

Title: Balancing Patient Autonomy with Evidence-Based Practice: Delivery and Postpartum Care

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Objective: To present a case report of an obstetric patient with multiple complications where evidenced based care was complicated by patient autonomy, her mistrust of multiple providers, and limited health literacy.

Methods: Case Report

Results:

Patient is a 33-year-old G3P2013 with a past medical history of polycystic ovarian syndrome, panic disorder, major depressive disorder and post-traumatic stress disorder who was pregnant with dichorionic diamniotic twins and underwent stat cesarean section at 37+3 weeks. Her twins were conceived by in-vitro fertilization, and she had one prior cesarean due to non-reassuring fetal heart rate status (NRFHRS). Further complicating the pregnancy and labor were 4 large fibroids, including two in her lower uterine segment, each measuring over 5.5 x 5.5 cm. She still desired a trial of labor after cesarean (TOLAC) despite being counseled about the risks of TOLAC including risks given those fibroids. She was advised on the possibility of a classical cesarean and how that would affect future pregnancies. She was induced but eventually agreed to a stat c-section due to NRFHRS and failure to progress. Due to difficulty extracting the fetal head secondary to uterine fibroids compressing the fetal neck, the hysterotomy was initially extended to a T-incision, and subsequently to a cruciate incision. Her postpartum course was further complicated by postpartum hemorrhage of approximately 1600 mL, pre-eclampsia with severe features, pulmonary edema, acute respiratory distress syndrome and acute kidney injury with a creatinine to 3.6mg/dL. On post-operative day 2, her clinical status worsened, and workup was concerning for endometritis and colonic pseudo-obstruction. The patient was transferred to our sister hospital's ICU for hemodynamic instability and bacteremia.

Notably, the patient refused multiple evidence-based treatments recommended to expedite recovery. This included refusal of reinsertion of nasogastric tube and neostigmine, electrolyte repletion, and blood transfusion. She was also resistant to specialized oral nutrition, ambulation, and alternatives to opiate analgesia. Due to her transfer to the ICU and her care being assumed by multiple specialty teams, the patient began to express frustration with perceived inconsistencies in the care plans she was hearing. While communication can always be improved, she believed that none of the teams were talking to each other. Additionally, she felt as though the plan of care was changing continuously and did not understand how a clinical picture evolves with more evidence each day. Actions were taken to try to mitigate this, including multi-disciplinary meetings with the patient and social workers, obstetricians, general surgeons and internists. She also expressed frustration with seeing trainees who she felt were complicating her care. She was ultimately transferred back to our hospital where she felt the most comfortable and her teams attempted to streamline her care with frequent communication to reach agreement about treatments before counseling the patient. Unfortunately, the patient's

dissatisfaction continued and eventually she specified which attendings could see her. Ultimately, she was discharged 14 days post-operatively.

Conclusion: This case raises important questions about how to navigate caring for patients who, despite extensive counseling, elect for non-recommended options or who express deep distrust in the care they are receiving. Despite all the steps taken by the team to practice patient-centered care, cultivate trust, and ensure the patient had informed consent, she still felt like she received inadequate care. Regrettably, she had certain fixed expectations of what her providers could do, should do, and would do; and these expectations could sometimes not be met. Ultimately, a lack of control over her care and recovery was likely the real issue – such that, regardless of her prenatal counseling, her final question on discharge was if she should've pursued – or been allowed – a TOLAC at all.