October 4, 2019 Webinar
Reducing Primary CS & Promoting Physiologic Birth Through Shared Decision Making

Michele Megregian, CNM
Today’s presenter: Michele Megregian, CNM

Michele Megregian, CNM, MSN, is Clinical Assistant Professor in the Oregon Health & Science University, School of Nursing, Nurse-Midwifery Academic Program. She completed a fellowship in interprofessional health care ethics at the Center for Ethics in Health Care at Oregon Health & Science University and has a certificate in medical ethics from Portland State University. She is currently enrolled in the PhD program in Ethics at Maastricht University, Netherlands. She has published on ethics education in midwifery and contributed to the ACNM's Statement on Shared Decision Making.
Disclosure
Objectives

• Become familiar with the concept of Shared Decision-Making
• Understand the use of Decision Aids in Shared Decision-Making
• Explore resources for provider training related to Shared Decision-Making
• Understand Shared Decision-Making in the context of Reducing Primary CS bundles
What is Shared Decision-Making?

Shared Decision-Making is a process undertaken between providers and a patient with a preference-sensitive condition ... to help the patient decide among multiple acceptable health care choices in accordance with their preferences and values

--National Academy for State Health Policy, 2012
History of SDM

- Origin in the research and legal arenas
- Consumer rights movement
- Evidence-based medicine

The American Journal of Nursing, March 1952

Planning Patient-Centered Care

A written, individualized plan for the nursing care of each patient helps to insure safety, continuity, and co-operation.

*By Amelia Leino, R.N.*
Legislation

• WA RCW 7.70.060, RCW 41.05.033, 2007
• Salzburg Statement on Shared Decision Making, 2010
• ACA Section 3506 (unfunded), 2010
• OR Oregon Health Policy Board / Coordinated Care Organizations
• Centers for Medicare & Medicaid Services and Meaningful Use requirements (Electronic Health Record incentive project): 2016 Objective includes Patient-Specific Education
SDM in Maternity Care

• Listening to Mothers I-III
• Maternity Care Shared Decision Making Initiative
• Consensus Statement on Normal Physiologic Birth
• ACOG CO #587: Effective Patient-Physician Communication
• ACOG CO #664: Refusal of Medically Recommended Treatment During Pregnancy
• ACNM Position Statement on Shared Decision-Making
Shared decision-making promotes NPC

- Conversations **prenatally** about possible interventions
  - Decision Aids

- **Inclusion** in decision-making during labor
  - Staff training in communication and SDM techniques

- **Debriefing**

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**CONCLUSION:** Maternal satisfaction with childbirth is influenced by mode of delivery. The birth experience leaves an impression on women more than a decade after delivery.

Carla M. Bossano, MD; Kelly M. Townsend, MS; Alexandra C. Walton, BS; Joan L. Blomquist, MD; Victoria L. Handa, MD, MHS
Three Elements of SDM

- Patient
- Decision Aid
- Condition
Three Elements of SDM

- Clinically appropriate patient
- Preference sensitive condition
- Decision Aids
Decision Aids

International Patient Decision Aid Standards (IPDAS) Collaboration

Ottawa Hospital Research Institute
Institut de recherche de l’Hôpital d’Ottawa
Decision Aids

• Increased knowledge
• Increased accuracy of risk perception
• Improved communication
• Choices congruent with patient’s values
• Decreased decisional conflict
• Decreased passive decision making
• 7% increase in consultation time (2.6 minutes)

Legare S et al. Decision aids for people facing health treatment or screening decisions (Review). Cochrane Database of Systematic Reviews 2017 Issue 4
Decision Aids

**Inconclusive:**

- Patient anxiety
- Health outcomes
- Patient adherence
- Cost

Legare S et al. Decision aids for people facing health treatment or screening decisions (Review). Cochrane Database of Systematic Reviews 2017 Issue 4
Ottawa Personal Decision Guide
For People Making Health or Social Decisions

1 Clarify your decision.

What decision do you face?

What are your reasons for making this decision?

When do you need to make a choice?

How far along are you with making a choice?

- Not thought about it
- Thinking about it
- Close to choosing
- Made a choice

2 Explore your decision.

Knowledge
List the options and benefits and risks you know.

Values
Rate each benefit and risk using stars (★) to show how much each one matters to you.

Certainty
Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

<table>
<thead>
<tr>
<th>Option #1</th>
<th>Reasons to Choose this Option</th>
<th>How much it matters to you: 0★ not at all</th>
<th>Reasons to Avoid this Option</th>
<th>How much it matters to you: 0★ not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Benefits / Advantages / Pros</td>
<td>5★ a great deal</td>
<td>Risks / Disadvantages / Cons</td>
<td>5★ a great deal</td>
</tr>
</tbody>
</table>
Decision Aids in Maternity Care

↓ Anxiety

↓ Decisional Conflict

↑ Knowledge

↑ Informed Choice

↑ Satisfaction

? Final Choice / Outcome

<table>
<thead>
<tr>
<th>Reasons to...</th>
<th>How much does it matter to you?</th>
<th>Plan a vaginal birth (VBAC)</th>
<th>How much does it matter to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can know the date your baby will be born</td>
<td>★ ★ ★ ★ ★</td>
<td>You have a greater chance of having a vaginal birth</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>You know what to expect from the surgery</td>
<td>★ ★ ★ ★ ★</td>
<td>You have a greater chance of having an easier recovery and a shorter stay in the hospital</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>You have a smaller chance of having a tear in the scar on your uterus</td>
<td>★ ★ ★ ★ ★</td>
<td>You have a smaller chance of problems after surgery, such as infection, blood clots, or hysterectomy</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>Your baby has a smaller chance of very rare but serious complications from uterine rupture</td>
<td>★ ★ ★ ★ ★</td>
<td>You have a greater chance of having uncomplicated pregnancies in the future (fewer placenta problems)</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>You have a greater chance of avoiding labour altogether</td>
<td>★ ★ ★ ★ ★</td>
<td>You have a greater chance of having your baby with you after the birth (less admission to the nursery)</td>
<td>★ ★ ★ ★ ★</td>
</tr>
</tbody>
</table>

**TOTAL STARS:**  
**Repeat Cesarean =**  
**VBAC =**
Option 1

What happens if I choose not to use a bath or pool?

If you choose not to use a bath or pool at all during labour your care will continue as usual.

You may like to consider other methods for pain management, including:

- Changing positions
- Using a warm shower
- Epidural
- Touch and massage
- Support person
- Pethidine
- Aromatherapy
- Acupuncture and acupressure
- Hypnosis
- TENS (Transcutaneous Electrical Nerve Stimulation)
- Psychological and breathing methods
- Heat packs
- Sterile water injections
- Morphine
- Gas (Efrinoxâ® or nitrous oxide)

Option 2

What happens if I choose a bath or pool?

If you choose, you may enter the bath or pool whenever you feel the need. Some hospital policies suggest that women wait to enter the water until their contractions are strongly established to avoid labour slowing or stopping. There is no high quality evidence about the most effective time to enter the bath during labour.

While you are in the bath or pool, the water temperature will be monitored closely by your midwife or doctor. Occasionally the water will be heated or cooled to keep it between 34 - 37°C.

There are many different types of baths and pools that women use during their labour. Some pools are large, deep and inflatable and others are triangular shaped baths that are built into the building. Some hospitals offer water immersion for women in labour but only have small, standard sized baths for women to use. Women often say that these standard sized baths feel too restrictive and do not offer the same benefits that the larger, deeper baths and pools offer. You can ask your care provider about the type of bath or pool available to you to use during your labour.

Some methods of fetal heart rate monitoring (when a care provider listens to your baby’s heart rate using a machine) during labour are not designed to be used while a woman is immersed in water. Sometimes a woman’s care provider may suggest she gets out of the water while the monitoring is performed. You can ask your care provider if your planned place of birth has monitoring machines that are designed to be used during water immersion.

If you are using water immersion, your hospital or birth centre may have guidelines about using a bath or pool during labour (e.g., about the temperature of the water and whether it is suitable to use the pool if your waters have broken before 37 weeks). You can ask your care provider for more information about guidelines for water immersion at your planned place of birth.
Use this easy fill-in-the-blank birth plan to prepare yourself for delivery and communicate your wants and needs to your medical team.

Full name: ________________________  Partner's name: ________________________
Today's date: ____________  Due date/Induction date: ____________
Doctor's name: ________________________  Hospital name: ________________________

Please note that I:
☑ Have group B strep
☐ Am Rh incompatibility with baby
☐ Have gestational diabetes

My delivery is planned as:
☐ Vaginal
☐ Cesarean
☐ Water birth
☐ VBAC

I'd like...
☐ Partner:
☐ Parents:
☐ Other children:
☐ Doula:
☐ Other:
...present before AND/OR during labor

During labor I'd like...
☐ Music played (I will provide)
☐ The lights dimmed
☐ The room as quiet as possible
☐ As few interruptions as possible
☐ As few vaginal exams as possible
☐ Hospital staff limited to my own doctor and nurse (no students, residents or interns present)
☐ To wear my own clothes
☐ To wear my contact lenses the entire time
☐ My partner to film AND/OR take pictures
☐ My partner to be present the entire time
☐ To stay hydrated with clear liquids & ice chips
☐ To eat and drink as approved by my doctor
Three Elements of SDM

• Clinically appropriate patient
• Preference sensitive condition
• Decision Aid
Preference Sensitive Condition

• More than one clinically appropriate option exists
  • This includes expectant management (“watchful waiting”, “doing nothing”)
• Each option has varying benefits and drawbacks
• Person’s values and preferences should be critical in determining the chosen intervention
• Evidence-based recommendations
• Risk perception & risk tolerance
Promoting Comfort: Water immersion in labor

• Benefits for the mother
  • Perception of decreased pain
  • Decreased use of pain medication
  • Shorter first stage of labor
  • Improved ease of movement and feeling of buoyancy
  • Improved blood flow to the uterus
  • Patient satisfaction

• Risks for the mother
  • No evidence of increased risks

• Benefits for baby
  • Unclear/unknown

• Risks to baby
  • No evidence of increased risk

Cluett et al Cochrane Database of Systematic Reviews 2009
SDM and Uncertainty

• Gaps in medical knowledge
• Conflicting evidence
• Obligation to offer
• Clinical uncertainty and resulting anxiety
• Subjectification of objective probabilities
• Over/under prediction of risk
Intermittent Auscultation

Viewpoint
July 18, 2019

Electronic Fetal Monitoring to Prevent Fetal Brain Injury
A Ubiquitous Yet Flawed Tool

Emmet Hirsch, MD

Three Elements of SDM

- Clinically appropriate patient
- Preference sensitive condition
- Decision Aid
Promoting Spontaneous Labor: Admission in Active Labor

• Supportive care
  • Family support
  • Doula care
• Comfort measures
• Mobility
• Upright positioning
• Objective determination of stage of labor

• Timing of admission
• Acceptability
• Anxiety
• Coping
Sharing...?

Provider

- Biases
- Preferences
- Expertise

Woman

- Risk perception
- Risk tolerance
- Values / Goals
Shared Responsibility

Develop a partnership with the woman, in which each shares relevant information that leads to informed decision-making, consent to an evolving plan of care, and acceptance of responsibility for the outcome of their choices.
Provider Skills

- Favorable environment
- Health Literacy
- Active listening
- Relational Competencies
- No Consensus
- No Specific Competencies
- Concept of Uncertainty
- Accurate
- Effective

Legare et al 2013
Provider Skills

• Establish a relationship and open dialogue based on respect
• Evaluate available evidence and experience and provide accurate, honest information in the context of her individual situation
• Enable the woman to participate in the decision-making process, support her deliberation of the options and expression of preferences
• Antenatal preparation for possible need for quick decision-making
• Maintaining calm in urgent situations
• Debriefing
The **SHARE** Approach: A Model for Shared Decision Making

The **SHARE** Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.

1. **Seek** your patient’s participation.
2. **Help** your patient explore & compare treatment options.
3. **Assess** your patient’s values and preferences.
4. **Reach** a decision with your patient.
5. **Evaluate** your patient’s decision.

Shared decision making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available options, the provider’s knowledge and experience, and the patient’s values and preferences.
RESPECT

• Developed to address issues of health care disparities, trust, and cultural differences in the clinical encounter
• Additional use as a tool to teach communication skills to medical students and residents

RESPECT

• Respect: demonstrable attitude
• Explanatory model: patient’s understanding of their illness
• Social context: impact of the illness
• Power: balancing power differential
• Empathy: validate patients’ emotions
• Concerns/fears: ask about worries
• Trust/team building: relationship built on understanding
Ottawa Decision Support Tutorial

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5. Knowledge and Expectations
6. Personal Values
7. Support and Resources
8. Monitor and Facilitate Progress
9. Methods of Delivering Decision Support
10. Case Study: Decision Support Using a Patient Decision Aid

Appendices
A. Glossary of Decision Support Terms

References

https://decisionaid.ohri.ca/
Ottawa Decision Support Framework

Decisional Needs
- Decisional conflict (uncertainty)
- Knowledge & expectations
- Values
- Support & resources
- Decision: type, timing, stage, leaning
- Personal / clinical characteristics

Decision Quality
- Informed
- Values-based

Actions
- Delay, continuance

Impact
- Values-based health outcomes
- Regret & blame
- Appropriate use & costs of services

Decision Support
- Clarify decision & needs
- Provide facts, probabilities
- Clarify values
- Guide in deliberation & communication
- Monitor / facilitate progress

Counseling  Decision Tools  Coaching
MAGIC -- UK

- CHOICE TALK
- OPTIONS TALK
- PREFERENCE/DECISION TALK
Choice Talk

“There is more than one way to deal with this problem and the evidence shows that some treatments suit some people more than others.”

“Are you interested in talking about options for coping in labor? This may include water immersion, doula support, or medication”
Options Talk

“These two options are different and will have different impact on you and your family, let me explain what they involve.”

“The study results showed a increase in satisfaction for women who use water immersion in labor. What resonates with you?”
Decision Talk

“We have gone over the options, what they entail and the pros and cons of each. I already have some ideas about what matters to you but let me check – What is the most important issue for you in all this?”

“We’ve reviewed what’s most important for you regarding your labor preferences and goals. How does the idea of staying home in early labor fit in with your goals?”
Screening for Decisional Conflict

• **Sure:** do you feel sure about the best decision for you?
• **Uninformed:** do you know the benefits/risks of each option?
• **Risk/Benefit Ratio:** are you clear about which benefits or risks matter more to you?
• **Encourage:** do you have enough support to make a decision?
INTERMITTENT AUSCULTATION

- Prenatal education/Decision Aids

**Fetal Heart Rate Monitoring in Labor**

- Ongoing communication & support in labor
- Staff training in communication and SDM techniques
PROMOTING COMFORT

- Childbirth education
  - Coping strategies
  - Managing expectations
  - Birth plans

- Ongoing communication & support
- Participation in choices
- Address decisional conflict
PROMOTING SPONTANEOUS PROGRESS OF LABOR

SDM for proposed interventions

Early vs active labor admission Criteria for diagnosing active labor
Human right to dignity

Culture of safety in healthcare

Respectful care

SDM
Questions?
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Thank You