

SDM for women's health

Moderator: Dr. Megan Morris

▲ Patient-important issues in contraceptive choice: a systematic review

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PURPOSE

Patients choosing a method of contraception have to choose between a multitude of options, all of which differ according to a wide spectrum of patient-important issues. Poor decision support may lead women to choose a method that less-than-optimally fits their individual circumstances, thus leading to dissatisfaction or nonuse. We sought to highlight available decision support tools, summarize key issues women consider when choosing a method of contraception, and direct development of future decision support tools.

METHODS

We conducted a systematic review complemented with a free-text internet search to include gray literature of decision aids, surveys and semi-structured interviews. Inclusion of resources was based on consensus of two reviewers. One reviewer compiled a master list of issues included in the resources and grouped overlapping issues into "issue groups" which were agreed upon with a second reviewer. Each issue group was subsequently placed into an overarching category.

RESULTS

Twenty-four studies out of 1,114 citations were included, of which, 16 included surveys, 17 included decision aids and 1 included a semi-structured interview report. We classified issues into 32 key "issue groups" pertaining to contraceptive choice which were placed into four overarching categories: mechanistic (e.g., how the method is used), method effect (e.g., how well the method works), social/normative (e.g., requirement for partner support), and practical (e.g., method availability).

CONCLUSION

Decision support tools varied in their formats and the issues they included, although some issues were consistently included across tools. Moreover, issue groups included terms that were similar but which had different connotations, reinforcing that individuals see issues through different lenses. The breadth of issue groups underscores the complexity of the decision that women choosing contraceptive methods face and highlights the role decision support tools play in facilitating patient choice.

■ Silent partners? Australian maternity care consumers' perceptions of being informed and involved in decisions about nine perinatal procedures

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BACKGROUND

Policy, guidelines and professional standards in the Australian maternity sector, and in other contexts, advocate giving patients comprehensive information and facilitating their involvement in decision-making. Routine assessment of the extent to which patients experience these aspects of care is needed to monitor health care quality and inform priorities for improvement. We sought to assess the prevalence of information provision and consumer involvement in decision-making for nine perinatal procedures, as reported by maternity care consumers in Queensland, Australia.

METHODS

All women who had a live birth in Queensland in a two-month (singleton births) or four-month (multiple births) period, and who were not found to have had a baby that died since birth, were eligible to be surveyed. The entire eligible population, identified from government birth notification and registration databases, was sent a paper copy of the Having a Baby in Queensland Survey 2010, four to five months post-birth. Women could complete and return this survey, complete the same survey online, or complete an abbreviated version via telephone with a female interviewer and, if necessary, a translator. The paper and online surveys included two items pertaining to each of the nine procedures. These items measured (i) receipt of information about the benefits and risks of the procedure and (ii) role in decision-making about the procedure.

RESULTS

In all, 3,542 eligible women (34.2%) completed the survey. Of these, 3,530 completed the paper or online version and all experienced at least one procedure of interest. Between 4% (for pre-labour caesarean section) and 60% (vaginal examination) of women were not informed of the benefits and risks of the procedure. Between 2% (epidural) and 34% (episiotomy) of women were unconsulted in decision-making. 26% of the women who experienced episiotomy were neither informed nor consulted in decision-making, while this was true of only 1% of women for pre-labour caesarean section or epidural.

CONCLUSIONS

Considerable variability in the prevalence of information provision and consumer involvement in decision-making across these procedures highlights the urgent need for interventions that can effectively facilitate consumer information provision and shared decision-making, especially within the time-limited episode of intrapartum care.