Background & Hypothesis

- Urgent/emergent CS: risk factor for dvpt childbirth-related post-traumatic stress disorder (CB-PTSD).
- *Hypothesis*: Improved supportive care from health care providers may reduce this risk
- Phase 2 study built on our previous qualitative research (n=36)
  - explored/described stressful or helpful aspects of women's care *immediately before, during and immediately after* UE CS
  - Produced ***an initial list of 33 actionable interventions*** required to dvp a new Interdisciplinary Patient Support Tool (IPST)

Example: Actionable Intervention

- *"Prenatal education should include information about how a CS may change my birth experience (planned and unplanned)"*

Study objectives: Develop the IPST:

1) identify a ***final list of actionable interventions*** for the IPST,

2) dvp IPST components (structures, policies, practices/processes) required for uptake/implementation by interdisciplinary health care providers and programs

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Methods

- **Study Design**: Modified Delphi study, 2 sequential, independent panels of women
- Population: ASA 2-3, mixed parity and gestation, ≤72 hours of UE CS, by any anesthesia method
- **Panelist Group 1**: reviewed list of 33 actionable interventions (identified in Phase 1, qualitative research) , deemed important to their care *immediately before, during, immediately after* UE CS.
- Rated importance on a 7-point Likert scale (1= not at all important, 7=extremely important)
- Ranked them by relative order of importance
- Added missing interventions if applicable

- **Panel 2**: reviewed list original list of items in addition to items generated by Panel 1, rated their importance and ranked them.
- Consensus: defined as ≥ 70% of participants rating an item of ***moderate importance or higher*** and an interquartile range of ≤ 2
- Items reaching consensus in both panels were included in the IPST
- Items reaching consensus in only one panel were considered optional *or context-specific*
  - Preterm vs term
  - NICU vs no-NICU
  - History of CS versus first CS
  - Neuraxial vs General Anesthesia

RESULTS

- **Overall sample**: 64 women participated: Panel 1 (n=30); Panel 2 (n=34).
- Primiparous (72%, 42/64), term gestation 72%, urgent CS (78%) Emergency CS (22%) prior hx CS (11%).

- **MODIFIED DELPHI ENDORSEMENTS: 27 final items**

IPST dvpt reflects solutions themes:

Anticipatory guidance (88-100%)

- Continuous support (94-97%)
- Preservation of the birth experience (85-91%)
- Support person involvement (91-94%)

REFLECTED IN COMPONENTS OF THE IPST

1. ⚓ **ANCHORS Mnemonic**
   - Anchors Team & Anchors Care

2. Maternal Newborn Surgical Safety Checklist

- Women as partners in care
- Preserving an Intraoperative "CS Birth Experience"
- Debrief: maternal & neonatal care update/recovery plan. Set in motion plan for maternal/newborn contact/updates if NICU

3. Childbirth Supportive Care Impact Questionnaire

- Patient version to rate their care
- Self-rating version for use by health care Teams

- **4. Environmental CHECKLIST:**
  - **Barriers to maternal newborn viewing/contact (NICU, OR)**
  - **Continuity of provider care**

Conclusion and Discussion

ANCHORS Care

Anticipatory guidance maternal, support persons
Newborn care (feedback and continuous support)
Continuous support
Organize maternal follow-up care and neonatal ICU contact form
Review reason for CS, ain plan, breastfeeding, newborn care
Symbolic skin-to-skin, holding the newborn with assistance

Childbirth Supportive Care Questionnaire: Cesarean Section Version

During my C-section, I felt like…

Question
1. I was acknowledged by my health care provider team (1) Strongly disagree (2) Disagree (3) Somewhat disagree (4) Neither agree nor disagree (5) Somewhat agree (6) Agree (7) Strongly agree
2. I understood the reason why I needed my C-section (1) Strongly disagree (2) Disagree (3) Somewhat disagree (4) Neither agree nor disagree (5) Somewhat agree (6) Agree (7) Strongly agree
3. My health care providers informed me about the risks, harms, and side-effects of my C-section (1) Strongly disagree (2) Disagree (3) Somewhat disagree (4) Neither agree nor disagree (5) Somewhat agree (6) Agree (7) Strongly agree
4. My health care providers acknowledged the importance of my baby's birth (1) Strongly disagree (2) Disagree (3) Somewhat disagree (4) Neither agree nor disagree (5) Somewhat agree (6) Agree (7) Strongly agree
5. My health care providers acknowledged the importance of my support person (1) Strongly disagree (2) Disagree (3) Somewhat disagree (4) Neither agree nor disagree (5) Somewhat agree (6) Agree (7) Strongly agree
6. My health care providers supported my support person (1) Strongly disagree (2) Disagree (3) Somewhat disagree (4) Neither agree nor disagree (5) Somewhat agree (6) Agree (7) Strongly agree
7. I was continuously supported by health care providers (1) Strongly disagree (2) Disagree (3) Somewhat disagree