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Introduction of prenatal joint counseling for fetal abnormalities

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Introduction

With advancement in prenatal diagnostic service and routine screening for structural fetal abnormalities, more and increasingly complex fetal conditions are detected. Having an affected pregnancy can be extremely distressing to expecting parents and turn happiness to sadness. The importance of proper counseling and support can never be over-emphasized. Therefore, our maternal and fetal medicine team has closely collaborated with paediatric surgeon, paediatric cardiologist and paediatrician to conduct joint interview to expecting parents when appropriate.

Objectives

To assess the effectiveness and patient satisfaction after introduction of prenatal joint counseling.

Methodology

37 patients received this service for last 15 months (from November 2011 till January 2013) were identified from our database. Conditions including cleft lip and palate, diaphragmatic hernia, tetralogy of Fallot, Down syndrome, etc. A telephone interview with a short questionnaire focusing on their satisfaction was conducted in January 2013.

<u>Result</u>

Results: 31 out of 37 (88.9%) has completed our interview while 6 was unable to be reached. For the 31 cases, 18 were jointly counseled with paediatric surgeon, 12 were with paediatric cardiologist and 1 was with paediatrician. Most parents perceived a better understanding of the fetal condition after the joint counseling (rated 7.4 out of 10). Averaged scorings of satisfaction with the content and usefulness of the interview are 8.0 and 8.2 out of 10 respectively. However, majority (64.5%) reported the interview does not affect their decision on whether they would opt for termination. For those who decided to carry on the pregnancies, vast majority felt they were more prepared to accept the baby after delivery (rated 7.9 out of 10). Lastly, 29 out of 31

parents are likely to attend the prenatal diagnostic service in QEH for their future pregnancies (rated 9.1 out of 10). This reflects a high satisfaction with our service. Conclusion: With efforts by a multidisciplinary team formed by obstetricians, paediatric surgeon, paediatric cardiologist and paediatrician, proper counseling and support are given to expecting parents during the most stressful time. Despite their pre-decided stand on whether to continue the pregnancy, they appreciated to be well prepared before their newborns arrive.