Methods for Supporting Women in their Choice to Attempt a VBAC

les méthodes pour supporter les patientes dans leur choix de tenter un AVAC

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Acknowledge Brett Shorten, Sandra West, John Keogh, Jonathan Morris, Marie Chamberlain, MBF Research Foundation, NSW Midwives Association, University of Wollongong
US Total Cesarean Births, Primary CS, VBAC 1989-2007

National Center for Health Statistics, cited by NIH Consensus Development Statement
Everyone should have the opportunity to make informed and supported choices about their healthcare, using the best available evidence about the probable outcomes of those choices.
Birth Decision Factors...

- Past Experience
- Values
- Family Needs
- Uncertain Outcomes
- Clinicians
Ottawa Decision Support Framework

- Based on the premise that better quality decisions occur when patients have **knowledge** about options, have **realistic expectations** of outcomes, and are clear about their own **personal values** interacting with the decision (Annette O’Connor, 1999)
Reducing Decision Conflict

Feeling Certain
Feeling Informed
Clarified Values
Decision Quality
Feeling Supported
High Quality Health Decisions
Types of Decision Support

- Paper-based information
- Computer-based information
- Individual Counseling
- Group Counseling
- Decision Tree
- Decision Analysis Tool: Decision-aid (DSF)
Birth Choices Decision-aid

Evidence-based information

Illustrated probabilities

Ottawa Decision Support Framework

Family/Clinician Involved

Values Clarification
About 1 out of 200 women experience a tear in the scar on their uterus.

Sometimes this can occur with little warning, and it can seriously affect the baby and mother if it occurs.
‘Routine’ pregnancy care
Higher quality decisions

Evidence-based Information

Realistic Expectations

Values

Family/Friends

Electronic/Paper

Clinicians
Higher quality decisions

- Evidence-based Information
- Realistic Expectations
- Values

DECISION-AID

Family/Friends
Electronic/Paper
Clinicians
Higher quality decisions

Evidence-based Information

Realistic Expectations

Values

Family/Friends

Electronic/Paper

Clinicians
Impact of the decision-aid

- A multi-site randomized controlled trial (RCT) tested the impact of the decision-aid

- 227 women who were ‘medically eligible’ to choose between VBAC and elective CS were recruited within 2 main Australian study sites
What did we measure?

- Knowledge
- Decisional Conflict (DCS)
- Satisfaction
- Preference and Choice
- Birth Outcomes
## RCT Study Protocol

<table>
<thead>
<tr>
<th></th>
<th>Survey 1</th>
<th>Survey 2</th>
<th>Survey 3</th>
<th>Survey 4</th>
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<tbody>
<tr>
<td></td>
<td>(12-18 weeks)</td>
<td>(28 weeks)</td>
<td>(36-38 weeks)</td>
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<td><strong>Preference</strong></td>
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<td>Decisional</td>
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<td>Conflict (DCS)</td>
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<td><strong>Knowledge</strong></td>
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<td>Intervention group</td>
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<td><strong>Birth Choices</strong></td>
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<td><strong>Birth Outcomes</strong></td>
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Eligible Women (n=252)

Women Recruited (n=227)

Decision-aid (n=115)
Survey 2 (n=109)
Survey 3 (n=99)
Survey 4 (n=85)

Control (n=112)
Survey 2 (n=103)
Survey 3 (n=94)
Survey 4 (n=84)
## Knowledge Score

**Average Total Score out of 15 (n=192)**

<table>
<thead>
<tr>
<th>Site</th>
<th>Before (28 weeks)</th>
<th>After (36 weeks)</th>
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<tr>
<td><strong>Site 1</strong></td>
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</tr>
<tr>
<td>Decision-aid (n=70)</td>
<td>9.54</td>
<td>11.71**</td>
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<tr>
<td>Control (n=59)</td>
<td>9.10</td>
<td>9.76*</td>
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<tr>
<td><strong>Site 2</strong></td>
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<td>Decision-aid (n=29)</td>
<td>8.14</td>
<td>10.31**</td>
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<tr>
<td>Control (n=33)</td>
<td>7.85</td>
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**Sign p<0.001**  
**Sign @p<0.01**

Shorten et al 2005
# Decisional Conflict Score

Average Total Score out of 5 (n=187)

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<tr>
<th>Site 1</th>
<th>Before (28 weeks)</th>
<th>After (36 weeks)</th>
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<tbody>
<tr>
<td>Decision-aid (n=70)</td>
<td>2.37</td>
<td>1.97**</td>
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<tr>
<td>Control (n=57)</td>
<td>2.34</td>
<td>2.11*</td>
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<th>Site 2</th>
<th>Before (28 weeks)</th>
<th>After (36 weeks)</th>
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<tr>
<td>Decision-aid (n=29)</td>
<td>2.29</td>
<td>1.87*</td>
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<tr>
<td>Control (n=31)</td>
<td>2.11</td>
<td>2.31</td>
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**Significant p<0.001  *Significant p<0.01  

*Shorten et al 2005*
Site 1 Choice and Outcome

Women’s Choices at 36-38 weeks

Shorten et al 2005
Site 2 Choice and Outcome

Birth Outcome

- VBAC
- ERCS
- UNSURE

Women’s Choices at 36-38 weeks

Shorten et al 2005
Postnatal Satisfaction Scores /10

- Normal Vaginal: 8.86
- Instrumental: 5.83
- Emerg. CS: 6.64
- Elective CS: 7.91

Shorten et al 2005
“I really felt the booklet was helpful. I now understand the terms and feel more informed about my choice. I took the booklet with me to my midwife and we looked at it together….I feel peaceful about this decision…it meets the needs of everyone in my family…”
No choice again!

“I hated it [elective caesarean] so much I won’t have more kids... it is NOT fair and NOT a satisfied experience to be dreaming for so long with the beauty of having a baby naturally (as it is supposed to be) and in the end I had simply NO CHOICE AGAIN! I was simply told it was best for me and the baby if we just had another caesarean...It was the doctor who decided in the end.”
Informed choices require partnership...

Survey 3 – 36 weeks

“I was sure I was going to trial VBAC. During my last appointment the Dr stated that I would be having a planned caesarean...I cried for about 24hrs after this appointment and now can hardly talk about the uncertainty...”

Knowledge score 10/15
(Control group)
Informed choices require confidence

“I feel extremely satisfied and proud of myself. I feel very glad and pleased that I stuck to my birth choice as I did get a lot of pressure and negativity from family and friends about my decision to have a vaginal birth”

Knowledge Score 13/15
Satisfaction 10/10
(Decision-aid)
Supporting Choices for Birth

- Family/Friends
- Electronic/Paper
- Clinicians

DECISION-AID

Evidence-based Information

Realistic Expectations

Values

DECISION-AID
Integrate decision-aids
Build confidence
Support informed choices
Create positive birth experiences
Document and communicate shared decisions
References

- Shorten A Birth Choices: What is best for you…Vaginal or Caesarean Birth? Wollongong University Printery ©2006