

## Background

In Belgium, birth care increasingly medicalized over the years. Despite its positive effects, medicalization has also led women to experience less autonomy and less involvement during pregnancy, labor, birth and the postpartum. Research shows that this has profound effects on, among others, women's birth experience and their level of satisfaction with birth care. The necessity of implementing shared decision making (SDM) into practice is put forward as a strategy to strengthen women's participation during the perinatal period [1,2,3].

## Aim(s)

The aim of this project was fourfold. First, we wanted to enhance understanding in the criteria that women, their partners, midwives and obstetricians use to define SDM. Second, dialogue and reflection concerning the implementation of SDM in daily practice of two midwifery teams was facilitated via action learning teams. Third, the action learning teams ideated, tested and evaluated targeted actions to strengthen SDM in their own practice. Finally, we aimed to translate the insights and experiences into accessible, ready to use tools for care takers involved in birth care.

## Methods

In the first research phase (June 2022 – August 2022), we conducted semi-structured group interviews and individual interviews with woman who gave birth less than one year ago, partners who became a parent less than one year ago, midwives and gynecologists who are employed in a hospital (N=18). The data were transcribed and analyzed with NVIVO 1.7.1, following the Grounded Theory approach. This enabled us to get grip on the criteria used to define SDM.

In the second research phase (September 2022 – August 2023), two obstetric teams of two general hospitals were selected to participate in an action learning program to optimize SDM in their daily practice. Field notes were made and refer to reconstructions of the conversations, observations of behavior, and the participants' and researchers' reflections, thoughts and feelings. The study has been approved by the ethical commission of KU Leuven.

## Results

Overall, an important overlap is observed in the vision on SDM across the respondents and the obstetric teams. The results can be summarized in ten criteria: SDM requires (1) acknowledging each other's role and expertise, (2) choice consciousness, (3) dialogue, (4) building trust, (5) patient-centered care, (6) time, (7) being informed, (8) taking responsibility as a team, (9) transparency on hospital policy, and (10) strong collaboration with primary care providers. The trajectory with both obstetric teams however showed that translation from theory and reflection into practice remains challenging (e.g., there is no one-size-fits-all approach and each program should start from a team's needs; particular attention is requested for the reflection phase as care providers tend to be rather action minded...). Interestingly, the principles of Appreciative Inquiry that underly action learning proved fruitful to overcome these challenges and to create creative, sustainable solutions.

## Output

The results and insights of both research phases are gathered into four freely accessible tools: (1) an implementation guide for care providers with concise information about the "what" and "why", templates and tools, recommendations, and reflection questions for each criterium, (2) a workshop for care providers to familiarize themselves with SDM and action learning, (3) guidelines and recommendations for those wanting to facilitate an action learning process in a care context, and (4) a video for women and their partners to create awareness regarding SDM to be used on social media, in waiting rooms ...

## References

1. Christiaens, W. & Bracke, P. Assessment of social psychological determinants of satisfaction with childbirth in a cross-national perspective. *BMC Pregnancy and Childbirth*, 7:1-12, 2007.
2. Deherder, E. et al. Women's view on shared decision making and autonomy in childbirth: Cohort study of Belgian women. *BMC Pregnancy and Childbirth*, 22:551-562, 2022.
3. Elwyn, G. et al. Shared decision making and the concept of equipoise: The competences of involving patients in healthcare choices. *British Journal of General Practice*, 50:892-897, 2000.