

#LetsTalkTiming

Let's Talk Shared Decision-Making



Shared decision-making is a process of communication and collaboration by a woman and healthcare provider. It acknowledges the two experts in the room and ensures that healthcare decisions are based on both clinical expertise and the woman's needs, preferences, values and beliefs.

To support shared decision-making in your practice:

1 **Treat every encounter as an opportunity to build trust, strengthen relationships, and create a culture of partnership and collaboration.**

2 **Make it clear when a decision point is reached and explain that decisions are made as a team.**

"This means there is a decision to make together about the best time for your baby to be born."

3 **Ask about and respect consumer preferences for how to be involved.**

"Is it ok if we talk about this today?"

Is there anything you'd like me to consider about you, your family or cultural needs?"

Is there anyone else you'd prefer to have present for this conversation?"

4 **Clearly explain the available options and the benefits and harms of each, including the option of doing nothing.**

"This means we have two main options. The first option is to wait for labour to start on its own. The second option is to have an induction of labour before your due date, at 39 weeks. There are pros and cons of each option."

5 Use teach-back to check clarity and understanding.

“So I know that I’ve explained this well, if someone in your family asked you what options we discussed today, what would you say?”

6 Explore what the woman likes and dislikes about each option before seeking to identify the right option.

“Now that we’ve talked about what it can be like to have an induction of labour, I want to hear what you think about that option. What do you like and dislike about it?”

7 Delay offering a recommendation and individualise all recommendations.

“I’m happy to share what I think but any advice I provide needs to consider what matters most to you, so would it be ok for us to talk a little more first?”

Because you said that reducing the chance of stillbirth is very important to you, and other things are not quite as important, then it might be that planning to have your baby once you reach 39 weeks is the right way forward. What do you think?”

8 If a decision can’t be made right away, make a plan for what will happen next and document it.

“Do you feel ready for us to make a decision about this now?”

9 Ensure the woman’s preferences and values are integrated when the decision is made.

“Based on everything we’ve discussed, is there an option that feels like it might be the right one for you?”

“It seems from everything we’ve discussed that waiting for labour to start on its own might be the right option for you. What do you think?”

10 Reflect on how it went and what you might do differently next time.

As a prompt for your reflection, consider how the woman might answer these three questions:

“How much effort was made to understand your health issues?”

How much effort was made to listen to the things that matter most to you about your health issues?

How much effort was made to include what matters most to you in choosing what to do next?”

Scan here to view the *SaferBaby* website



Scan here to view the *Every Week Counts* website



Scan here to view the *Learn.stillbirthCRE* website

