

ReJudge Study: Reducing rates of non-medically indicated CS through an Open Access multi-media evidence and behavioural change programme for lawyers and judges

Introduction to the project

Soo Downe, on behalf of the ReJudge team

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Background

There is evidence from a range of studies that one of the reasons for high rates of iatrogenic (physician) intervention in health care in general, and maternity care in particular, is a fear of litigation. Medical litigation is rising in India, but there have never been any studies of the beliefs, views and attitudes of lawyers in this field, or of their knowledge and understanding of the evidence related to optimal use and mis-use of CS. This project was designed to develop educational tools to ensure that rights and evidence-based decisions are made around use of CS, especially in legal cases.

Overall aim

To reorientate maternity malpractice litigation from a normative assumption that intervention is always beneficial for mother and baby, to one based on human rights, evidence and amelioration

Theoretical perspective/frameworks

We based our project on a specific behavioural change theory (the Theory of Reasoned Action) and aligned our work with the WHO Behavioural Insights programme, and the Kirkpatrick criteria for education

Setting

Mainly Telangana province in India, which has one of the highest rates of CS in the world.

Methods

This was a highly iterative project. The methods evolved as the findings from each phase were examined, and in response to the pressures of COVID-19, in consultation with the ReJudge key stakeholders group. We undertook two scoping reviews (one focused on behavioural insights, and one on maternity litigation cases); interviews with key informants (medical, legal, and womens representatives); two workshops, with before and after surveys; and a review of the extent to which the content of legal undergraduate courses in the UK integrated gender issues, human and reproductive rights, and consent. The final phases of the project will involve repeating the undergraduate curriculum review in India; development of educational tools from the findings and from the input of key stakeholders; and assessing the potential sustainability of a Community of Practice in this area.

Findings

To be provided in subsequent presentations

PIs: Downe, Shamanna, Erdman, Torloni, Alteri, Borges, Betran

With: Sarah Cordey, Sarah Elaraby, Alessandra Feldstein, Jane Gibbon, Morgan Hawcroft-Hayes, Louise Hunt, Indie Kaur, Sunny Mannava, Gill Moncrieff.

UCLan UK, University of Hyderabad India, University of Dalhousie Canada, São Paulo Federal University UNIFESP-EPM Brazil, World Health Organisation

