

# The consent from spouse in Obstetrics & Gynaecological procedures: Is it necessary?

Siti Farhana Md Pauzi<sup>1</sup>, Suria Fadhillah Md Pauzi<sup>2</sup>, Ida Rosnita Ismail<sup>3</sup>

<sup>1</sup>Department of Obstetrics & Gynaecology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, <sup>2</sup>Faculty of Laws, Universiti Teknologi Mara (UiTM), Cawangan Pahang Kampus, Raub, Pahang, <sup>3</sup>UKM-Graduate School of Business, Universiti Kebangsaan Malaysia, Bangi, Selangor

## ABSTRACT

**Introduction:** The legal position of informed consent in medical law in Malaysia is governed by various regulations and statutes. The principle that a medical practitioner must obtain consent from the patient, or their legally authorized representative is legally embedded in tort law and the Medical Act 1971. However, obtaining informed consent from a patient's spouse in Obstetrics & Gynaecological settings can be complex due to special circumstances such as emergencies, lack of capacity, general anaesthesia, or specific medical procedures. **Methods & Results:** This paper aims to examine the current legal position in Malaysia regarding spousal consent in medical procedures, particularly in Obstetrics & Gynaecological settings, using doctrinal legal research. This paper provides several recommendations to medical practitioners in ensuring compliance with current legal requirements. **Conclusions:** Medical practitioners must acquire current information with judicial decisions because legal requirements and practices may evolve according to international and national medical settings.

# Comparative cross-sectional study of labour outcomes between Zhang's criteria and Friedman's criteria in a tertiary centre east coast Malaysia

Siti Normal, Nurkhairulnisa Ishak

Department of Obstetrics and Gynaecology, Kuliyyah of Medicine, International Islamic University of Malaysia

## ABSTRACT

**Introduction:** Defining the exact cervical dilatation that represents an active phase of labour remains a challenge. The basis of the current partograph used since 2000 is Friedman's 1950s work regarding the labour curve. Various factors contribute to the outcome of labour. Maternal characteristics such as age and body mass index have changed over the years. Pitocin use for labour augmentation and epidural analgesia may influence the labour outcome. This study compares the outcome of labour in two groups: Zhang's cervical dilatation of 6 cm and Friedman's cervical dilatation of 4 cm, as the beginning of an active phase of labour. **Methods:** This is a cross-sectional study that applied a universal sampling method. The inclusion criteria were women with singleton pregnancy between 37 to 42 weeks of gestation. We included all types of labour i.e., spontaneous, induced, or augmented. **Results:** A total of 538 women were included in the analysis. The mean age was 30.8 (SD = 4.8) with majority of them being Malays. There were significantly more multiparas in our cohort than the primiparas. There was also a significant difference in the onset of labour, as most women were in spontaneous labour compared to being induced and had their labour augmented. There was no difference statistically between the two groups in mode of delivery, duration of the second stage, and baby's Apgar score. **Discussion:** Our study was limited by the COVID-19 pandemic as well as insufficient data in the electronic medical record. Further study is required to minimise bias and achieve statistically significant outcomes.