

Shared decision making for patients with a history of caesarean section

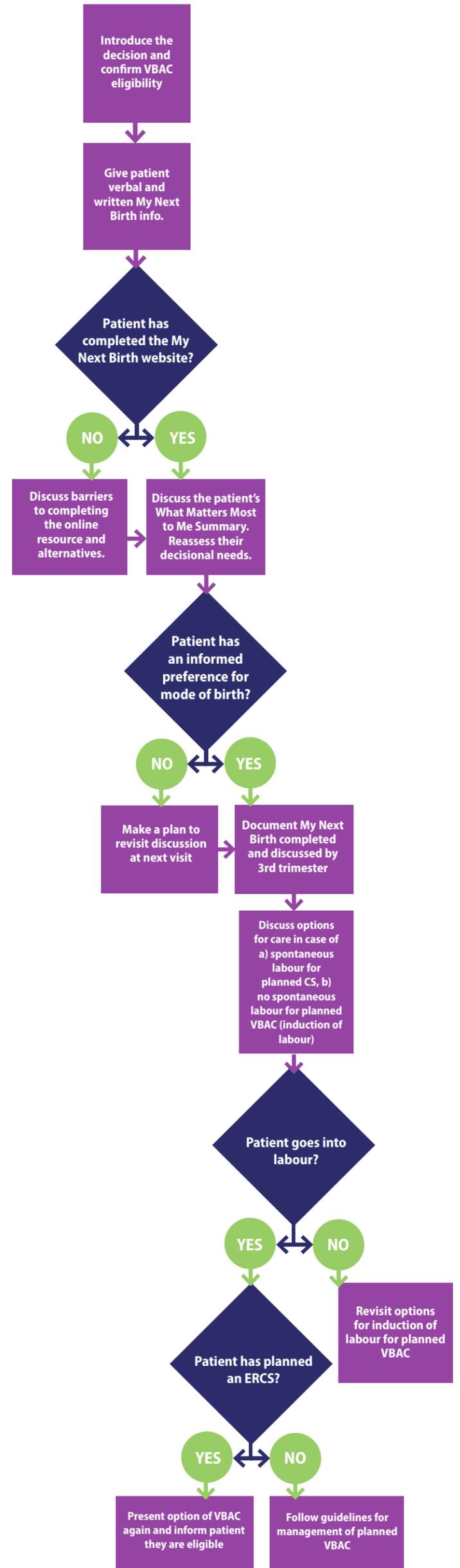
Decision support algorithm

Post-delivery prior to discharge



Postpartum visit (ideally at 6 week post-operative check-up)

Next pregnancy: First & second trimester



Third trimester

INTERPREGNANCY INTERVAL

GUIDE TO COMPLETION

Decision Support Algorithm Shared decision making for patients with a history of caesarean section

Introduction

Use of the *My Next Birth* patient decision aid and this clinical decision support tool facilitates the process of informed consent for mode of birth after caesarean. It provides patients with individualized information on the clinical risks and benefits of their health care options, highlights uncertainties about the evidence, and helps individuals to clarify their values and preferences.

The 2019 SOGC Clinical Practice Guidelines for TOLAC¹ recommend “the process and documentation of informed consent with appropriate discussion of the maternal and perinatal risks and benefits of trial of labour after Caesarean and elective repeat Caesarean section should be a part of the care plan in a woman with a previous Caesarean section. (III-A)” The guidelines suggest use of a patient decision aid to support this process.

Abbreviations

CS	Caesarean section
ERCS	Elective repeat caesarean section
TOLAC	Trial of labour after caesarean section
VBAC	Vaginal birth after caesarean section

Definitions

In Canadian maternity care, “**shared decision-making**” and “**informed choice decision-making**” are often used interchangeably, particularly in the midwifery model of care.

Informed consent²

“Informed consent,” is the principle that patients have the right to be informed of their options, to agree voluntarily to a healthcare decision, and that the decision should respect the wishes of the patient.

Informed choice^{3,4}

The health care team provides the patient and family with information on options and the pros and cons of those options. The patient considers what attributes of the decision matter most to the patient. The flow of information is typically one-way (health care team to patient). The final decision belongs to the patient.

Shared decision making⁴

The patient, health care team, and family exchange information on options, the pros and cons of those options, and discuss what attributes of the decision matter most to the patient. They make a health care plan together. The flow of information is two-way, between the health care team and patient/family. The process is shared but the final decision may belong to the patient, the health care team, and/or involve family.

Shared decision-making has been described as the ideal process for achieving informed consent as it supports patients to have enough information to make autonomous decisions (patient autonomy) while supporting primary care providers to act for the benefit of their patients (beneficence).^{4,5}

Eligibility and Contraindications

Society of Obstetricians and Gynaecologists of Canada clinical practice guidelines¹ state the following on **eligibility** and **contraindications** for vaginal birth after caesarean:

All patients are eligible for planned VBAC/TOLAC unless these **contraindications** are present:

- Classical or inverted “T” scar
- Hysterotomy or myomectomy entering the uterine cavity
- Previous uterine rupture
- Three or more (≥ 3) previous caesarean sections
- Contraindication to labour

The following are **not contraindications** for planned VBAC/TOLAC:

- Multiple gestation
- Diabetes mellitus
- Suspected fetal macrosomia
- Postdatism
- Lack of a surgical report
- Overweight or elevated BMI

Patients with an interval <18 months from caesarean section to estimated due date should be counseled on increased risk of uterine rupture.

Time 1: Post-delivery prior to discharge

Patient is in hospital for observation and care after giving birth, providing an opportunity for education and debriefing. This is when health care providers can “plant the seed” that VBAC is an option for eligible patients.

Action point	Task	Additional description
Patient has had a caesarean section	Give patient verbal and written information on their surgery	Describe indication for caesarean and type of incision
	Give patient verbal and written information on eligibility for VBAC	
Decision point	Decision	Additional description
Patient ready to debrief their birth experience?	IF YES, Listen to patient and family’s story, debrief, answer questions AND Give patient and family My Next Birth website info. Plan to discuss at 6-week visit.	<ul style="list-style-type: none"> • <i>What questions do you have about your birth?</i> • <i>What concerns do you have about future births?</i>

		<ul style="list-style-type: none"> • <i>Are there any cultural concerns that you would like to talk about?</i>
	IF NO, Provide patient and family with information on further opportunities to debrief AND Give patient and family My Next Birth website info. Plan to discuss at 6-week visit.	

Time 2: Postpartum visit (ideally at 6-week post-operative check-up)

Discussion is recommended to provide the patient with personalized evidence on their options and answer questions. Discussion provides a baseline for future decision-making about mode of birth.

Action Point	Task	Additional description
Patient presents for postpartum care	Review operative report with patient	<ul style="list-style-type: none"> • <i>What questions do you have about your birth?</i> • <i>Is there anything else you wish we could have done to support you?</i> • <i>What concerns do you have about future births?</i>
	Debrief patient's birth experience	
Decision point	Decision	Additional description
Patient has absolute contraindication for vaginal birth?	IF YES, Recommend repeat caesarean	
	IF NO, Recommend option of planned VBAC	
Patient has reviewed My Next Birth website?	IF YES, Discuss the patient's What Matters Most to Me summary page	Review their summary and discuss their confidence, preferences, knowledge, and questions.
	IF NO, Give patient written and verbal My Next Birth information	

Time 3: Next pregnancy (first and second trimester)

To be used in conjunction with antenatal record to **document** discussion of VBAC.

Action Point	Task	Additional description
Patient presents for care in next pregnancy	Introduce the decision and confirm VBAC eligibility	
	Give patient verbal and written My Next Birth information	

Decision point	Decision	Additional description
Patient has completed the My Next Birth website?	IF YES, Discuss the patient's What Matters Most to Me summary. Reassess their decisional needs.	Review their summary and discuss their confidence, preferences, knowledge, and questions.
	IF NO, Discuss barriers to completing the online resource and alternatives.	
Patient has an informed preference for mode of birth?	IF YES, Document My Next Birth completed and discussed by 3rd trimester	
	IF NO, Make a plan to revisit discussion at next visit	

Time 4: Third trimester

To be used in conjunction with antenatal record to document discussion of VBAC.

Action point	Task	Additional description
Patient presents for care at the beginning of the third trimester	Discuss options for care in case of: a) spontaneous labour for planned CS, b) no spontaneous labour for planned VBAC (induction of labour)	Document discussion and patient's preferences
Decision point	Decision	Additional description
Patient planning VBAC goes into labour?	IF YES, Proceed with plan for VBAC	
	IF NO, Revisit options for induction of labour and for planned CS	Document discussion and decision
Patient planning ERCS goes into labour?	IF YES, Present option of VBAC again and inform patient they are eligible	Document discussion and decision
	IF NO, Proceed with plan for ERCS	

Litigation and Shared Decision-Making

In the event of litigation, the consent form only provides evidence that explanations were given, and the patient agreed to what was proposed. Health care provider dialogue with patients is the important part of the consent process and notes on records made contemporaneously with events may be of equal or greater usefulness than a consent form.

The Canadian Medical Protective Association (CMPA) recommends each patient should receive “a handout or material supplemental to consent explanations” to review ahead of time.⁵ For choice of mode of birth after a previous caesarean, the *My Next Birth* patient decision aid may function as this supplemental material.

When delivered in advance of a clinic appointment, *My Next Birth* provides the patient sufficient time and information to prepare for shared decision-making: to consider their options, risks and benefits, and to formulate questions and clarify preferences to share with their care team:

1. *My Next Birth* can support discussion of each patient’s individual options for labour and delivery, and the possibility of unanticipated events requiring urgent or emergent interventions.
2. *My Next Birth* aims to tailor the risk discussion to the patient’s clinical history and provides space for the patient and family to clarify their preferences and write down their questions.
3. *My Next Birth* includes a knowledge test and summary report of the patient’s preferences to include in their chart, which ensures the consent discussion is documented in their antenatal record.

References

1. Dy J, DeMeester S, Lipworth H, Barrett J. No. 382-Trial of Labour After Caesarean. *J Obstet Gynaecol Can.* 2019;41(7):992–1011. <https://doi.org/10.1016/j.jogc.2018.11.008>.
2. Evans KG. Consent: A guide for Canadian physicians [Internet]. 2006 May [cited 2014 Oct 8]. Report No.: Fourth edition. Available from: <https://oplfrpd5.cmpa-acpm.ca/-/consent-a-guide-for-canadian-physicians>
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4. Makoul G, Clayman ML. An integrative model of shared decision making in medical encounters. *Patient Educ Couns.* 2006 Mar;60(3):301–12.
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Version February 9, 2021