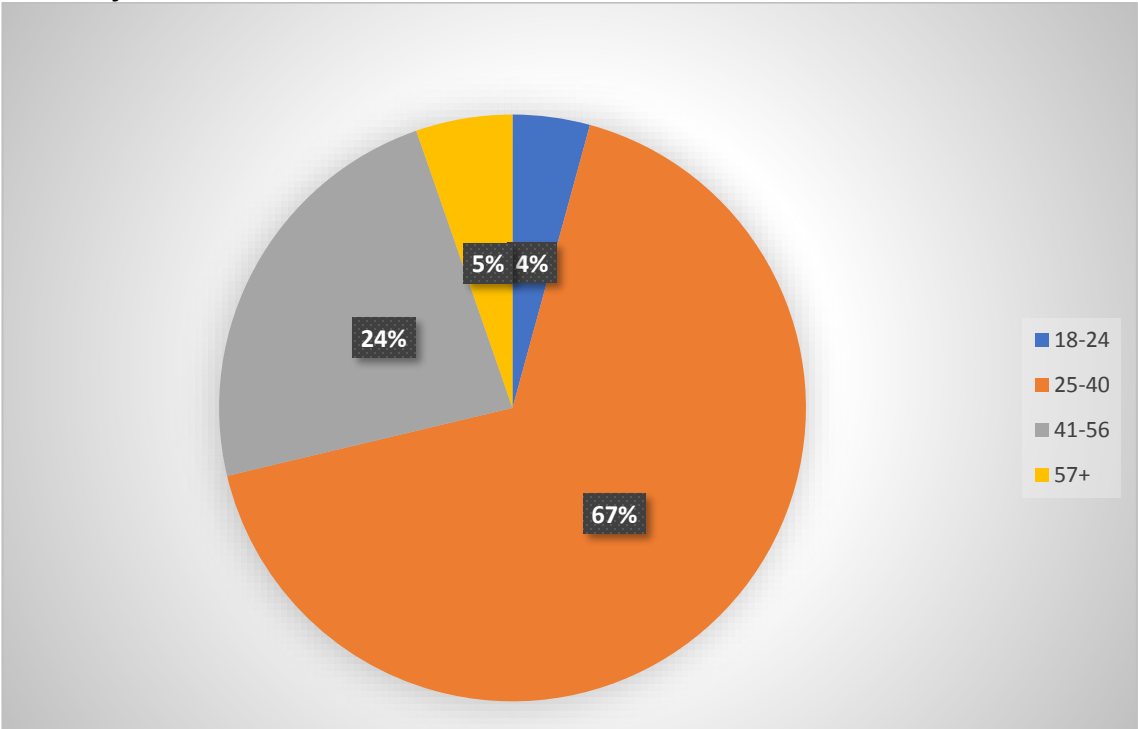
	Strongly Disagree	Disagree	Undecided	Strongly Agree	Agree
Partner entering the O.R. before anaesthesia should be encouraged	1	2	3	4	5
Partner should not sit in close proximity to anaesthetic staff	1	2	3	4	5
Partner should be allowed to view the surgery and take pictures	1	2	3	4	5
Partner can hold the baby in the O. R	1	2	3	4	5
Partner should not be asked to leave the O.R if complications arise	1	2	3	4	5
Partner can accompany and stay with mother in the recovery room	1	2	3	4	5

APPENDIX 2

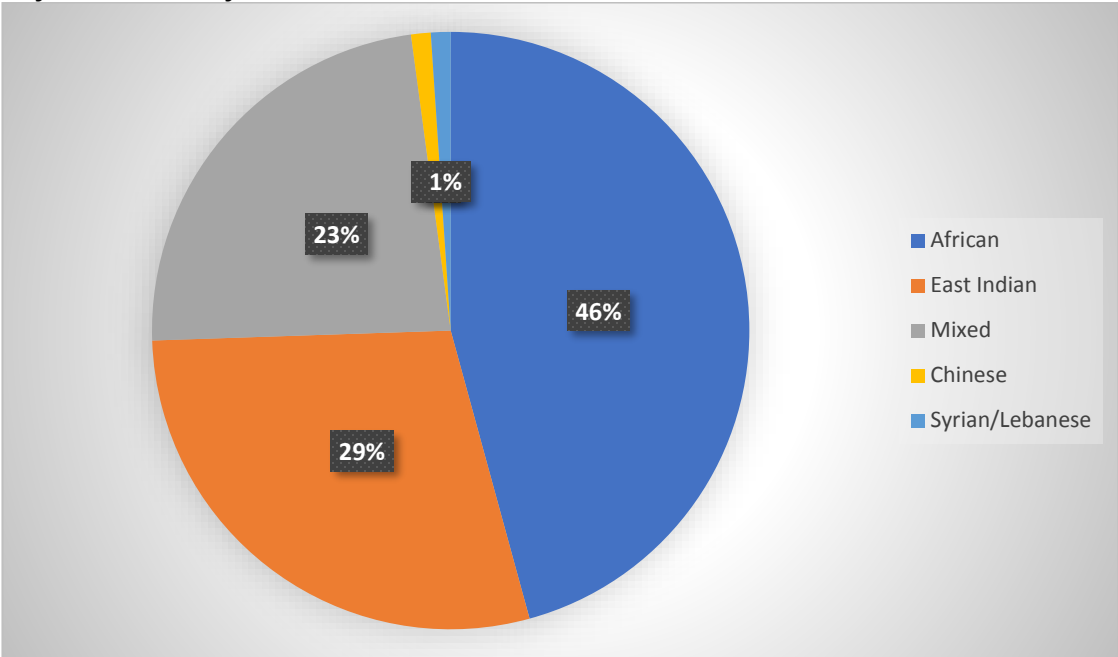
Questionnaire data
What is your role?



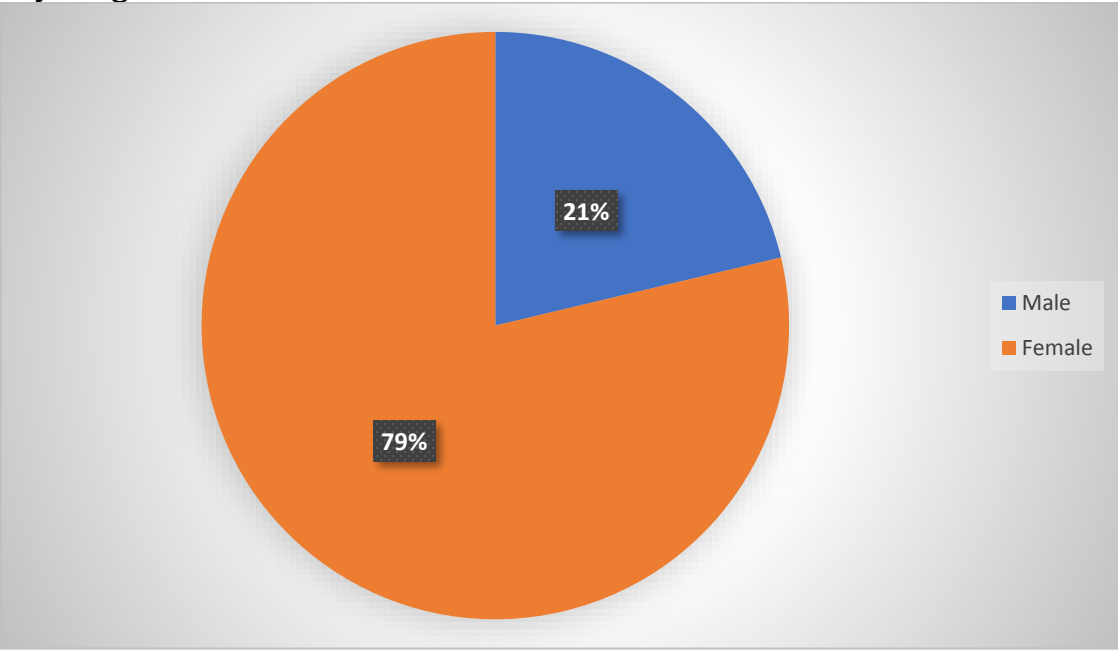
How old are you?



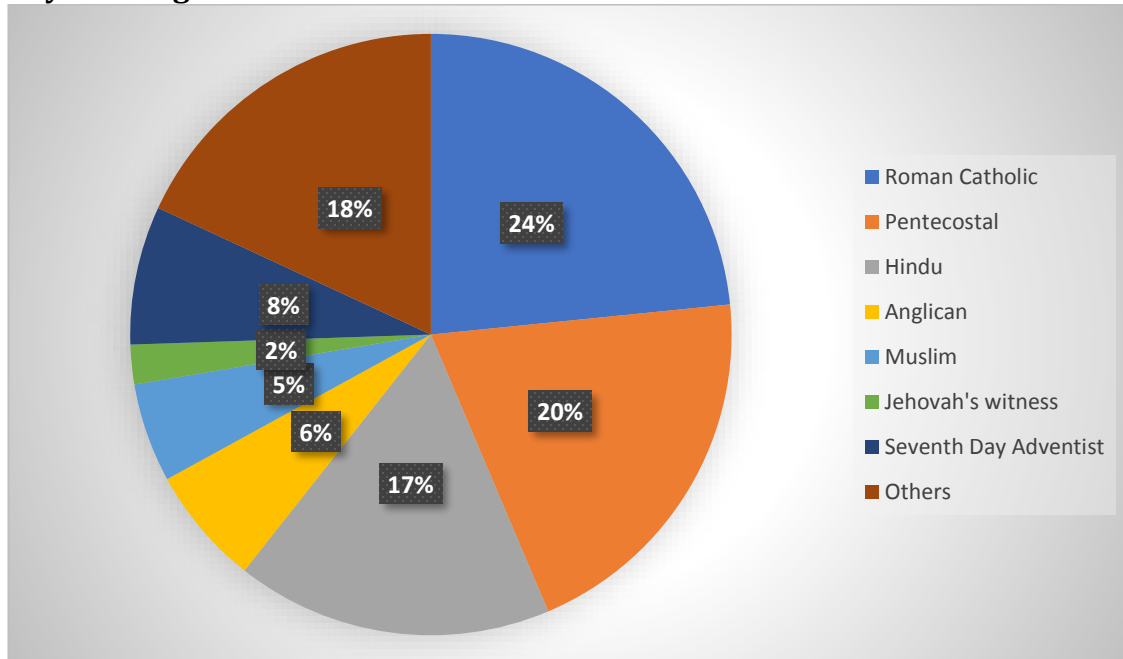
What is your ethnicity?



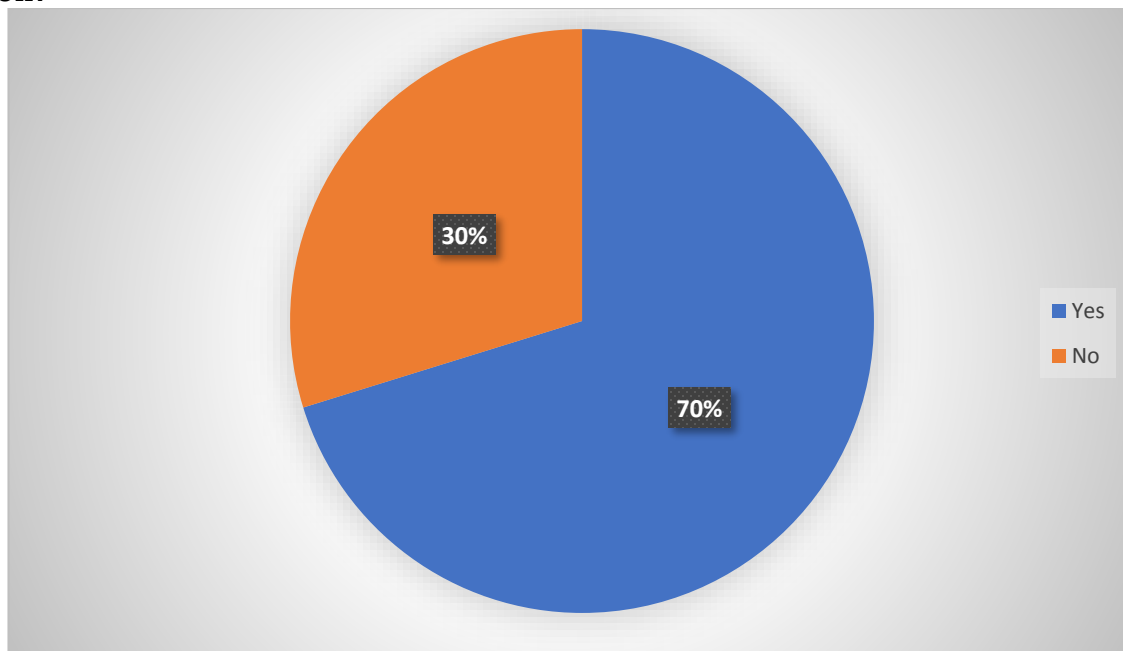
What is your gender?

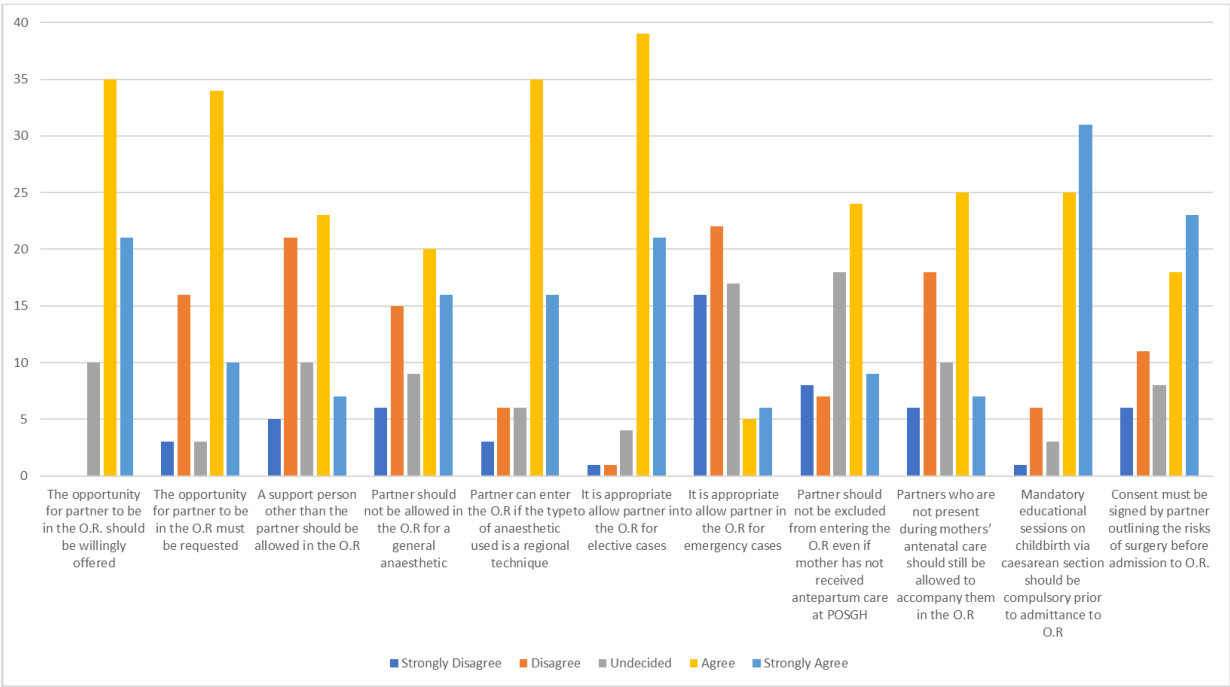


What is your religion?

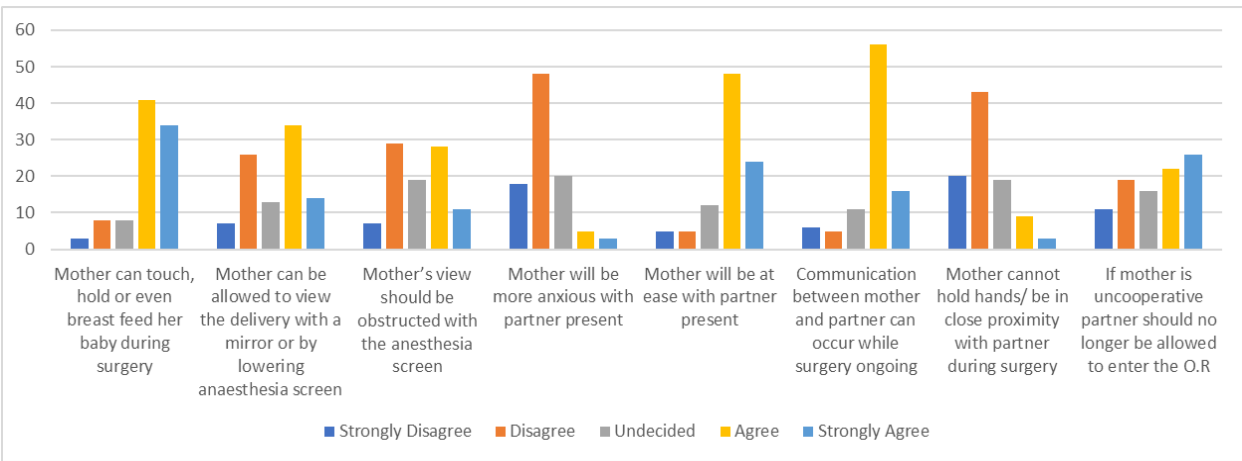


Do you think partners should be allowed in the theatre during elective Caesarean section?

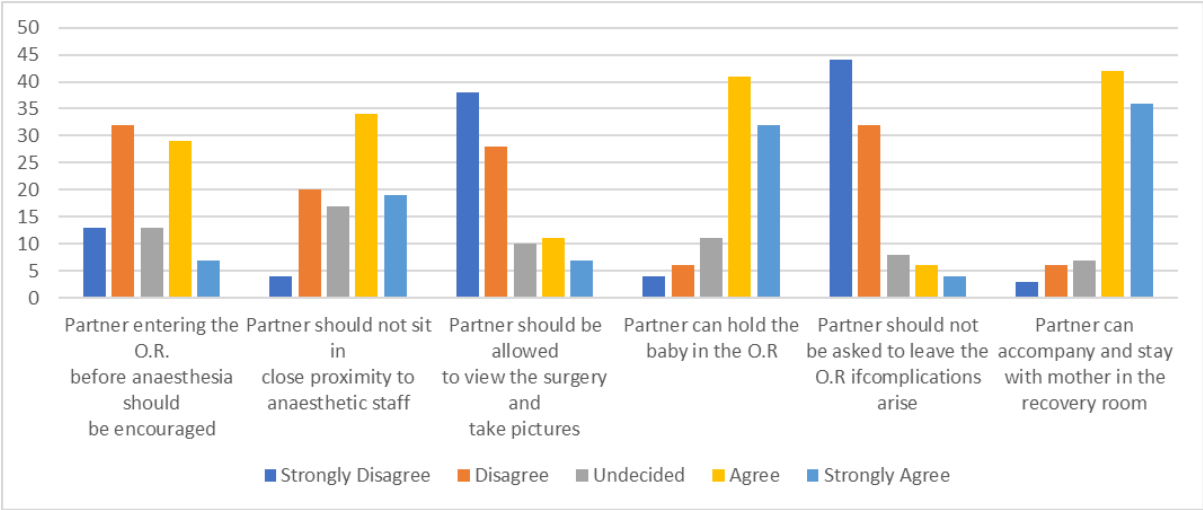




Bar graph 1 showing responses for conditions for admission



Bar graph 2 showing responses for appropriate behaviour for mother in the O.R.



Bar graph 3 showing responses for appropriate behaviour for partner in the O.R.