The Use of a Chaperone in Obstetrical and Gynaecological Practice

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Abstract

The aim of this study was to assess the use of a chaperone in obstetrical and gynaecological practice in Ireland and to explore patients' opinions. Two questionnaires were designed; one for patients and the other one was sent to 145 gynaecologists in Ireland. One hundred and fifty two women took part in this survey. Seventy four were gynaecology patients and 78 were obstetric patients. Eighty nine (75%) women were happy to have a male chaperone whilst the remaining 25% would prefer a female chaperone. Only 43% of patients would prefer to have their partner present during a vaginal examination. Eighty one percent considered that there was no need for a chaperone if their partner was already present.

Methods

Our study involved both patients and clinicians and questionnaires were designed for both groups. A questionnaire was available for patients attending antenatal and gynaecology clinics at the Rotunda hospital. An information leaflet about this survey was given to participating patients and a written consent was obtained. Age, gravity, parity and history of vaginal examination were obtained from participating patients, and their opinion was sought about the need for a chaperone during gynaecological examination by either a male or a female doctor and about the use of a female or a male chaperone. Women's view regarding the presence of their partner during examination was noted as well.

A questionnaire for doctors was sent to all 108 Consultant Obstetrician/Gynaecologists working in Ireland and to 37 Specialist Registrar (SpR) or Senior Registrars working in obstetrics and gynaecology on the SpR training scheme. Doctors were asked about age, gender, status, and current practice in public and private clinics. They were also questioned about availability, time constraints, practicality and views regarding the importance of having a chaperone if they had worked with a chaperone were asked for their reasons for doing so, their personal views on issues affecting the use of the chaperone and their opinions about current guidelines and documentation and recent keep. This study was approved by the Research Ethics committee at the Rotunda hospital.

Results

Patients

One hundred and fifty two women took part in this survey. Seventy four were gynaecology patients and 78 were obstetric patients. Eighty nine (75%) women were happy to have a male chaperone whilst the remaining 25% would prefer a female chaperone. Only 43% of patients would prefer to have their partner present during a vaginal examination. Eighty one percent considered that there was no need for a chaperone if their partner was already present.

Clinicians

There was a response rate of 86% (116/145). Seventy four percent of respondents were consultants and 26% were specialist registrars. Sixty two (52%) respondents always used a chaperone in all patients. Nineteen (14%) respondents always had only a female chaperone; thirty (24%) respondents always had only a male chaperone. Thirty six (28%) respondents always had either a female or a male chaperone. Seventy four percent believed that a chaperone should be used irrespective of the gender of the clinician. Forty three percent believed that chaperoning should be at the discretion of the examiner, one third believed that chaperoning should be at the discretion of the patient and only 15% believed that chaperoning should be at the discretion of the consultant. Ninety five (75%) people always used a chaperone when examining a female patient. Ninety five (75%) people felt that there was no need for a chaperone with a male partner. On the other hand 34 (25%) respondents felt that it was important to have a chaperone if the patient was a man. The RCOG working party recommends that a chaperone should be used for examinations irrespective of the gender of the doctor. Our study found that 75% of people always used a chaperone when examining a female patient. A similar observation was made in a survey of general practitioners in the United Kingdom.

Discussion

A chaperone has been traditionally defined as an adult, who accompanied or supervised one or more young unmarried men or women during social occasions. This is particularly relevant for obstetric patients who invariably have their partner present during a vaginal examination. Ninety five (65%) patients felt that there was no need for a chaperone if their partner was already present. Eighty one percent considered that there was no need for a chaperone if their partner was already present.

Specific guidelines relating to chaperones vary from continent to continent. The American College of Obstetricians & Gynaecologists does not recommend the use of a chaperone for gynaecological examinations and also suggests documenting the offer and the identity of the chaperone in the medical notes. This is supported by medical insurance groups.

Conclusion

There are currently no guidelines in Ireland regarding the use of a chaperone during gynaecological examinations. Obstetricians and gynaecologists in the Republic of Ireland and to explore possible barriers and concerns with their use.

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The two main barriers identified by clinicians were time and availability. This may reflect cost as a barrier but also 50% of clinicians found that gynaecologists in Ireland are divided in equal numbers as to whether having a chaperone is standard practice. The recommendations of the RCOG working group seem not to be implemented in clinical practice. A vaginal examination is often an essential part of any obstetric or gynaecological physical exam.
and constitutes an invasive procedure into patient's privacy and dignity. Patient-doctor trust is critical and every effort should be made to reduce patients' anxieties in this situation by prior explanation, obtaining informed consent and offering a chaperone. In conclusion we would recommend that women should be offered the choice of having a chaperone and their opinion should be respected and documented. Some clinicians may prefer to have a chaperone for their own protection.

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References