

## Patient Decision Aids in Obstetrics in Newfoundland & Labrador

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### The Issue

Healthcare providers and patients expect that obstetrical care will involve shared decision making between pregnant patients and their care providers. Patient Decision Aids (PDAs) facilitate and promote shared decision making by providing reliable information and taking into account patient values and priorities alongside clinical considerations. This study looked at the effectiveness of PDAs to increase patient knowledge and to mitigate decisional conflict for patients seeking quality perinatal care.

### The Question

*“How do Patient Decision Aids affect patient knowledge and decisional conflict when patients and their caregivers engage in shared decision making within the childbearing year?”*

### The Results

- ✓ Evidence supports the effectiveness of PDAs in improving patient knowledge and mitigating decisional conflict when the PDA combines reliable information with a consideration for patient values and is delivered in an open dialogue between a patient and a trusted care provider.
- ✓ The research evidence suggests that PDAs can improve patients’ knowledge about various obstetrics topics.
- ✓ The research evidence suggests that PDAs tend to reduce patients’ uncertainty (decisional conflict) about preferred courses of action in pregnancy.
- ✓ Findings about PDA impacts on patient anxiety and satisfaction are mixed. Some research suggests that PDAs reduce anxiety and increase satisfaction while other studies show no effect on these outcomes.
- ✓ Little evidence was found for the particular outcome of informed decision making; however, the limited research that is available suggests that PDAs can lead to better-informed patient decisions.
- ✓ While most of the formats of PDAs reviewed in this report were found to be effective, our synthesis indicates that computer-based PDAs were the most effective approach to supporting shared decisions.

### Applying the Evidence in Context

- ✓ Pregnant patients in NL must often travel for healthcare. Developing PDAs devoted to helping make decisions about travel (including modes, timing and supports) will be helpful in this province.
- ✓ Decision makers in NL should note that PDAs cannot be expected to alleviate the anxieties that arise when people are unable to access obstetrical care close to home.
- ✓ NL has a high burden of chronic conditions that may increase risk in pregnancy. PDAs can help patients to make safer, better-informed decisions in managing pregnancy risks.
- ✓ Shared decision making can result in patient decisions going against a provider’s advice. Managing such conflicts is advised when developing PDAs in NL.
- ✓ Access to primary care is a growing challenge in NL. Finding ways to maintain continuity of care for patients will help to establish the trust required for PDAs to work effectively.
- ✓ Eliminating paternalism in healthcare will be essential for PDA success.
- ✓ Widespread consultation will be key to developing PDAs in NL. Front-line workers can provide valuable insights, as can patients and caregivers from both rural and urban areas of the province.
- ✓ Decision makers are advised to work with Indigenous peoples on PDAs for use in Indigenous contexts.
- ✓ Managing time constraints for patient visits will be a factor when implementing PDAs in clinical practice.
- ✓ Midwives are a valuable healthcare resource. Improved access and support for midwifery will provide alternative care options for patients and support for providers who require service support with PDAs.
- ✓ Health system decision makers face fiscal challenges that will need to be considered when implementing any new intervention, including PDAs.

Read the full report here: [www.nlcahr.mun.ca/chrsp](http://www.nlcahr.mun.ca/chrsp)