

Interreg



ITALIA-SLOVENIJA



INTEGRA

Progetto standard co-finanziato dal Fondo europeo di sviluppo regionale
Standardni projekt sofinancira Evropski sklad za regionalni razvoj

Rete transfrontaliera per le donne migranti:
integrazione sociale, salute sessuale e riproduttiva

Čezmejna mreža za priseljene ženske:
socialna integracija, spolno in reproduktivno zdravje

INFORMED CONSENT: ISSUES AND CHALLENGES STARTING FROM CLINICAL CASES

Prof.ssa Natalina Folla, UNITS

Dr.ssa Chiara Semenzato, IRCCS Burlo Garofolo

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TRAINING COURSE FOR HEALTH AND SOCIAL WORKERS



The clinical case: 1

- 40 years old woman from Sierra Leone, pregnant, admitted for labour
- In consideration of the clinical case: maternal DGM, fetal macrosomia and severe fetal bradycardia during labour→ doctors decided to proceed with a CS
- The couple denied the informed consent to the procedure although doctors well illustrated the maternal and fetal risks related to the condition of dystocical labour, GDM and oxytocic infusion
- The woman feared that if she had made a caesarean section, the demon would enter her belly
- Difficult vacuum extraction delivery and shoulder dystocia
- The newborn was hypotonic, in apnea and bradycardia, intubated at two minutes of life, absence of meconium, appearance of the first breaths at about 12 minutes of life, with persistence of poor tone and reactivity
- Admission NICU diagnosis: Hypoxic-ischemic encephalopathy (Sarnat type 2); neonatal convulsions; hypertension; syndrome of inappropriate antidiuretic hormone secretion



The clinical case: 2

- 21 years old woman from Nigeria, primigravida, followed by the refugee office
- Referred to the high risk pregnancy clinic for positive indirect coombs test and positive anti-S antibodies
- Doctors prescribed twice a month blood tests for antibody titre control but she refused. They explained the possibility of proceeding with an intrauterine blood transfusion but she refused. During pregnancy there were some complications (fetal anemia, venous thrombosis) that required her admission in the obstetric clinic and a panel of treatments, she refused
- She thought that God would help her and her baby, she had faith that everything would have turned out for the best. That's why she refused any medical treatment
- During the 3rd trimester of pregnancy she decided to leave the refugee facility and we lost track of her



What the law says...



The clinical case: 3

- A foreign woman arrived at our attention with the request of a voluntary pregnancy interruption (art 4/L.194)
- She was admitted to the clinic and doctors requested an intercultural mediator in order to collect the woman's clinical history
- A male mediator arrived and physically forced her to go away with him from the hospital - he argued with the doctors but then he succeeded
- The man was part of the same community of the woman
- The day after the event the woman reappeared alone to undergo the procedure



The clinical case: 4

- A foreign woman was admitted in our hospital for induction of labour
- She did not speak Italian and she denied the intercultural mediation, she preferred that someone from her family provided the translation
- The reason: the female mediator for her language/culture is part of her community
- She had knowledge that the mediator spread patients' confidential information in the community so she did not want to give her the chance to know her personal/obstetric history



What the law says...



ANY QUESTIONS?



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Lead partner / Vodilni partner



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