

Decision Making in Labour: Views on decision making from postnatal women who have undergone intrapartum interventions.

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Background

- Informed consent is a priority (1) women need the information that is important to them to enable an informed decision.
- Shared decision making (SDM) involves an exchange of ideas between the patient and clinician, and collaboration in decision-making, combining the elements of informed consent and patient autonomy. It
- SDM treats the patient as an individual, as everyone has their own set of values which guide their decisions.(2)
- SDM can result in improved outcomes and less regret, whilst reducing health inequalities.(3,4)
- Facilitating SDM can be challenging as it requires time and resources
- During labour, women are often offered interventions to ensure their and their baby’s safety and to optimise their experience of birth. Women may feel vulnerable and are often in pain, and due to the emergency and dynamic nature of labour, it could be considered to be a particularly difficult time at which to have to make decisions about interventions.(2)
- To better support decision making in labour, we need to understand more about current practice.

Aim

To develop an understanding of women’s views of current practices around information provision and decision making for intrapartum interventions.

Methods

- Postnatal women who experienced emergency intervention in labour e.g. emergency delivery, fetal blood sample, augmentation were recruited.
- Semi structured interviews guided by a topic guide were carried out by telephone
- Interviews, lasting upto one hour were recorded using an encrypted recorder, and transcribed verbatim.
- Thematic analysis has been used to analyse the transcripts to develop key themes.

NUMBER OF PARTICIPANTS

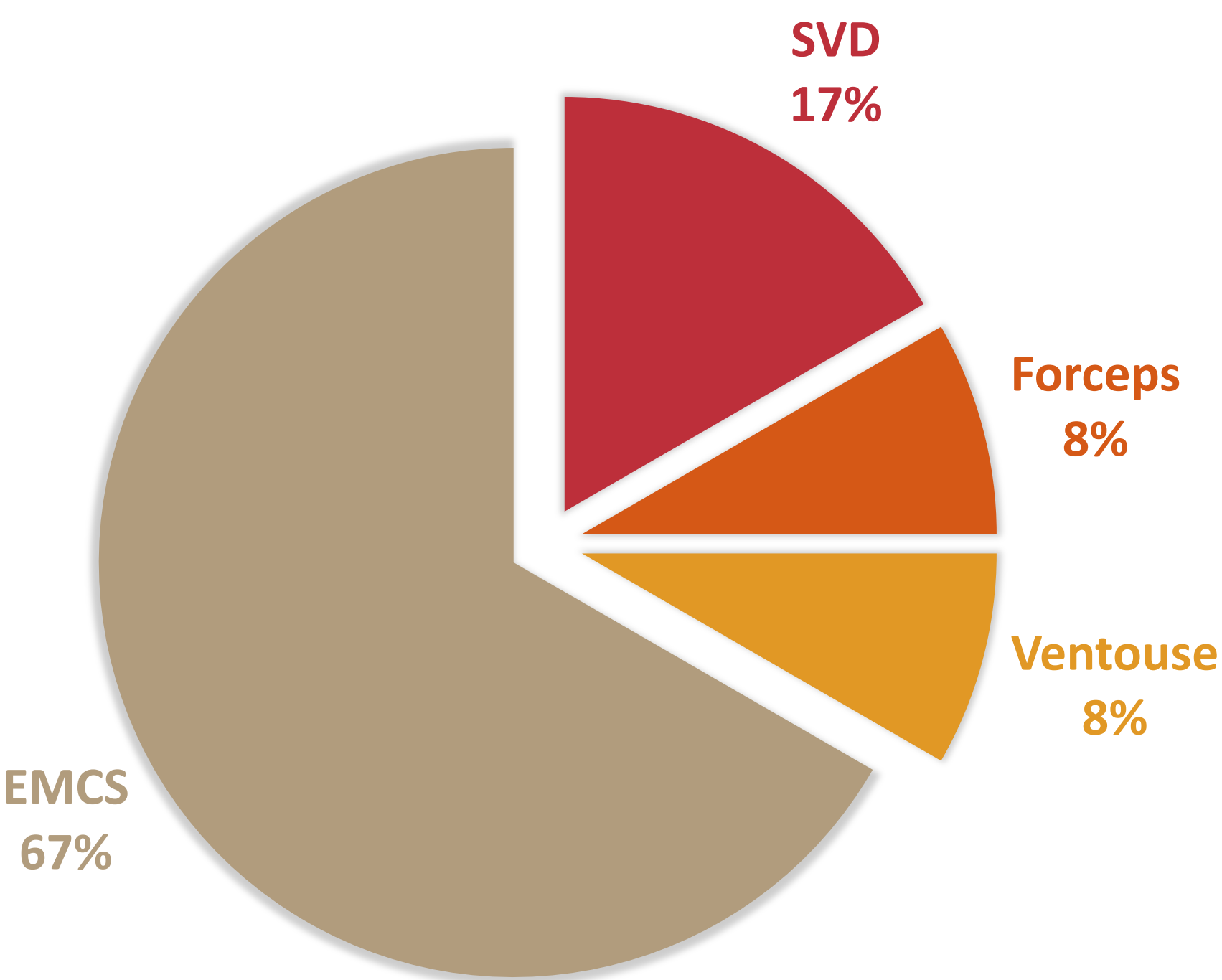


Figure 1: Deliveries Experienced by Participants

Results

- Between November 2020 and October 2021 we recruited 12 women to the study for interview.
- The ages of those recruited ranged from 24-35
- All those interviewed were white British ethnicity
- Analysis still ongoing, but initial themes are shared in figure 2
- 4 main themes have emerged from the data

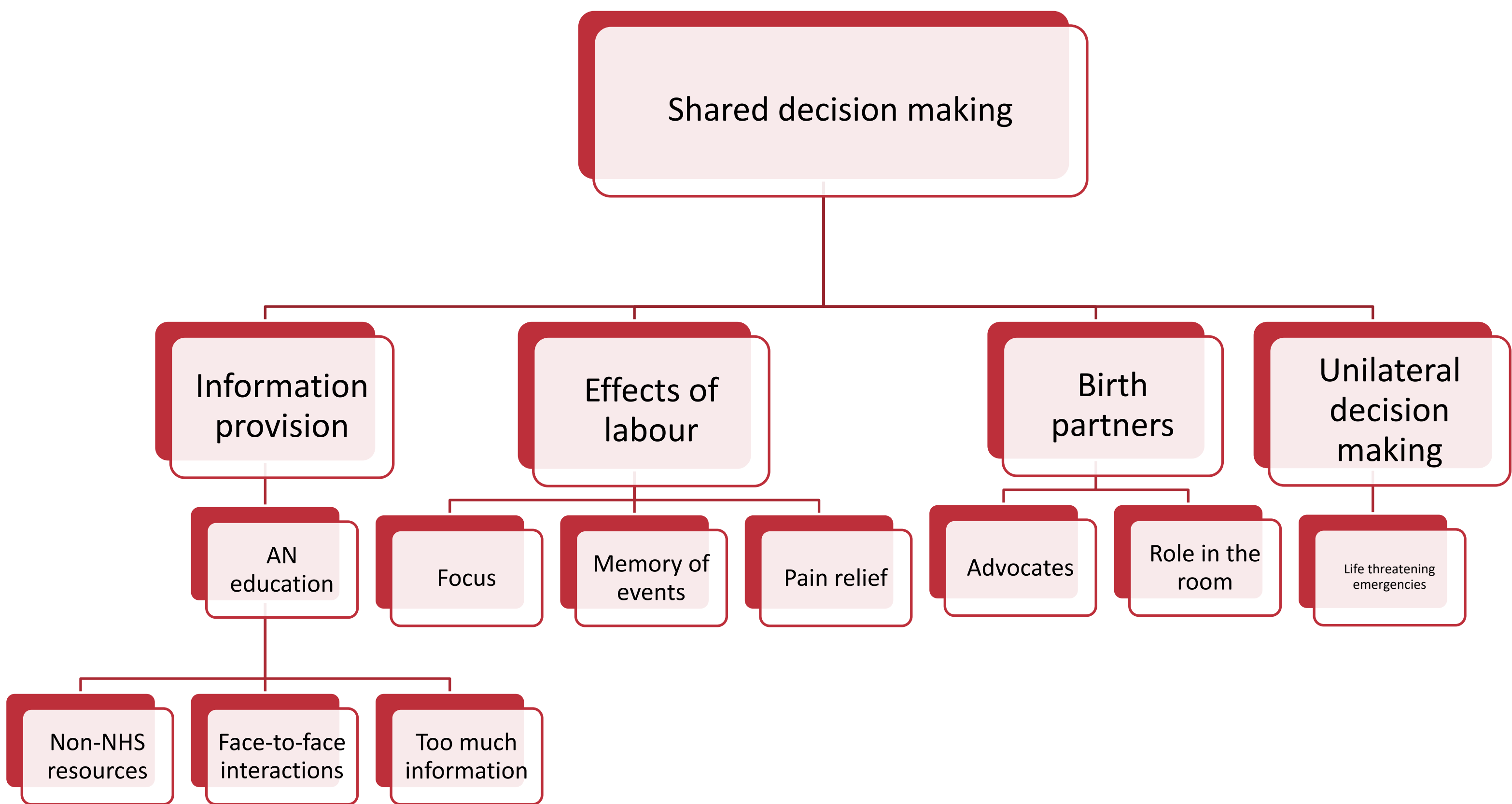


Figure 2: Themes from interviews

Limitations of study

- The demographics of those recruited was very consistent, limited to those of white British ethnicity. Purposive sampling was undertaken to try to recruit hard-to-reach demographics, but was not particularly successful.
- Interviewees were keen for their birth partners’ voices to be heard during the interviews, which was not a part of the study design.

Future Research Focus

- Interviewing hard to access groups
- Involvement of birth partners in future interview studies looking at decision making in labour
- Developing and assessing tools to assist with shared decision making
- Focus on improving antenatal information provision, and finding ways in which to do so

Main Themes

Information Provision

- Good antenatal information provision can enable shared decision making in labour
- Timing is key- not too early, not too late
- 3rd party sources of information
- Improved antenatal information in person

“I think it’s just knowing the information beforehand so that when it comes down to making the decision it’s a lot easier”

Effect of Labour

- Difficulty focusing on decision making in labour
- Cannot remember discussions
- Influence of pain
- Lots of people in the room

“I think my husband had to do a few things for the epidural because I was a bit, you know, kind of doolally”

Role of Birth Partner

- Key participant in decision making
- Advocate
- Expectation can make decisions
- Less educated prior to labour

“I remember looking at my husband and being like ‘you need to get involved because I can’t be doing this right now’”

Unilateral decision making

- Illusion of choice
- Life-threatening emergencies

““When it’s for the welfare of you or for the baby I think most people probably agree you just put the decision making straight to the professionals...”

“I guess that would be the only time is if it was going to put me or the baby in danger to not intervene.”

References

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