Women and Birth 29 (2016) 30–34

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi

DISCUSSION

Patient decision aids in routine maternity care: Benefits, barriers, and new opportunities

Gabrielle Stevens [a,c,*], Rachel Thompson [b,a], Bernadette Watson [a], Yvette D. Miller [c,a]

[a] School of Psychology, The University of Queensland, Queensland, St. Lucia, QLD 4072, Australia
[b] The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth College, Hanover, NH 03755, USA
[c] School of Public Health and Social Work, Queensland University of Technology, Queensland, Kelvin Grove, QLD 4059, Australia

ARTICLE INFO

Article history:
Received 17 March 2015
Received in revised form 12 June 2015
Accepted 5 August 2015

Keywords:
Maternity care
Decision making
Decision aids
Implementation
Social marketing

ABSTRACT

Background and aim: Participation in decision-making, supported by comprehensive and quality information provision, is increasingly emphasised as a priority for women in maternity care. Patient decision aids are tools that can offer women greater access to information and guidance to participate in maternity care decision-making. Relative to their evaluation in controlled settings, the implementation of patient decision aids in routine maternity care has received little attention and our understanding of which approaches may be effective is limited. This paper critically discusses the application of patient decision aids in routine maternity care and explores viable solutions for promoting their successful uptake.

Discussion: A range of patient decision aids have been developed for use within maternity care, and controlled trials have highlighted their positive impact on the decision-making process for women. Nevertheless, evidence of successful patient decision aid implementation in real world health care settings is lacking due to practical and ideological barriers that exist. Patient-directed social marketing campaigns are a relatively novel approach to patient decision aid delivery that may facilitate their adoption in maternity care, at least in the short-term, by overcoming common implementation barriers. Social marketing may also be particularly well suited to maternity care, given the unique characteristics of this health context.

Conclusions: The potential of social marketing campaigns to facilitate patient decision aid adoption in maternity care highlights the need for pragmatic trials to evaluate their effectiveness. Identifying which sub-groups of women are more or less likely to respond to these strategies will further direct implementation.

© 2015 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

1. Background

Patient decision aids (PtDAs) are fast emerging as tools to potentially change health care delivery globally, affording patients greater access to quality information and facilitating their participation in health care decision-making. Information provision and participation in decision-making for women has been increasingly emphasised as a priority in maternity care[1–3] since publication of the landmark *Changing Childbirth* report in the UK over two decades ago.[4] In light of this, PtDAs have been developed for use across a range of decisions within the maternity care context. The implementation of PtDAs in routine maternity care is a recent focus and, as such, we have a very limited understanding of which approaches may be effective at promoting their successful uptake. This paper discusses the potential benefits of patient decision aids in maternity care, as well as known barriers to their use and new opportunities that may support successful implementation.

2. Patient decision aids can address women's maternity care needs

PtDAs are tools (e.g., audio booklets, pamphlets, video/computer-based programs, web-based tools) designed to improve decision-making processes and outcomes for patients across a

* Corresponding author at: School of Psychology, The University of Queensland, Queensland, St. Lucia, QLD 4072, Australia.
E-mail address: g.stevens@uq.edu.au (G. Stevens).

http://dx.doi.org/10.1016/j.wombi.2015.08.002
1871-5192/© 2015 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

variety of health care domains. In maternity care, facilitating women's access to and use of PtDAs responds to existing care needs and priorities, and offers numerous additional benefits. Important and complex decisions are made at various stages throughout a woman's pregnancy, labour and birth. Examples include deciding on a model of maternity care (i.e., where and with whom to give birth), whether to have antenatal screening, how to manage pain during labour, whether to have a vaginal or caesarean birth, and how to manage a prolonged pregnancy. For these decisions, women often have more than one reasonable care option and/or there may be scientific uncertainty as to which option is more beneficial. These are often referred to as 'preference-sensitive' decisions, for which quality decision-making is not only reliant on clinical expertise, but also a woman's individual preferences in relation to perceived advantages and disadvantage of her care options.[5,6]

Both *informed* and *shared* decision-making models are commonly used to describe the processes involved in quality preference-sensitive decision-making, and have been encouraged in maternity care specifically.[1,2,7,8] In their seminal work, Charles et al. (1999) describe informed decision-making as a care provider communicating information on all care options and a patient engaging in autonomous deliberation and decision-making, whilst in shared decision-making, both care provider and patient engage in information sharing (e.g., provider on care options, patient on personal preferences), and mutual deliberation and decision-making.[9] In reality, both decision-making styles often occur in a dynamic nature and the degree to which a patient participates in the decision-making process should ultimately reflect their own informed preferences for involvement.[9]

Previous studies have highlighted that most pregnant women want to be involved in decision-making about their care.[10,11] While maternity care providers are a common source of pregnancy-related information,[12] the information they provide can be insufficient to effectively support women's involvement.[12–15] Maternity care providers have limited time in consultations, and find it difficult to maintain and share up-to-date knowledge of current evidence or available care options.[16,17] PtDAs offer women an opportunity to become informed in a reliable and balanced way and can prepare them to participate in the decision-making process to their preferred extent. Like other health contexts, PtDAs in maternity care are designed as adjuncts to consultation with a maternity care provider.[18] According to quality standards, they should provide detailed but accessible descriptions of available care options for specific maternity care decisions, including information on what women can expect from each care option (e.g., processes and option features) and the likelihood of experiencing particular health-related outcomes, based on the best available evidence.[19–21] Ideally, PtDAs should also include strategies to help women deal with large amounts of information and strategies for effectively communicating their preferences and concerns with their maternity care provider.[21]

There is emerging evidence of the benefits of PtDAs for women receiving maternity care. To date, three separate systematic reviews have summarised findings from randomised controlled trials assessing the effectiveness of PtDAs in improving decision-making processes and outcomes for pregnant women.[22–24] These trials compared women receiving usual maternity care to those who used a PtDA, either prior to or during a clinical encounter, across a range of preference-sensitive decisions that pregnant women commonly face. All three reviews concluded that PtDA use resulted in women's increased knowledge of care options, and decreased decisional conflict (e.g., uncertainty about a decision, and contributing factors such as feeling uninformed, unclear about values, and unsupported in decision-making) and anxiety.

Women's use of PtDAs may also have additional benefits. Patients who are informed of their options and the likely outcomes have been found to choose more conservative (and possibly, less costly) options than other patients, in both hypothetical[25] and actual situations.[18] PtDA use can also reduce unwarranted (i.e., not due to patients' clinical circumstances or preferences) variation in maternity care practice[1,26] and health system demand.[18] Providing women access to reliable information and decision support also preserves their right to self-determination and responds to current directions to increase patient empowerment in health care more broadly.[27,28] Despite the demonstrated benefits from controlled trials, and potential benefits in moving overall practice in a more patient-centred direction, there is little evidence of effective and sustained implementation of PtDAs in routine clinical practice in maternity care[29] or other areas of health care.[30]

3. Early findings from within maternity care

To date, only two studies have been published specifically exploring PtDA implementation in maternity care: a pragmatic trial on the impact of implementing PtDAs (referred to in this study as evidence based leaflets) in routine hospital settings[29,31] and a focus group analysis of maternity care providers' perceptions of future PtDA use.[16] An unpublished analysis of the process of developing a suite of perinatal PtDAs in consultation with consumer groups, clinicians and policy-makers in Australia has also highlighted potential implementation hurdles.[32] In all three examples, many care providers supported the general concept of patient involvement in decision-making, yet a number of ideological and practical barriers to the routine implementation of PtDAs were apparent.

Ideological barriers to implementation were particularly salient. In the pragmatic trial which was largely unsuccessful, embedded practice norms (e.g., routine universal intervention such as foetal monitoring) prevented providers' distribution of PtDAs to patients as they presented care options that deviated from usual practice.[31] In other studies, providing patients with balanced and unbiased information about all available care options (including the options to 'do nothing') was considered inappropriate if PtDAs focused on a decision that was considered not to be preference-sensitive, if care providers valued their own autonomy in decision-making,[32] or if patients and providers had strong pre-existing preferences for a particular care option.[16] Care providers consistently expressed concerns about the limited usability of PtDAs due to the characteristics of some women (e.g., low levels of formal education, poor computer literacy skills, cultural barriers).[16,31,32] Practical barriers to implementation largely included care providers' concerns about existing time pressures within already time-poor clinic workflows.[16,31] Perceived costs associated with additional resource needs (e.g., purchasing computers for PtDA viewing) and limited in-clinic space for patients to view PtDAs were also voiced as concerns.[16] In addition to these barriers, providers in one study believed that PtDA uptake could be facilitated if the delivery of PtDAs was integrated with minimal disruption to women's existing pregnancy care, if PtDAs were self-accessible to women at home (such as via the internet), and if provider awareness of and support for PtDAs was enhanced.[16]

4. Current delivery opportunities

Although a range of different PtDA implementation strategies have been evaluated outside maternity care, a best practice approach has yet to be identified.[30] A core component of any PtDA implementation strategy is the method/s by which PtDAs are delivered to patients. Delivery strategies in primary and specialty care have included identification of eligible patients with clinic bookings through electronic health records and mailing them

Download English Version:

https://daneshyari.com/en/article/2636436

Download Persian Version:

https://daneshyari.com/article/2636436

Daneshyari.com