Background

Perceived reality and subjective importance are valid indicators of shared decision-making during pregnancy, labour and birth and postpartum.

Aim(s)

To explore women's reports of shared decision-making in maternity care, examining the differences between perceived reality and subjective importance of shared decision-making, between the different perinatal periods and between various maternity care professionals.

Methods

A cross-sectional study was conducted among women in Flanders, Belgium. Shared decision-making was measured with the OPTION scale. Wilcoxon Signed-Ranks tested differences between perceived reality and subjective importance of shared decision-making. Kruskal-Wallis tested the differences of shared decision-making between the perinatal care periods and the different types of maternity care providers. Bonferroni post hoc tests examined further significance.

Results

1216 pregnant and postpartum participants completed 1987 self-reports of perceived reality and subjective importance of shared decision-making. During antenatal, intrapartum, and postpartum care, subjective importance was significantly higher than perceived reality of shared decision-making (p <.001; p <.001; p <.001). Perceived reality and subjective importance of shared decision-making showed significant differences between the perinatal periods (p <.001; p <.001) and between maternity care professionals (p <.001; p <.001). There was no discrepancy between perceived reality and subjective importance of shared decision-making during antenatal care provided by the community-based midwife. Participants assigned the highest scores of perceived reality and subjective importance of shared decision-making to the community-based midwife.

Discussion

There seems to be a dichotomy in shared decision-making between primary and secondary care settings, in which highest scores for shared-decision making are attributed to the community-based midwife. This said, characteristics of the sample indicate that mainly women with a distinct interest in decision-making and physiology including home birth responded and might bias the findings.

Implications and future perspectives

Community-based midwives and women who are early adopters might be powerful agents for shared decision-making, aiding the promotion and optimisation of shared decision-making in Flemish maternity services. It would be of merit to explore why certain care providers were chosen to score as well as what their specific attributes consist of.