Multidisciplinary prenatal counseling on fetal abnormalities - joint effort to improve perinatal outcomes and empower women’s decisions

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Introduction
Women carrying a pregnancy with a significant fetal abnormality face a difficult decision on (a) whether to continue their pregnancy and (b) choosing in-utero intervention and/or postnatal management. To help them make an informed decision and provide psychological support, from 1 July 2010, we offered a multidisciplinary prenatal counseling (MPC) by obstetricians/midwives and relevant specialties to provide prenatal and postnatal information respectively.

Objectives
Our objectives are to (a) review the outcomes of and (b) women’s views on this MPC.

Methodology
We retrospectively reviewed our maternal fetal medicine (MFM) database from 1 July 2010 to Sept 2014, and traced the pregnancy outcomes after MPC. Besides, a 5-questions survey was conducted on a random sample through telephone by MFM team nurses. Chi-square test was used to compare proportions using SPSS.

Result
The number of MPC increased with years: 14, 45, 49, 69, 46 in 2010, 2011, 2012, 2013 and 2014 (up to Sept) respectively. Of a total of 223 MPC, 32.3% were joint consultation with paediatric cardiologists, 31.4% geneticists, 25.1% paediatric surgeons, 6.7% neonatologists, 4.0% clinical psychologists, and 0.45% orthopaedic surgeons. Of 70 MPC with paediatric cardiologists and known outcomes, 19.4% were terminated, 3.0% were died in-utero, 4.3% were ongoing. Of 52 livebirths, 69.2% required NICU care, 19.2% were intubated, 19.2% underwent cardiac operations. Of
49 MPC with clinical geneticists, 20.4% were terminated, and 8.2% were ongoing. Of 35 livebirths, 20.0% required NICU care. Of 44 MPC with paediatric surgeons and known outcomes, 15.9% were terminated, and 11.4% were ongoing. Of 32 livebirths, 84.4% required NICU care, and 65.6% neonatal surgeries. Of 40 women who responded to the survey, 90.0% found MPC useful, 75.0% helped their decisions, 87.5% understood the abnormalities, 80.0% said their questions were answered, and 70.0% felt psychological better. More women who opted for termination found MPC useful (100.0% vs 80.0%, p= 0.035), and helped their decision making (90.0% vs 60.0%, p=0.028) than continuation of pregnancy. There was no difference in other parameters. Conclusion MPC facilitated extension of our care from fetal life through a planned delivery to neonatal intensive care/cardiac interventions/surgery and beyond. Most women found MPC useful, help make an informed decision, and improve psychological state.