

# Measurement of Shared Decision-Making during Discussions about the Next Birth After Caesarean Section: An Observational Study

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**Introduction:** Shared decision-making is a process that incorporates patients' values and preferences within a framework of evidence-based medicine principles. It is advocated for next birth after caesarean section (NBAC) consultations. The quality of shared decision-making in NBAC consultations are unknown.

**Aim:** To assess obstetricians' facilitation of women's involvement in evidence-based shared decision-making about birth options in NBAC at a tertiary maternity hospital in Sydney, Australia.

**Method:** An observational study with pregnant women who required an antenatal medical review for NBAC discussion. An audio recording was made of the conversation between each woman and her clinician. The recording was then transcribed and evaluated with two tools: the Observing Patient Involvement in Decision Making (OPTION-12, maximum score 100) and Assessing Communication about Evidence and Patient Preferences (ACEPP, maximum score 5).

**Results:** Twenty-five consultations involving eight different clinicians (three consultants and five RANZCOG trainees) were recorded. There were 4 female and 4 male clinicians and of the 3 consultants- 2 were involved in private practice. The mean duration of NBAC counselling was 7.44 minutes (range 3.50-13.58 minutes). The mean total OPTION-12 scale score was 60.67 (range 33.33-83.33, see Figure 1). The mean total ACEPP score was 3.22 (range 2.0-4.5, see Figure 2). The most discussed risk of NBAC was hypoxic ischemic encephalopathy (68%) and the least discussed risk was pelvic floor trauma (12%). The most discussed benefit of NBAC was earlier mobilisation (72%) and the least discussed benefit was patient gratification in achieving vaginal birth (12%).

**Discussion:** The extent and quality of shared decision-making were highly variable regarding NBAC in a tertiary maternity hospital in Sydney. Strategies to improve the provision of information and shared decision-making are required.

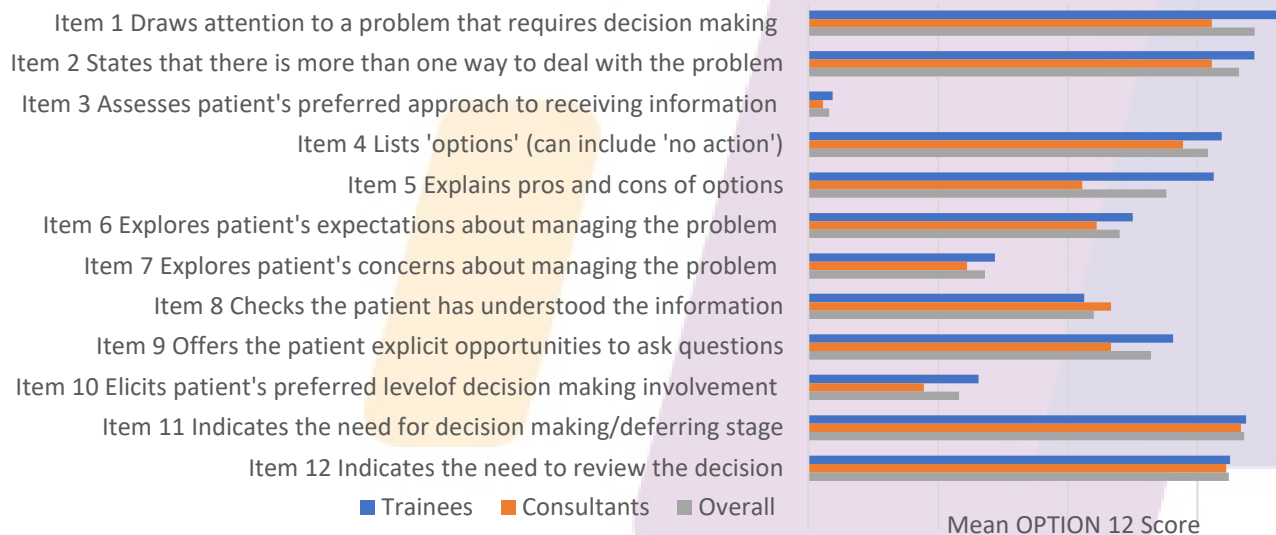


Figure 1: The Observing Patient Involvement in Decision Making (OPTION-12) score amongst trainees and consultants.

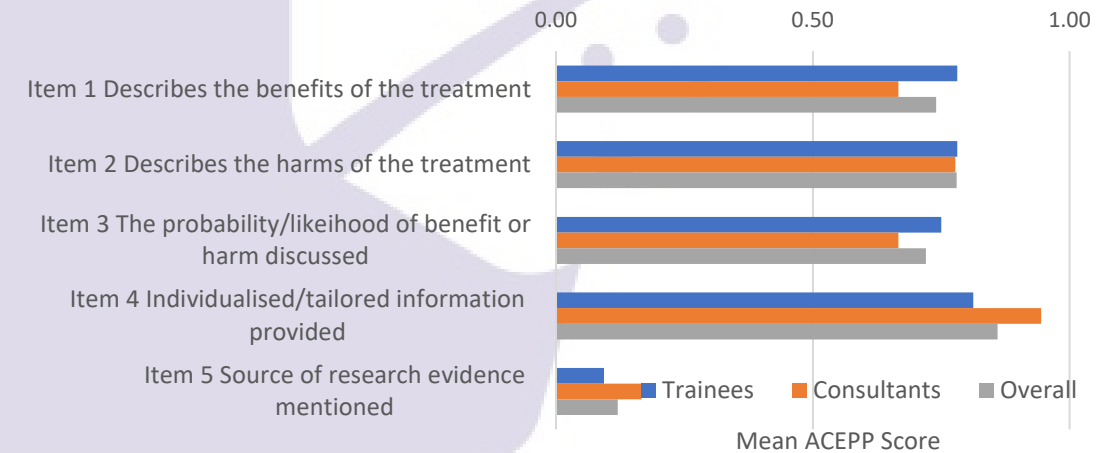


Figure 2: The Assessing Communication about Evidence and Patient Preferences (ACEPP) score amongst trainees and consultants.