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Testing a shared decision making toolkit for mode of birth after cesarean: A dyadic approach supporting women and their providers**Somphit Chinkam**

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This study used a dyadic approach to explore decision making about birth after cesarean. We sought the perspectives of women and their providers on a Shared Decision Making (SDM) toolkit to support their mode of birth discussions. Participants included women who had experienced one or two previous low transverse cesareans with a singleton pregnancy and were eligible for Labor After Cesarean (LAC). Providers included Certified-Nurse Midwives, Nurse Practitioners, Obstetric Residents and Attendings. Women were surveyed pre and post intervention to assess knowledge, preferences and satisfaction with decision making. Providers were surveyed regarding their use of the SDM toolkit. Twenty-seven (27) women and 15 prenatal providers participated from May 2016 to June 2017. Most women were: 26-35 years old, single, Black, high school educated, unemployed, on Medicaid, and had one LTCS. Fifty-nine percent (59%) of women planned and 37% attempted LAC. Overall, 22% achieved vaginal birth. After the intervention, women had increased knowledge about risks and benefits of LAC and elective repeat cesarean birth. Ninety-six percent (96%) of women believed the decision aid was important and 76% thought it helped them make decisions. Women believed their providers listened to their concerns and supported them in their decision making. Providers who used the toolkit thought it helped women understand mode of birth options and facilitated questions. The SDM toolkit was useful to prepare women for mode of birth discussions with their provider. After the intervention, most women found themselves as equal partners with providers. Providers were satisfied with the tools and thought they enabled SDM.

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