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Shared Decision Making- Lessons From Families Who Delivered During the Periviable Period

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Disclosures

- No conflict of interest
- Project funded by Beckwith Center for Shared Decision Making (UPMC)

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Outline

- Introduction
- Shared Decision Making
- Shared Decision Making in Obstetrics
- Periviable Birth Study
- Lessons I am Learning
- Shared Decision Making– Interprofessional work

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Introduction- Origin Story

- Started with a patient
- Discovered The Dartmouth Institute
- Introduced to NNEPQIN

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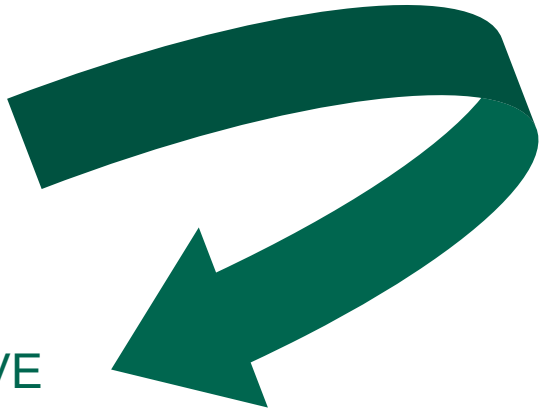
Shared Decision Making

- Decreases health care costs
- Improves adherence
- Improves engagement



ETHICAL IMPERATIVE

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PREFERENCE SENSITIVE	PREFERENCE INSENSITIVE
• **More than one reasonable approach** • **Risk benefit ratio is unclear or depends on patient's values**	• Strong recommendation for one approach • Benefits clearly outweigh the risks

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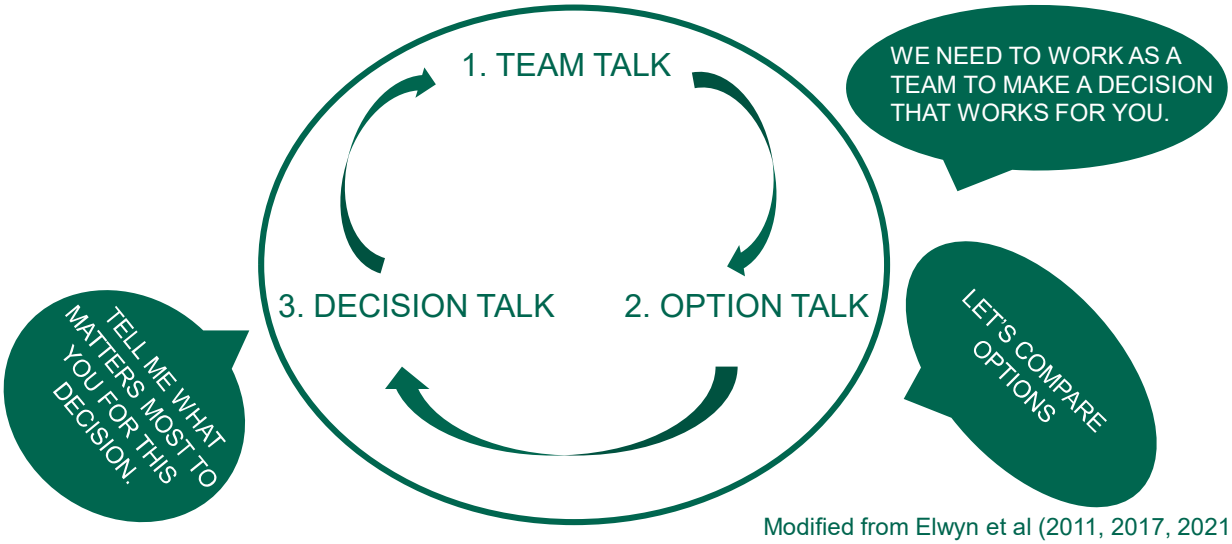
Three-talk Model of Shared Decision Making



Modified from Elwyn et al (2011, 2017, 2021)

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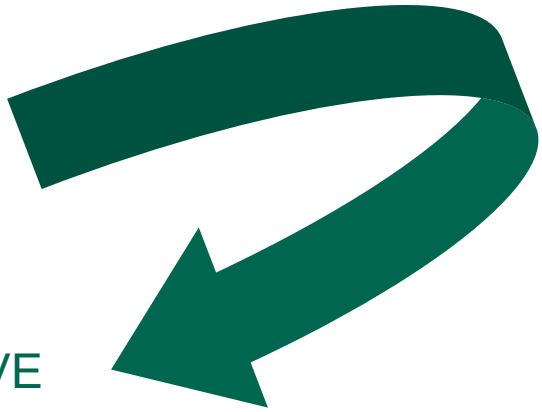

ETHICAL IMPERATIVE

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Shared Decision Making in Obstetrics

Periviable Birth- obstetric and neonatal care

Some Medication Use in Pregnancy

Elective IOL at 39w

Maternal or Neonatal RSV vaccine

Timing of Delivery ICP

Trial of Labor After Cesarean Section

Aneuploidy Screening

External Cephalic Version

Intrapartum Anesthesia

Progesterone to Prevent Recurrent PTB

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Periviable Birth Study

- Identified all patients that delivered between 20w0d and 25w6d at Magee-Womens Hospital (2010-2014)
- Interviews were conducted in 2016
- Semi-structured interviews were grounded in 3 talk model of SDM
- Coded for themes using constant comparison approach

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Demographics of Study Participants

Characteristic	Delivered Patient (n=20) N (%)	Important Other (n=6) N (%)
Age at delivery, mean (range) y	27.3 (21,45)	34.1 (28,52)
Gestational age at delivery (mean) w	24.1	
Race (self-reported)		
Black	7 (35)	1 (20)
White	12 (60)	5 (80)
Asian	1 (5)	
Private insurance	10 (50)	
Partnered	18 (90)	
Multiple Gestations	5 (25)	
At least one infant alive	14 (70)	3 (60)
At least one neonatal death	9 (45)	2 (40)

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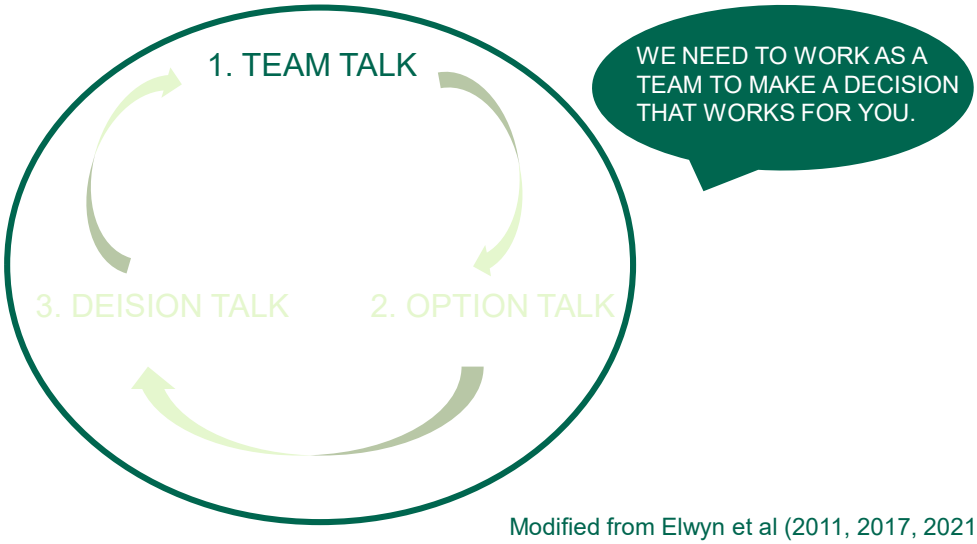

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TEAM OR CHOICE TALK

There is value to stating that the team needs to make a choice.

"I felt like everything was falling apart. But, then one provider sat down. She sat down and said we will figure this out together. Let's talk about your options and the goals you have for your family given what has happened today. And I felt just a little bit of my panic settling…there were choices"

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TEAM OR CHOICE TALK

Do your words support that there are multiple reasonable options?

"I was presented with a choice, but that was actually one of the worst parts. The room was dark, the doctor was standing there and he said– 'well if you want to do everything to help your baby then you should get the shots (steroids*).' And I thought, god, am I someone who doesn't want to do everything for their baby…?"

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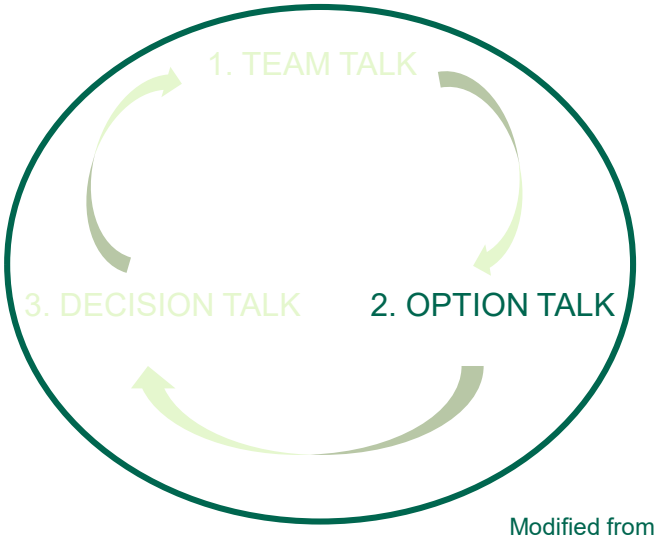
Three-talk Model of Shared Decision Making



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OPTION TALK

Assess numeracy:

"So everybody would talk to me in terms my partner would never understand… My partner would just wait for the conversation to end and for people to leave the room and then it was like 'so what does that mean?"

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Best practices for presenting statistical information

- **Avoid relative risks**
- **Keep the denominator the same when comparing risks**
- **Present both proportions and rates and be aware of what you lead with:**
  - 20% of infants survive and 80% will die. That means 2/10 babies survive and 8/10 die.
  - 80% of infants die and 20% will survive. That means 8/10 babies die and 2/10 survive.
- **Use pictographs when you can**

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OPTION TALK

How do you talk about different outcomes?

"I understand they have to tell you the possibilities. And I'm not a fool. I mean I work as a medical assistant. But you can't just be like "If your baby lives you have no hope of anything.' Honest to god I laid in that bed and just quit listening to him."

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OPTION TALK

- **Narrative descriptions (written or video) may be useful- particularly for complex outcomes.**
- **Vetted websites**
- **Decision aids- decrease variation in information provision**

OPTION TALK- THE INFORMATION AGE

"For babies born at 23 or 24 weeks, the chance of survival if they receive intensive treatment is about 50:50. If the baby survives, they may have problems described in this website...About 1 in 4 or 1 in 5 children who survive have very serious problems affecting their movement or learning or both that mean they will need lifelong help and support for everyday activities."

"She was fully human, just smaller than we had ever seen before in our lives. Four months later, Ava Joy came home with us as a completely healthy baby with a minor case of reflux."

Haragan et al. (2019)

Three-talk Model of Shared Decision Making

Modified from Elwyn et al (2011, 2017, 2021)

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DECISION TALK

Have I asked what matters most to the patient?

"I could tell he was uncomfortable with our choice to do everything for our boy. But I think if he had asked about our values he would not have been surprised… It is actually kind of funny because our priest was with us too."

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Shared Decision Making- takes a team

"It felt like everyone on labor and delivery understood the impossible choices we were making. Our doctor, the NICU people, our labor and delivery nurse…they all helped me process, decide, and get through this. And if someone wasn't aware of where we stood my nurse made sure they knew..."

Legare et al (2014)

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Department / Program Name, Hospital / Member Name

February 15, 2024

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Shared Decision Making- NNEPQIN

- Obstetrics has many preference sensitive decisions
- Decision aids support high-quality decisions and decrease unwanted variation in practice
- Best done by interprofessional teams that are rooted in restoring and respecting autonomy

Slide 29

KPH1 Katherine P. Himes, 2/14/2024

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Thank you!

COMMENTS OR QUESTIONS