

A systematic review of shared decision making interventions in maternity care

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Aims and objectives:

- To identify which interventions are used to improve shared decision making (SDM) in maternity care.
- To identify what outcome measures are used to assess effectiveness.
- To identify which interventions are effective at improving SDM in maternity care.

Why did we do this research?

SDM is an international healthcare priority. It provides short- and long-term benefits for women, and their families. It is associated with improved birth experiences, improved maternal mental health outcomes, reduced pre-term birth, higher birth weights, and enables safer care. Failing to involve women can lead to their feeling out of control and powerless, leading to negative birth experiences. Women repeatedly report not being involved in decisions regarding their care.

What is Shared Decision Making?

- Women encouraged to share preferences and explores fears
- Evidenced based information provided on different management options
- Process of recording decision

Methods

This review was reported in accordance with PRISMA guidance, and registered in PROSPERO. Searches occurred in October 2020 were conducted in BNI, CINAHL, Embase, Medline, PsycINFO, and Cochrane Central. Searches will be re-run prior to submission for publication. Screening occurred in duplicate and eligible studies were sought for retrieval and included in full text screening. Data extraction occurred in duplicate using a pre-defined data extraction tool.

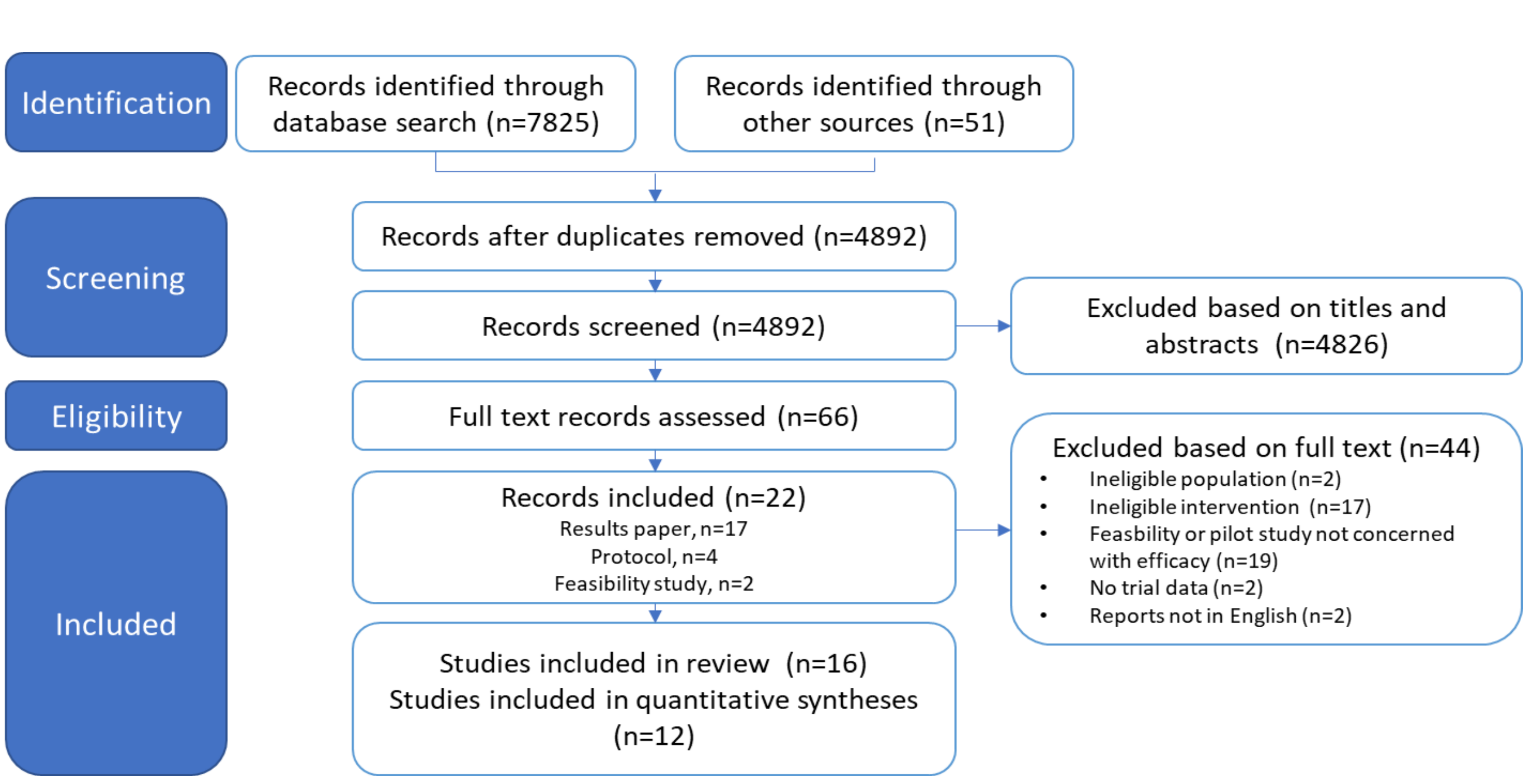
Risk of bias (ROB) assessment

ROB-2 was used to assess ROB in randomised control trials (RCTs) and ROBINS-I were used to assess ROB in non-randomised studies (NRS).

PICO (S) Research question

Population	Pregnant women, MHCPs, birth partners
Intervention	Any intervention aimed at improving SDM.
Comparison	Standard care or control intervention.
Outcomes	All measures of intervention efficacy.
Study	All studies reporting quantative findings and testing an intervention to support SDM. Excluding: feasibility and pilot studies

PRISMA Flowchart



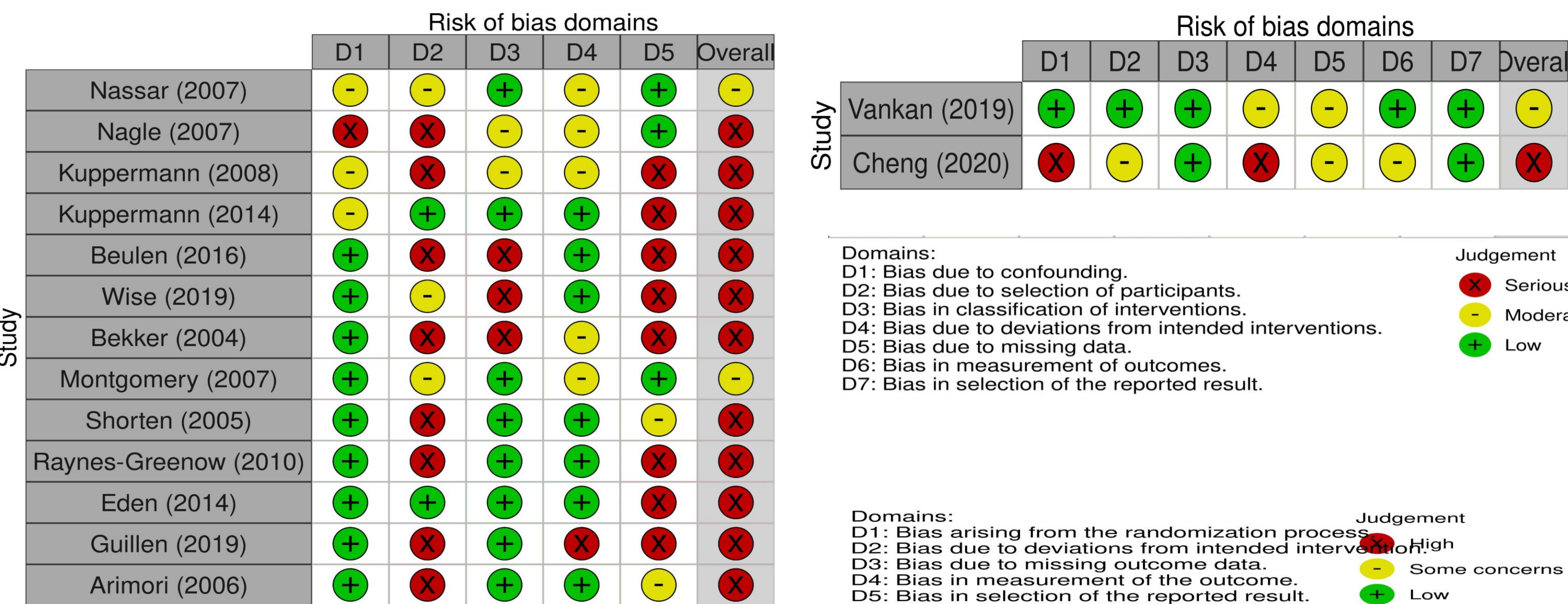
Results

16 studies, reported in 22 records.

14 RCTs, including one cluster RCT, two NRS including one prospective cohort control study, and one before and after cohort study.

ROB

12 RCTs were of overall high risk of bias, two had some concerns. The most frequent cause for bias were: risk of bias due to deviations from the intended interventions, and risk of bias in selection of the reported results. Of the NRS one was of moderate ROB, and one of serious ROB.



Interventions

Decision aids

13 studies involved decision aids. All decision aid interventions involved information giving on the risks and benefits of different management options, and value clarification exercises.

Decision support counselling

Three studies tested DA with decision support counselling, two studies tested only decision support counselling interventions. Decision support counselling involved at least one face to face consultation with a trained researcher or MHCP in which women were encouraged to express preferences, discuss their fears and concerns.

Educational programme

One study tested an educational programme.

Types of decisions

- Six studies aimed to improve SDM of antenatal fetal anomaly screening.
- Five studies aimed to improve SDM of whether to have a vaginal birth after caesarean section (VBAC) or an elective repeat caesarean birth (ERCS) in women with one previous caesarean birth.
- Two studies aimed to improve SDM for analgesia use in labour.
- One study aimed to improve SDM in women facing birth at extreme prematurity.
- One study aimed to improve mode of birth discussions in women with breech presenting babies at >37 weeks gestation.

Outcomes used to assess efficacy	
Affective-cognitive	Decisional conflict Knowledge Decision regret Informed choice Preparedness for decision making Self esteem
Health	Anxiety Depression
Process	Consultation length

Conclusion

Interventions to improve SDM use multiple and varied outcome measures. Decision aids may help to improve SDM, however meta-analysis of these results is ongoing and yet to determine effect size and significance. Agreed outcome measures for SDM may have to improve evaluation and therefore improvement of decision making in maternity care.