



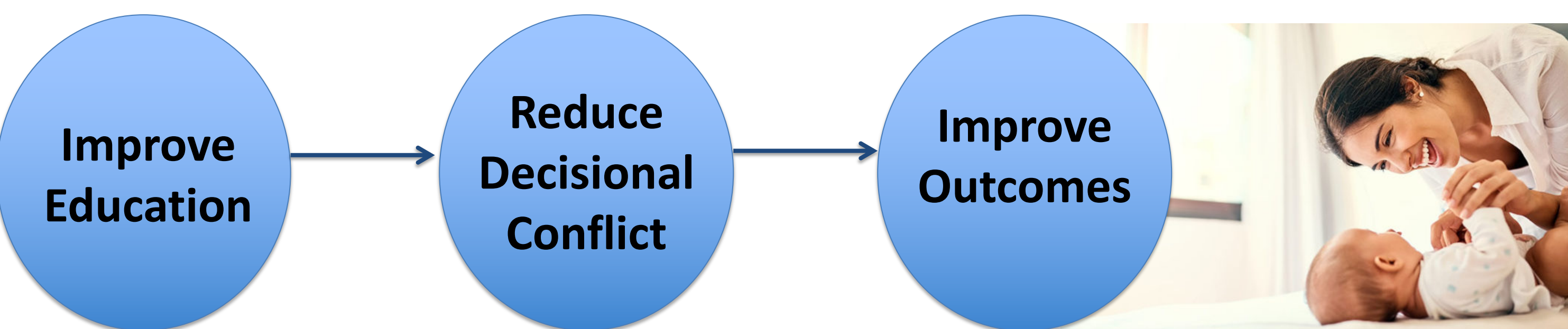
Introduction

Important Terminology:
TOLAC – Trial of Labor After Cesarean
VBAC – Vaginal Birth After Cesarean
ERCS - Elective Repeat Cesarean Section

- Cesarean delivery rate in the USA remains 30-32% (WHO Goal = 10-15% world wide)
- Potential morbidity & mortality associated with cesarean sections - both mother & newborn at risk
- VBACs are underused as delivery method - about 12.4% of women will VBAC
- 37% of women feel completely unsure & face severe decisional conflict when deciding between TOLAC or ERCS
- Women are not receiving adequate education about risks of TOLAC & ERCS or how to best achieve a VBAC
- 60-80% success rate for those who attempted VBAC amongst low-risk mothers

TOLAC/VBAC vs. ERCS Education

- Lack of access to high quality, consistent, & understandable education
- Current education - too extensive, difficult to read, & not visually appealing
- Women must know their options & be educated to make an informed decision
- Improved education & reduced decisional conflict may help to secondarily reduce ERCS rates & reduce maternal and newborn morbidity & mortality



ACNM & Share with Women Educational Tool

Visually appealing & concise (2 pages with bullet points)
 Evidence-based risks & benefits explained
 Additional resources provided

Ottawa Hospital Traditional Decisional Conflict Scale (TDCS)

Measures level of decisional conflict and multiple sub-scores
 Used & demonstrated efficacy in over 30 other studies
 Statement Format – 16 items, 5 response categories

Methodology

Aim: Implement a simple, appealing, yet effective, and informative Educational Tool/Decision Aid to minimize patient decisional conflict and improve levels of patient-perceived knowledge for women who qualify for TOLAC

Design:

- Pilot Project
- Evidence-based Practice Change

Study Population:

- Pregnant women of 20+ weeks gestation
- Qualify for TOLAC/VBAC after one previous cesarean
- 20 women were recruited
- $n = 16$

Setting:

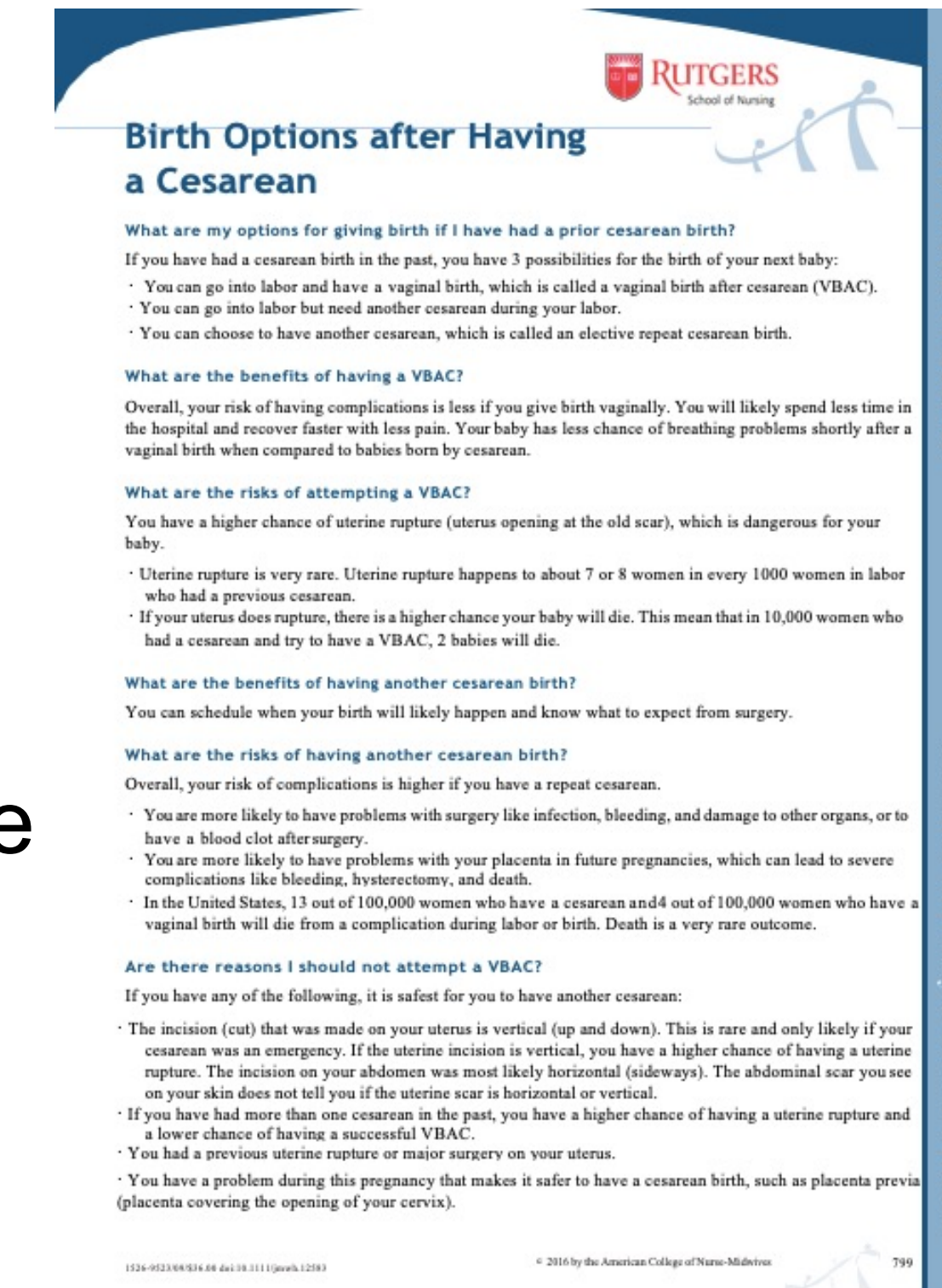
- Obstetrics and Gynecological Midwifery practice
- Suburban area in northern New Jersey

Intervention:

- Educational Tool/Decision Aid about TOLAC vs. ERCS
- Followed by Ottawa Hospital Traditional Decisional Conflict Scale
- English & Spanish

Measures:

- Decisional Conflict (none to extremely high)
- Patient-Perceived Knowledge (Informed Sub-score)
- Secondary Measure – Mode of Delivery Decision



Results

- 16 participants received the Educational Tool and completed the follow-up Decisional Conflict Scale
- Data analyzed using descriptive and comparative statistics from the results of the TDCS

✓ Total Score: Level of Decisional Conflict (16 items)

- ✓ 0 = no decisional conflict
- ✓ 100 = extremely high decisional conflict

✓ Informed Sub-score: Level of Patient-perceived Knowledge (3 items)

- ✓ 0 = feels extremely informed
- ✓ 100 = feels extremely uninformed

✓ Mode of Delivery Decision: TOLAC, ERCS, or Unsure Decisional Conflict

Median Score	# of Participants with Score < 30	# of Participants with Score > 40
6	15	1

Patient-Perceived Knowledge

Median Score	# of Participants with Score > 40	# of Participants with Score < 30
5.5	1	15

Mode of Delivery Decision

TOLAC	ERCS	Unsure
4	10	2

Discussion

- < 1% of participants experiencing significant decisional conflict
- ~ 94% of participants felt very informed
- **Implications for Practice:** Use of this Educational Tool/Decision Aid can significantly help women minimize decisional conflict surrounding TOLAC vs. ERCS & make them feel more informed to do so. MDs, CNMs, PAs can educate.
- **Implications for Future Research:** Explore ultimate outcomes for women who receive such education. Determine best gestational age for this type of education.
- **Ultimate Goal:** Improve TOLAC vs. ERCS education for women and encourage patient involvement in their healthcare decisions to lead to better outcomes for mothers and babies

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