

French National Research
Institute for Sustainable
Development



Institut de Recherche
pour le Développement
FRANCE

Decision Making Process and Decision Analysis Tools (DAT)

Presented as part of the QUALI-DEC Workshop
Friday May 11th, 2018
Hanoi, Viet Nam



Marylène Dugas, PhD

Presentation

- Shared medical decision making model
- Systematic review and meta-analysis of decision aid interventions
- Benefits of decision analysis tools (DAT) for obstetrical care

Share decision making model

A model of care in which clinicians and women openly discuss risks and benefits of their different health care options, reveal their preferences for the different options and jointly make a decision

What is required for an effective shared-decision?

- Adequate information about risks and benefits is effectively communicated
- Options are weighed up according to personal needs and values, to allow women and families to make choices that are best for them

When values and expectations are not meet, decisional conflict and anxiety can emerge

Decisional conflict

A state of uncertainty about the course of action to take when choices involve risk or uncertainty of outcomes, high stakes in terms of potential gains and losses, and anticipated regrets over the positive aspects of the rejected options

Anxiety

Characterized by repeated worry about some events and activities. The individual anticipates the worst. Cognitive effects of anxiety may include thoughts about suspected dangers, such as fear of dying



Contents lists available at SciVerse ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Review

Decision aid tools to support women's decision making in pregnancy and birth: A systematic review and meta-analysis

Marylène Dugas^{a,b,*}, Allison Shorten^c, Eric Dubé^b, Maggy Wassef^b, Emmanuel Bujold^d, Nils Chaillet^{a,b}

^a Department of Obstetrics and Gynecology, Faculty of Medicine, University of Montreal, 3175 chemin de la Côte Ste-Catherine, Montreal, QC, Canada H3T 1C5

^b Ste-Justine Hospital Research Centre, University of Montreal, Montreal, QC, Canada

^c Yale School of Nursing, Yale University's Graduate Nursing Programs, New Haven, CT, USA

^d Department of Obstetrics and Gynaecology, Faculty of Medicine, Université Laval, Quebec, QC, Canada

Included studies: Interventions using different decision aid tools when added to usual or routine care compared to routine care alone in the field of obstetrics



Contents lists available at SciVerse ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Review

Decision aid tools to support women's decision making in pregnancy and birth: A systematic review and meta-analysis

Marylène Dugas^{a,b,*}, Allison Shorten^c, Eric Dubé^b, Maggy Wassef^b, Emmanuel Bujold^d, Nils Chaillet^{a,b}

^aDepartment of Obstetrics and Gynecology, Faculty of Medicine, University of Montreal, 3175 chemin de la Côte Ste-Catherine, Montreal, QC, Canada H3T 1C5

^bSte-Justine Hospital Research Centre, University of Montreal, Montreal, QC, Canada

^cYale School of Nursing, Yale University's Graduate Nursing Programs, New Haven, CT, USA

^dDepartment of Obstetrics and Gynaecology, Faculty of Medicine, Université Laval, Quebec, QC, Canada

Study population: Pregnant women facing obstetrical care choices in the context of an actual decision situation

Outcomes : Effect on knowledge, anxiety, decisional conflict, satisfaction, final choices and health outcomes

Ten (10) articles were included in this systematic review and meta-analysis

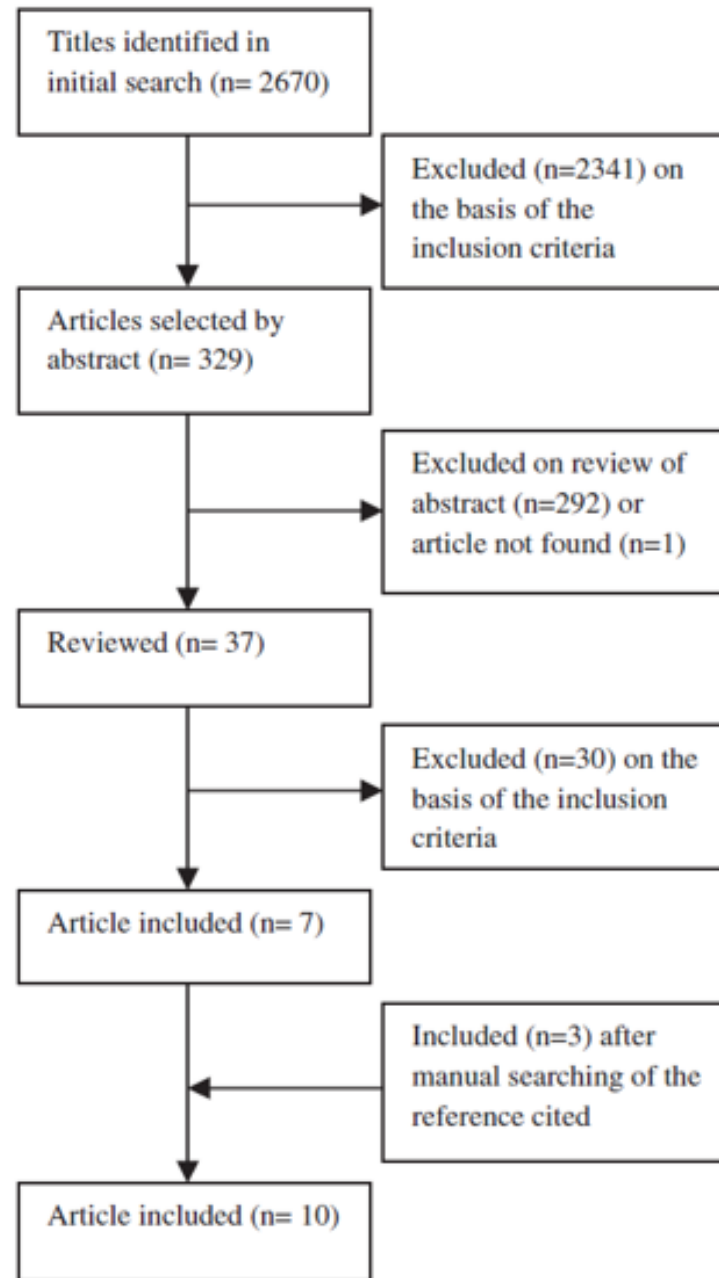


Fig. 1. Flowchart of study selection.

Type of tools

- Paper-based information providing tool (Pamphlet, Leaflets)
- Computer-based information providing tool (CD-Rom, Web Site)
- Individual counselling
- Group counselling
- Decision Tree (algorithm)
- Decision Analysis Tool (DAT)

Tools designed for :

- Prenatal screening
- Breech presentation
- Management of labour pain
- Mode of delivery after a previous caesarean

Effects of the tools on the different outcomes

	Knowledge	Anxiety	Decisional conflict	Satisfaction of decision	Impact on final choices	Impact on health outcomes
Paper-based information	●	ns	●	N/A	N/A	ns
Computer -based information	●	●	●	ns	N/A	ns
Individual counseling	●	●	N/A	N/A	N/A	N/A
Group counseling	●	●	ns	N/A	N/A	ns
Decision tree	ns	ns	ns	N/A	N/A	N/A
Decision analysis tool (DAT)	●	●	●	●	●	●

● = significant ($P \leq 0,05$); ns = not significant ($P > 0,05$); N/A= results not available

Effect on final choice

M. Dugas et al. / Social Science & Medicine 74 (2012) 1968–1978

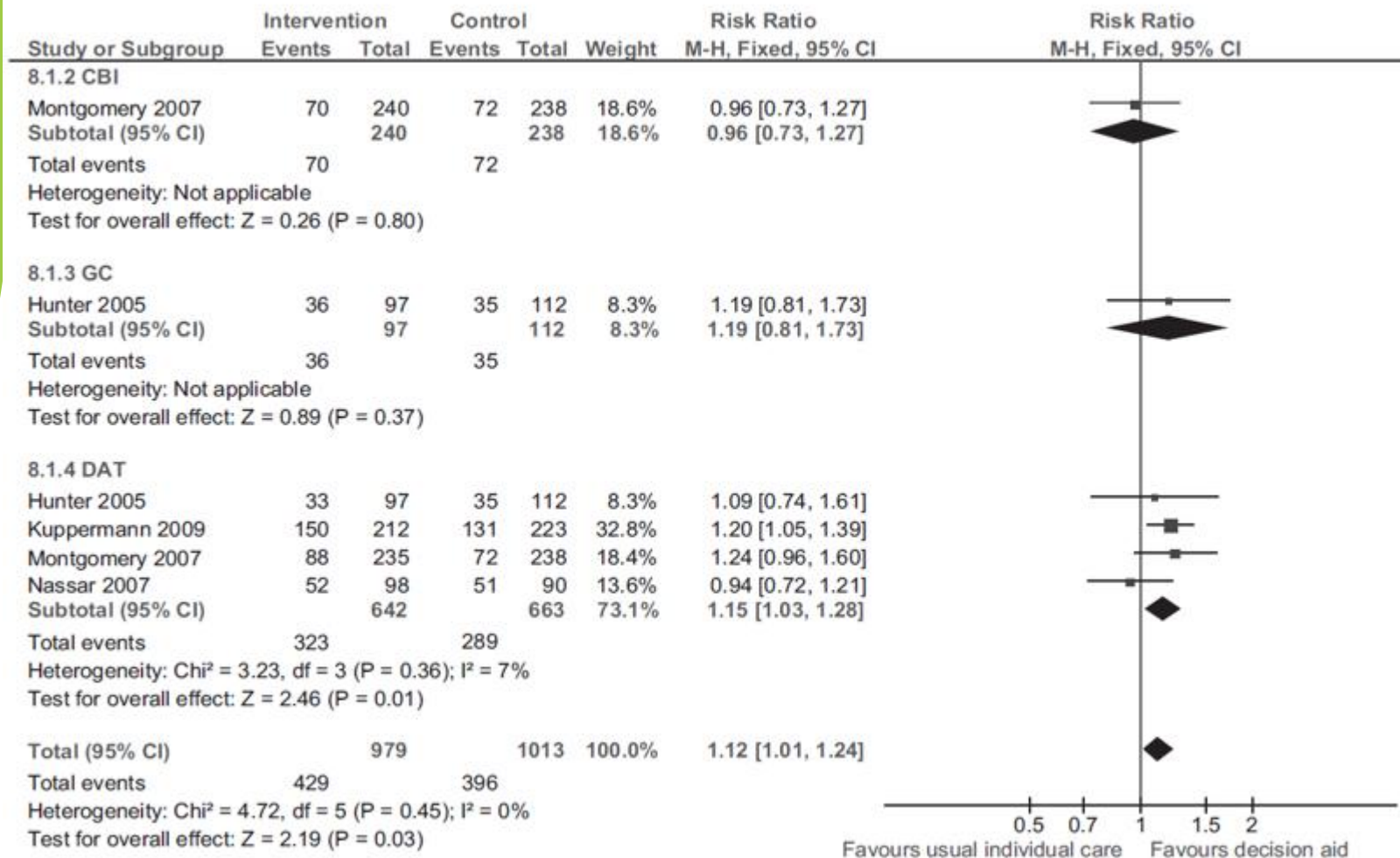


Fig. 6. Meta-analysis results for impact on final outcome (health care performed).

Example of a decision analysis tool (DAT)

Giving birth after caesarean

Making an Informed Choice

Information Motivation

Vaginal Birth After Caesarean (VBAC)

What is a VBAC?
VBAC means «Vaginal birth After Caesarean.» If you have already had a caesarean, and are currently pregnant, the question arises: Should I have another caesarean or plan for a vaginal birth?

What is a planned caesarean?
A planned caesarean is scheduled at term, around the due date. Caesarean childbirth allows the birth by making an incision in the abdomen and uterus when the maternal and/or fetal conditions are not favorable for a vaginal birth. The procedure is performed usually under epidural or spinal anesthesia and, in rare cases, under general anesthesia.

Why choose a VBAC?
VBAC can be a very satisfying experience. Moreover, a successful VBAC avoids complications associated with another caesarean. Medical practices have also evolved to make VBAC safer. For women who attempt VBAC, the chances of completing a VBAC are now about 72% (nearly 3 out of 4 women). There is always a risk of having a caesarean during labor, but this risk is present for every birth.

*About 72 in 100 women will have a successful vaginal birth (VBAC)
For nearly 25 of every 100 women, babies will be born by caesarean after labor has started.*

6

Exercises: Steps to weigh the pros and cons

FIRST STEP
WHAT IS IMPORTANT FOR YOU AND HOW IMPORTANT IS IT?

Instructions :

- Think about what is important to you (advantages and disadvantages)
- Read the contents of each box (suggestions have been proposed to help you start your thinking)
- Write in the «Your Ideas» section of all other elements (advantages, disadvantages) that are important in your decision
- Place an «X» in the box that corresponds to the importance you place on each item – Do not hesitate to check out the information in the Summary of Options (p.14) to guide your thinking process.

Exemple:

SUGGESTIONS	Not important	Important	Very important
Having a vaginal birth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Having a fast postpartum recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Avoiding an urgent caesarean in labor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR IDEAS

	Not important	Important	Very important
Have an immediate contact with my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Be allowed to lift my other children at home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Not having pain during sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECOND STEP
WHAT IS YOUR PREFERENCE?
Thinking about your answers, place an «X» in the preference scale of the mode of birth below.

Prefer Caesarean Uncertain Prefer VBAC

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

16

Benefits of using a DAT in obstetrics

- Improved provider-patient communication and shared decision making process
- More satisfaction of the relationship between provider and patient (more trust) and satisfaction of care
- Reduction of anxiety and decisional conflict, empowerment toward decision-making and birth
- Favorable impact of the DAT on final choice due to a better patient knowledge on the risk and benefit of both options
- Reduction of C-section on demand rates

Merci Thank you



MARYLENE DUGAS
CONSULTANTE

French National Research
Institute for Sustainable
Development



Institut de Recherche
pour le Développement
FRANCE