

Multilingual Epidural Consent Process

Caitlin Bell, BSN, RN; Rio Flynn, BSN, RN; Chair: Thomas L. Minges, DNP, CRNA, CDCA;
Andrea Girnius, MD, FASA; Jacqueline Lemox, MSN, CRNA



Background/Purpose

Labor is among the most painful experiences a patient may be hospitalized for. Neuraxial anesthesia is the preferred method to manage labor pain. Approximately 49% of patients experiencing language barriers have been identified as having difficulty understanding medical instructions. Barriers for limited English proficient patients can result in changes to healthcare interventions received.

The purpose of implementing a multilingual epidural consent process is to focus on the inequities in managing pain for non-English speaking laboring patients. The implementation site was an urban Level I Trauma Center that has 547 staffed beds with an annual patient population of approximately 66,500. Some of which are on the labor and delivery unit where 20% of patients require a Spanish interpreter.

PICO: For anesthesia providers, how does the implementation of a multilingual epidural consent form improve the providers ability, before and after, to provide culturally competent care?

Available Knowledge

A recent study showed that 66% of Spanish speaking laboring patients received neuraxial analgesia while 75% of English-speaking laboring patients received neuraxial anesthesia. Emphasizing the disparity between pain management in patients that are non-English speaking compared to English speaking patients.

Study	Evidence Level JOHN HOPKINS	Summary of Findings	Quality Rating
Epidemiology of racial/ethnic disparities in severe maternal morbidity and mortality (Somer et al., 2017)	Non-experimental study Level – III	Maternal deaths likely represent only the "tip of the iceberg" with respect to pregnancy complications, leading many to explore risk factors and disparities in severe maternal morbidity, a more common precursor to maternal mortality.	High quality
Use of epidural in childbirth linked to decreased severe maternal morbidity (Columbia University Irving Medical Center, 2022)	Quasi-experimental study Level – II	Risk of severe maternal mortality for racial and ethnic minority women is three times as high as for non-Hispanic white women.	High quality
Racial and ethnic disparities in obstetric anesthesia (Lange et al., 2017)	Non-Experimental Study Level III	Pain has been linked with an annual cost of \$560 to \$635 billion each year. It is correlated with decreased patient satisfaction and ability to function	Moderate quality

Study	Evidence Level JOHN HOPKINS	Summary of Findings	Quality Rating
Cultural awareness: Ensuring high-quality care for limited English proficient patients (Betancur, et al., 2020)	Systemic analysis Level – III	47% of immigrants over 5 years are non-English speaking leading to issues with reading, writing, and speaking English.	High quality
Implications of language barriers for healthcare: A systematic review (Shamsi, et al., 2020)	Systemic Review Level – II	49% of patients experiencing language barriers identify difficulty understanding medical instructions.	High quality
The development of a multilingual tool for facilitating the primary-specialty care interface in low resource settings: the MSF tele-expertise system (Bonnardot, et al., 2014)	Retrospective study Level III	A multilingual system was put into place to assist workers in the field. User surveys confirm that the system provides helpful advice, which has a positive effect on patient outcomes. It is reliable and efficient.	High quality

Model/Framework

This project aims to apply the ACE Star Model of Evidence-based Practice (EBP) to aid in achieving its goals. Stevens (n.d.) outlines this model as a simple five-point star and uses this to explain how knowledge is transformed at five major stages. With the use of this model guiding the implementation of the project it is the hope that this becomes the new standard of care within practice and is adopted as a new clinical practice guideline.

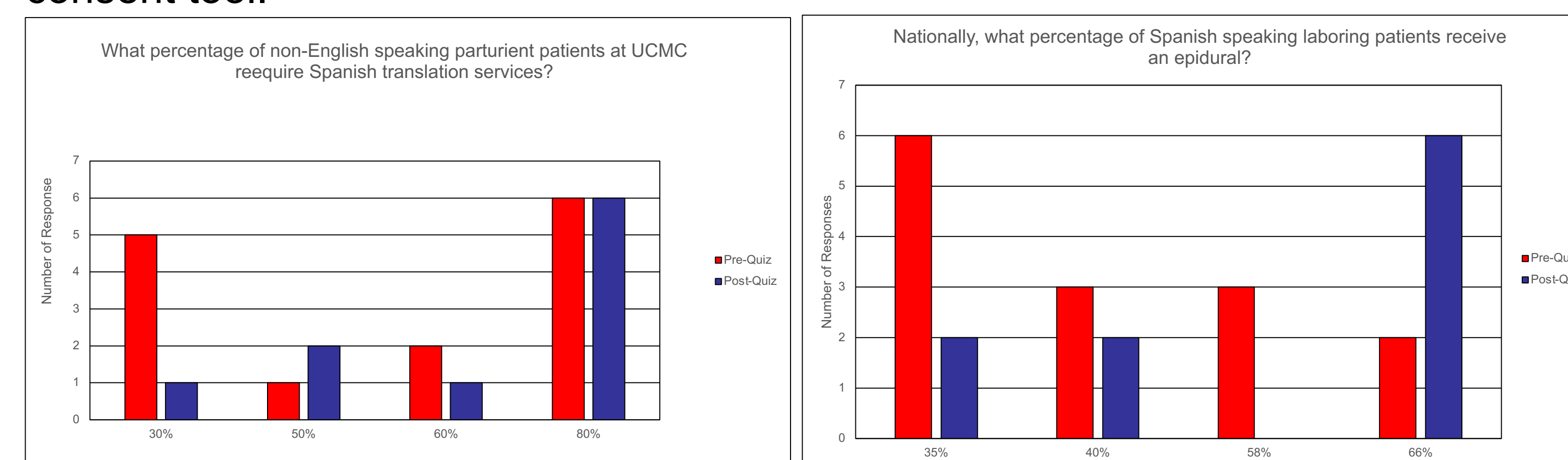
Methods

This study is an evidence-based practice project. It has gone through IRB review and was approved and determined not to be research involving human subjects. There is no intent to create generalizable knowledge and no identifiable data will be stored or collected by the project. This project involves the creation of a multilingual epidural consent process. The existing epidural consent form was reviewed not only with obstetric anesthesia providers, but also with translation and legal services to ensure its ease and success of use. Providers were educated on the multilingual epidural guide including when it will be trialed, as well as increased education on the disparities that exist for this patient population, and increased awareness of pain management options for laboring patients. Education was delivered to obstetric anesthesia providers through an educational session. The multilingual guide is available for anesthesia providers and provided to non-English speaking parturient patients while obtaining consent for epidural placement. A pre- and post-test was provided to analyze the success of implementation through assessment of knowledge gained from provider education.

MeSH terms: limited English proficient, informed consent, multilingual

Results/Outcomes

Data for this project was collected on an obstetric unit at a Midwest academic center. A pre-quiz and post-quiz was delivered to providers on this unit for anonymous completion. A total of 14 providers responded to the pre-quiz and 10 providers responded to the post-quiz covering this topic. Responses were received from Certified Registered Nurse Anesthetists, Anesthesiologists, and Student Registered Nurse Anesthetists. Pre-test results showed that 43% of providers knew how many patients were Spanish speaking and require translation services at their facility, while 60% of providers recognized this after education. Also, pre-test results revealed only 14% of providers knew how many Spanish speaking laboring patients receive an epidural nationally. Post-quiz results showed that 60% of providers accurately identified that this percentage is 66% nationally. Additionally, 90% of participants understood that epidurals are beneficial for pain control, diminishing response to stressors and decreasing maternal hyperventilation. While 100% of providers correctly identified that the patient and provider need to be present while completing the epidural informed consent tool.



Discussion

Results from this project can be used to form a multilingual obstetrical anesthesia epidural consent process in a Midwest academic medical obstetrical unit. Creating a multilingual consent form process removes barriers preventing access to medical information for non-English speaking patients. Information about medical procedures is given to the patient in their native language, removing misunderstandings that can occur during the informed consent process of obstetrical anesthesia care options. Utilization of the improved consent process demonstrates the importance of providing equitable healthcare.

This project focused on the Spanish speaking population and providers in a large Midwest academic medical center. Further research should be done to identify outcomes when patients speak other languages and dialects. Additionally, more needs to be done to determine if this intervention would be impactful in a non-academic medical center.

Conclusions

Upon completion of project implementation, it is the hope to aid in closing the gap between health care providers and non-English speaking parturient patients. This is the first project in a series to better address the Spanish speaking patient and helping them to better understand the anesthesia care they are receiving during the labor process. Overall, the aim is to determine the projects impact on the health disparity gap within multilingual patients, assess epidural placements in non-English speaking obstetric patients and implement the use of a multilingual epidural consent process by anesthesia personnel.

Future work should include a focus on the formulation of preoperative education of obstetrical anesthesia care for the Spanish speaking patient, the implementation of other non-English speaking consent forms, and further quality improvement reviews to assess/address disparity gaps.

References/Appendices

