Shared Decision Making
&
term breech in the Netherlands

Floortje Vlemmix, MD PhD

Conflict of interest

No conflict of interest to report

Shared decision making

To enable **you**
to **guide** women
in **their** decision
on **breech** delivery

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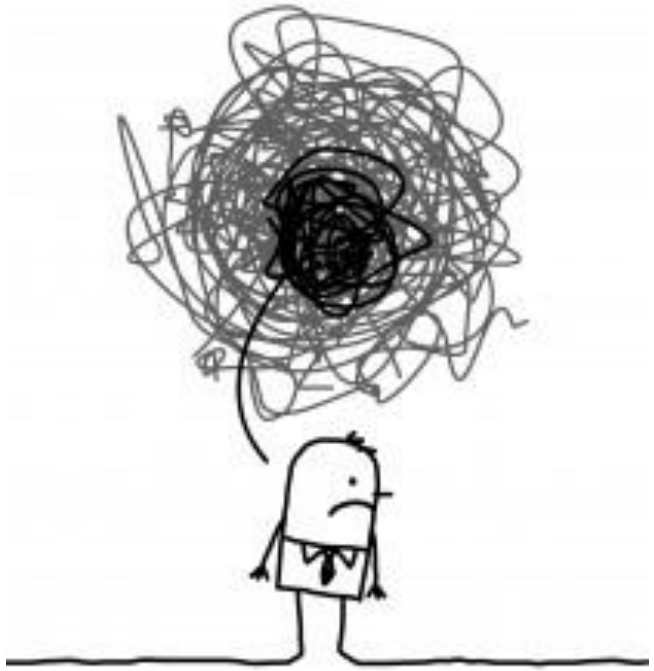
Shared decision making



Preventing perinatal morbidity and mortality

Identification

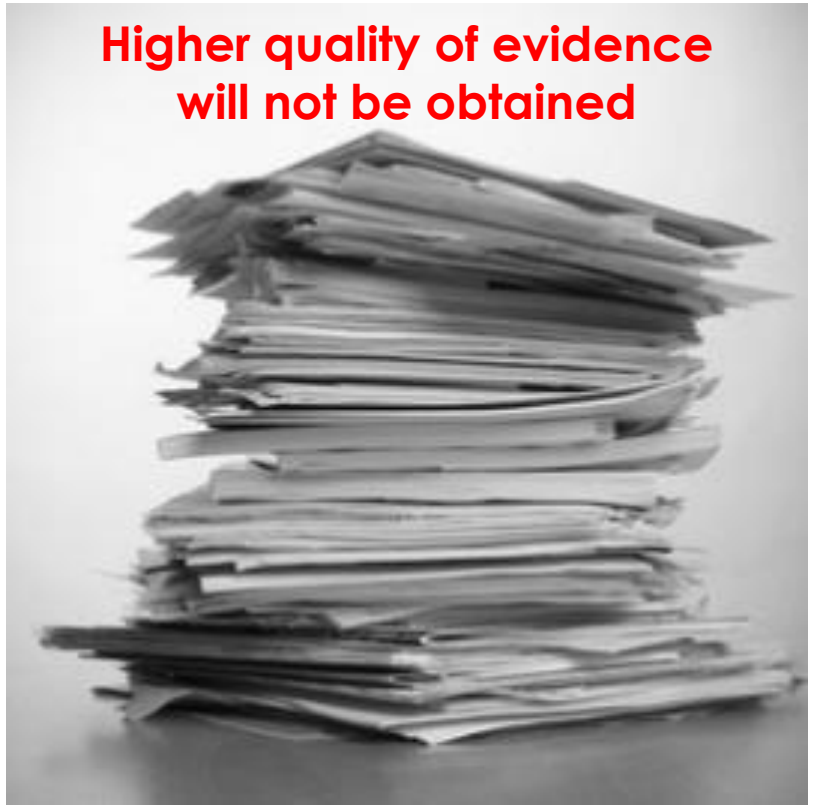
↓

Diagnosis

↓

Treatment

Breech delivery



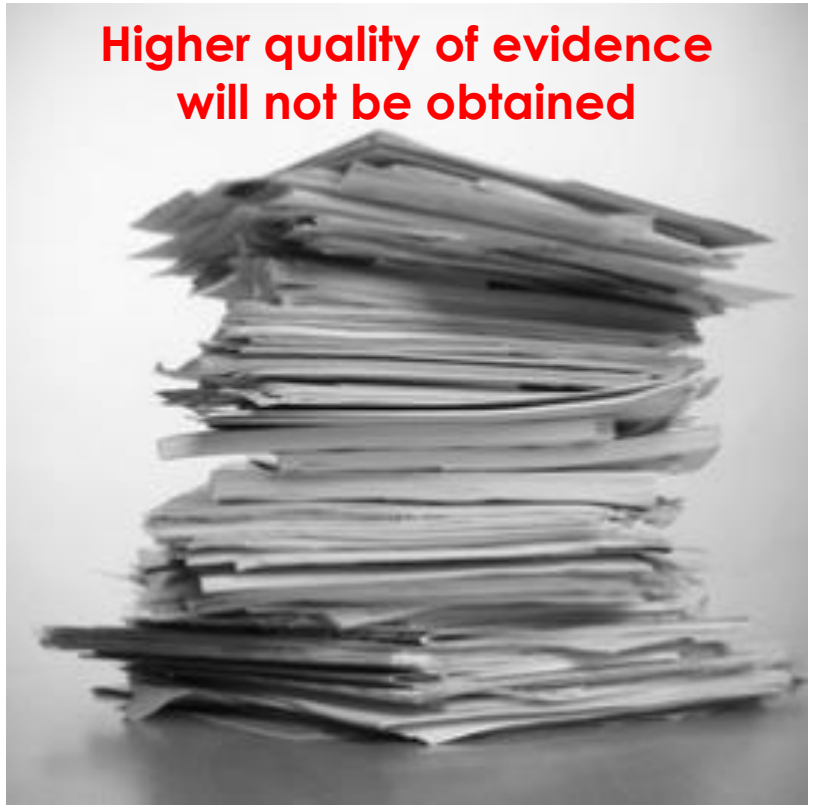
1 Systematic review - 3 RCTs
1 Systematic review – cohort studies

1 large RCT well powered

12 cohort studies n>2000
5 cohort studies n1000-2000
45 cohort studies n<1000

6 cohort studies long term follow up

Breech delivery



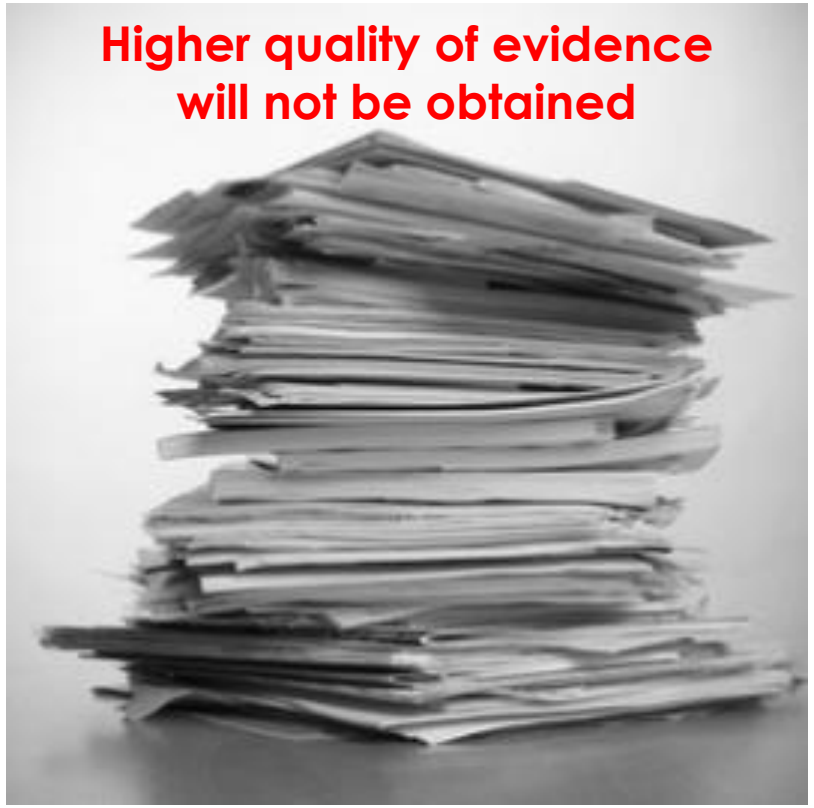
"Nonrandomised studies show the same effect on perinatal mortality and birth trauma as the Term Breech Trial.

In other words, as best as anyone can judge, the Term Breech Trial is both true for short-term outcomes and applicable to the centres who did not participate.

Informed parents may of course continue to choose vaginal delivery, but it is no longer justifiable for obstetricians to claim that in their hands there is no increased fetal risk from vaginal birth."

Prof. Thornton, BJOG aug 2015

Breech delivery



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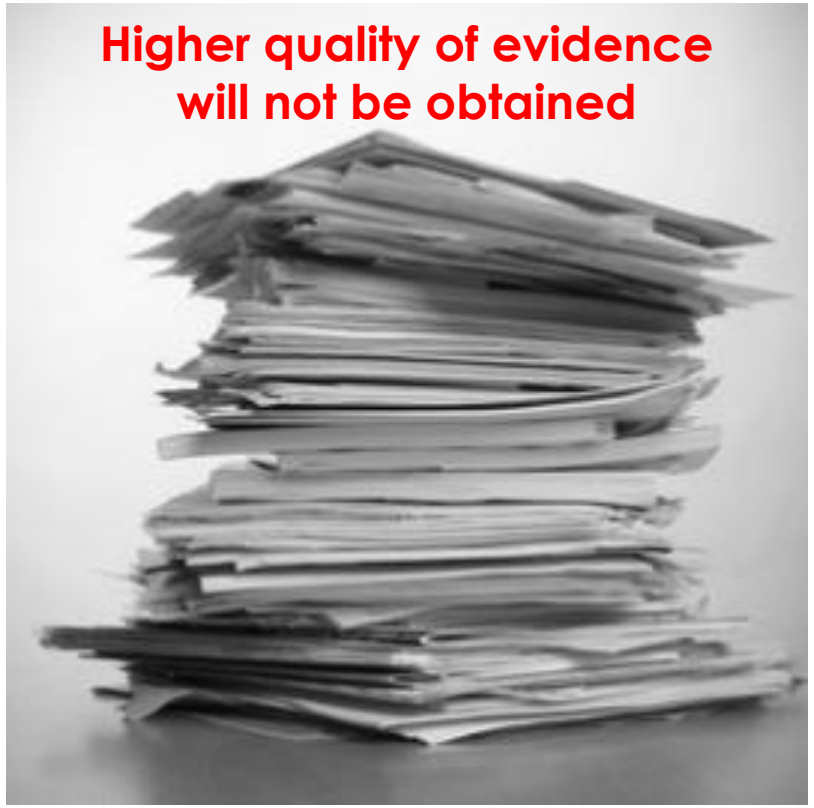

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Breech delivery

"It is no longer justifiable for obstetricians to claim that in their hands there is no increased fetal risk from vaginal birth."

No risk selection possible

Frank	Complete
Nulliparous	Multiparous
Birth weight >3500 g	<3500 g
Induced / augmented	Spontaneous

Vlemmix, *ACTA Obstetricia and Gynecologica Scandinavica 2014*

Breech delivery

"It is no longer justifiable for obstetricians to claim that in their hands there is no increased fetal risk from vaginal birth."

Emergency CS; still significant increased perinatal mortality rate

	Emergency CS N= 8 284 (‰)	Planned CS N= 27 549 (‰)
Perinatal mortality	13 (1.6)	0 (-)
Low apgar score (<7)	100 (12.1)	65 (2.4)

Vlemmix, *ACTA Obstetricia and Gynecologica Scandinavica 2014*

Breech delivery

"It is no longer justifiable for obstetricians to claim that in their hands there is no increased fetal risk from vaginal birth."

An emergency is the worst outcome

	Emergency CS N= 8 284 (‰)	Planned CS N= 27 549 (‰)
Perinatal mortality	13 (1.6)	0 (-)
Low apgar score (<7)	100 (12.1)	65 (2.4)

Vlemmix, *ACTA Obstetricia and Gynecologica Scandinavica 2014*

Is there a choice?

Vaginal breech delivery

- **Risk for fetus**
- Risk for mother
- **Risk during subsequent pregnancies**

Planned ceasarean section

- **Risk for fetus**
- Risk for mother
- **Risk during subsequent pregnancies**

What is her obstetric future?

Is there a choice?

Vaginal breech delivery

- **Risk for fetus**
- Risk for mother
- **Risk during subsequent pregnancies**

Planned ceasarean section

- **Risk for fetus**
- Risk for mother
- **Risk during subsequent pregnancies**

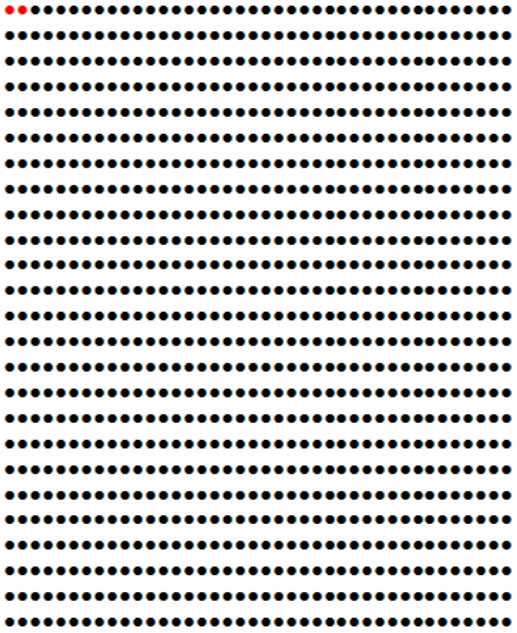
Relative risks
Absolute risks
Chances at uncomplicated birth

Perinatal death rate

breech delivery

Vaginal breech delivery

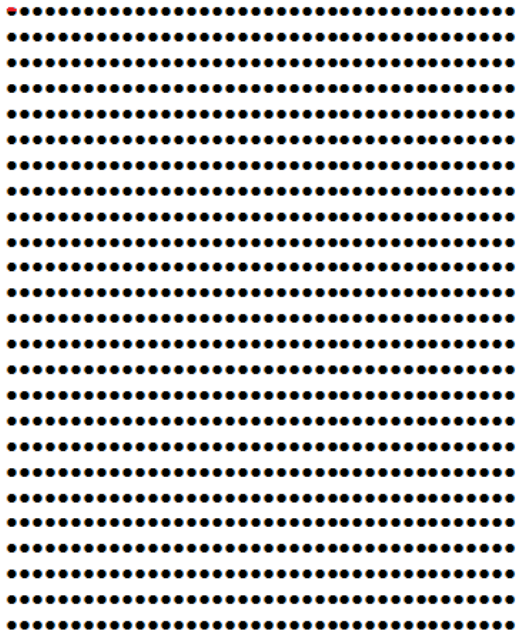
1.6/1000



OR 4.6 (95% CI 2.6-8.1)

Planned ceasarean section

<0.5/1000



Berhan, *BJOG 2015;* Vlemmix, *ACTA 2014*

Perinatal death rate

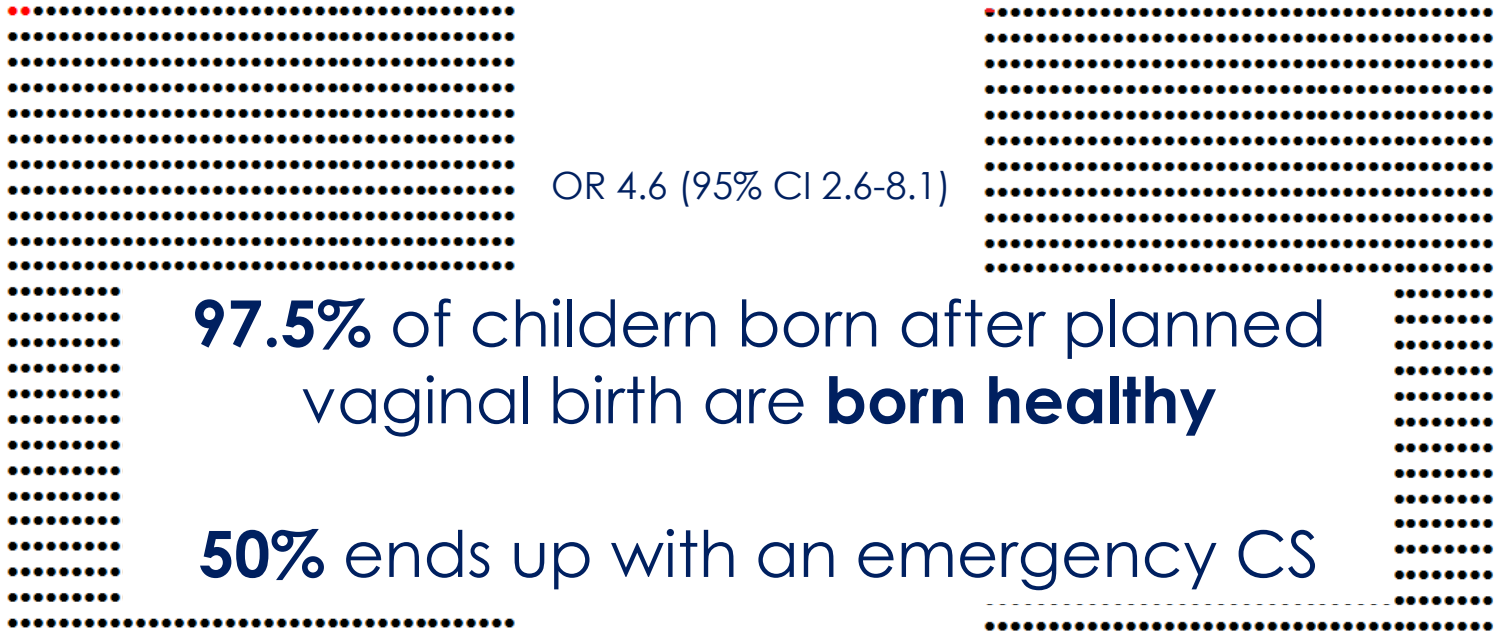
breech delivery

Vaginal breech delivery

1.6/1000

Planned ceasarean section

<0.5/1000



OR 4.6 (95% CI 2.6-8.1)

97.5% of childern born after planned vaginal birth are **born healthy**

50% ends up with an emergency CS

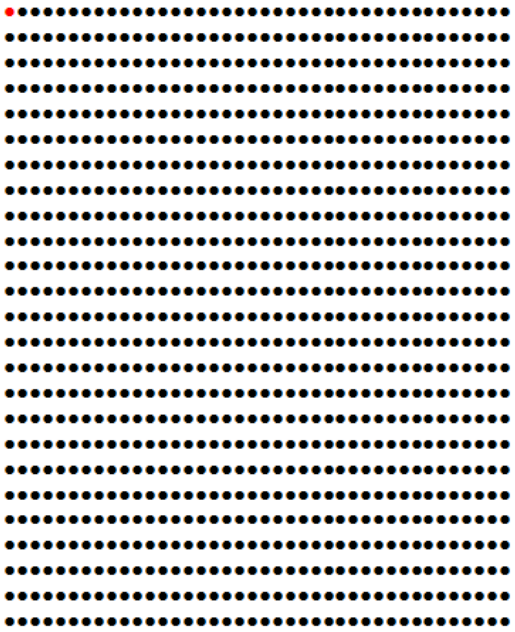
Berhan, *BJOG 2015;* Vlemmix, *ACTA 2014*

Perinatal death rate

subsequent pregnancy

Vaginal breech delivery

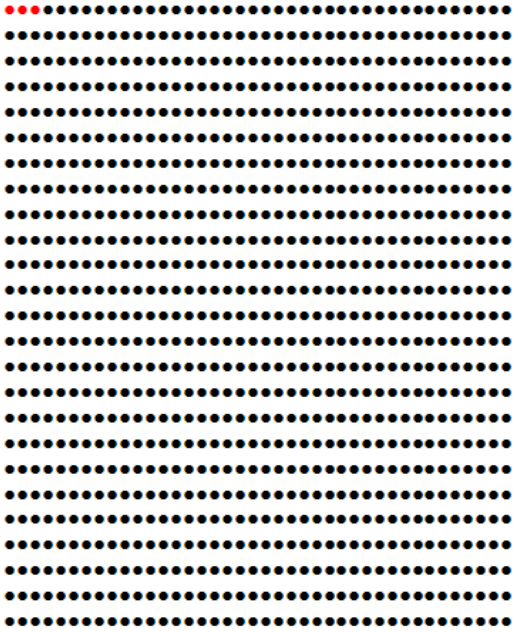
1.3/1000



OR 3.6 (95% CI 1.5-8.5)*

Planned ceasarean section

2.5/1000



*Planned vaginal delivery versus elective CD, adjusted for presentation at birth, trial of labour and gestational age at birth

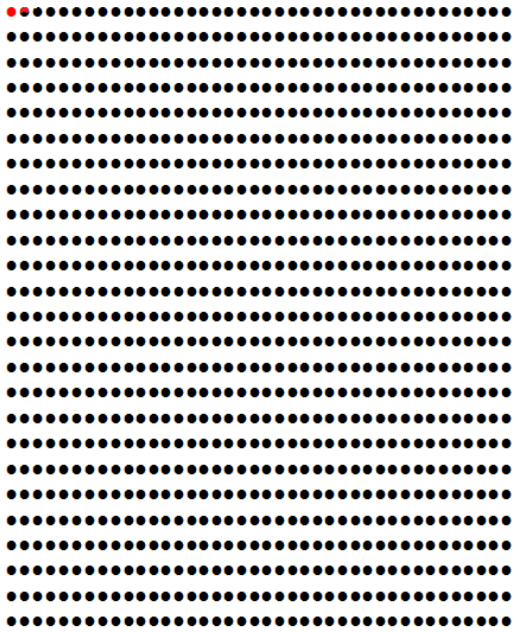
Vlemmix, submitted / *phd thesis 2014*

Poor neonatal outcome

subsequent pregnancy – excl trial of labor after caesarean

Vaginal breech delivery

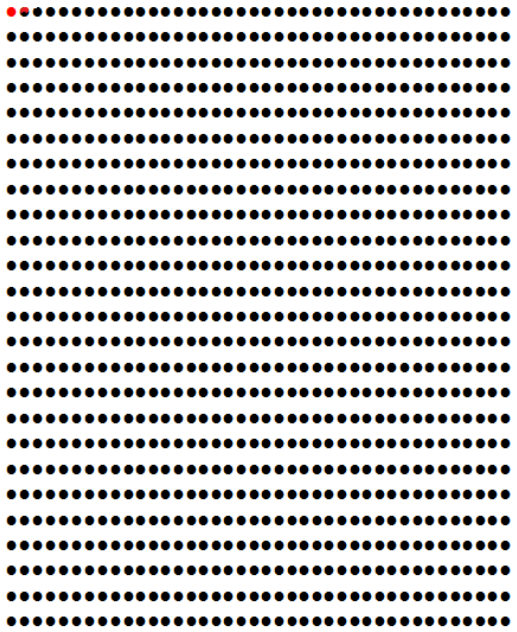
1.6/1000



OR 0.52 (95% CI 0.10-2.8)

Planned ceasarean section

1.4/1000



Vlemmix, *phd thesis 2014*

Shared decision making

There is room for informed choice

Vlemmix, *phd thesis 2014*

Shared decision making

When is shared decision successful?

Consistent decision

Coherense between **knowledge** on and **attitude** towards risks

Vlemmix, *phd thesis 2014*

Shared decision making

Consistent decision

Coherense between **knowledge** on and **attitude** towards risks

Breech delivery

Evade risks for fetus;

Planned caesarean

Repeat caesarean

Vlemmix, *phd thesis 2014*

Shared decision making

Consistent decision

Coherense between **knowledge** on and **attitude** towards risks

Breech delivery

Evade risks for fetus;

Planned caesarean **(70%)**

Repeat caesarean **(37%)**

Vlemmix, *phd thesis 2014*

Shared decision

How to move from

Evidence based **medicine**

to

Evidence based **practice**

Shared decision

Prof. Mc Gregor, Mc Gill university
Montréal, Canada
Cardiologist
Prof Emeritus at McGill University
Chair of the Technology Assessment Unit

What would you recommend **your significant other**?

I have a strong confidence
in my ability to go through child birth,
I have proven it to myself

I want to avoid a caesarean,
I want to be up and running
able to take care of my newborn at home

How can I put this baby, alive and kicking, at risk?
I could never forgive myself, knowing what I know,
if something happend to her

What does my husband think?
“You are the expert….
and if I would opt for a caesarean,
I can not ask you to, if you are not willing to.”
Honest, but it made me feel alone

Qualitative studies

on breech birth

Switzerland

- Emotional response

- information on risks of vaginal birth
  of paramount value
  over risks on caesarean birth

- Guidance in decisionmaking process;
  personality and life history appear to predominate when choosing vaginale birth

Guittier, *Midwifery, 2011*

Qualitative studies
on breech birth

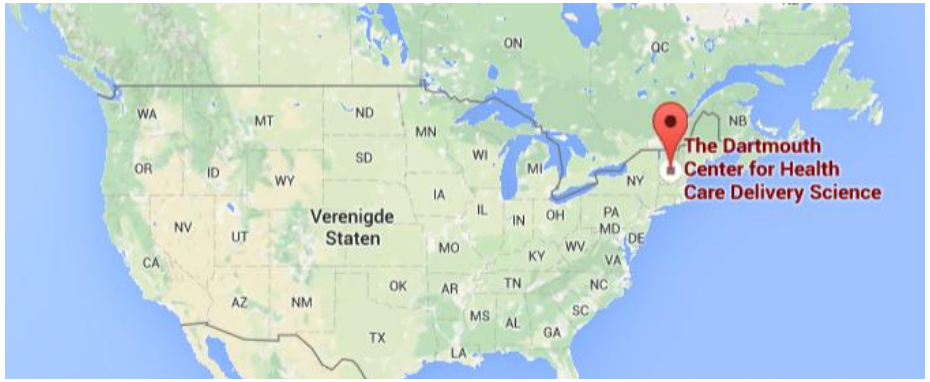
Australia

- Loss of choice and control
- Thrustworthy information
- Seeking support for vaginal breech birth
- Importance at ‘having a go’

Homer, *BMC Pregnancy and Childbirth, 2015*

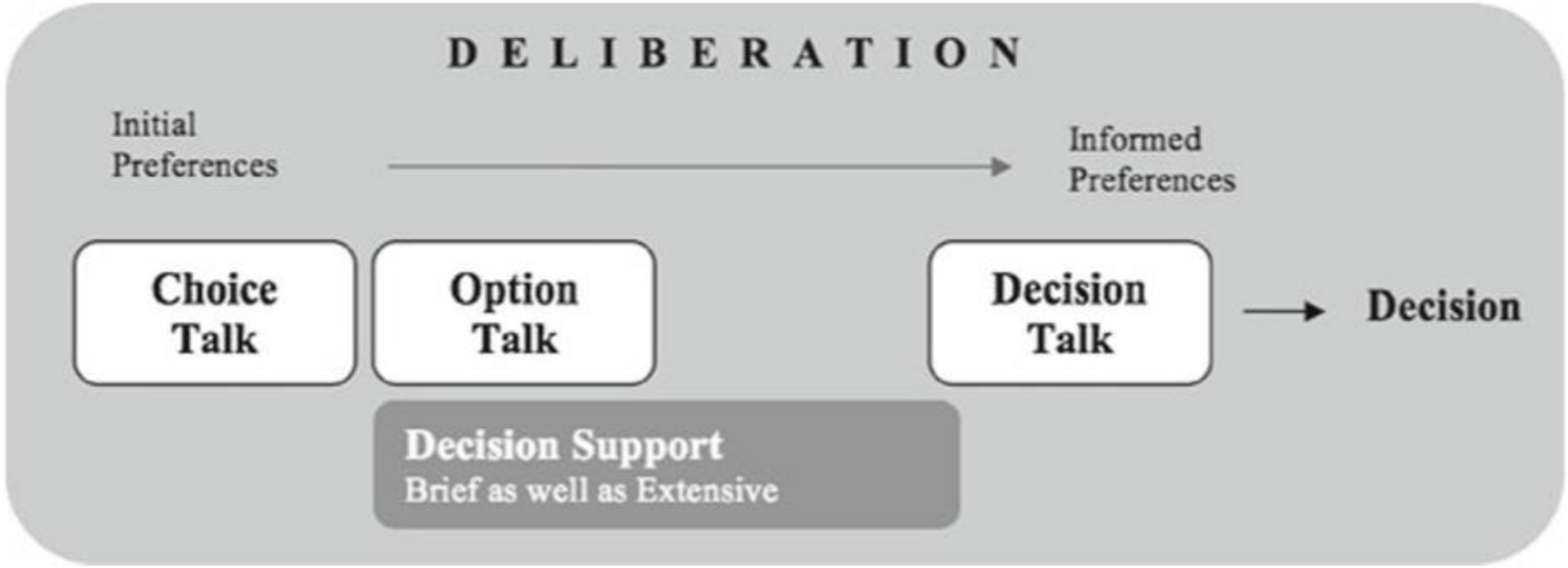
Shared decision making

Glyn Elwyn
Professor and Senior Scientist
Dartmouth, USA



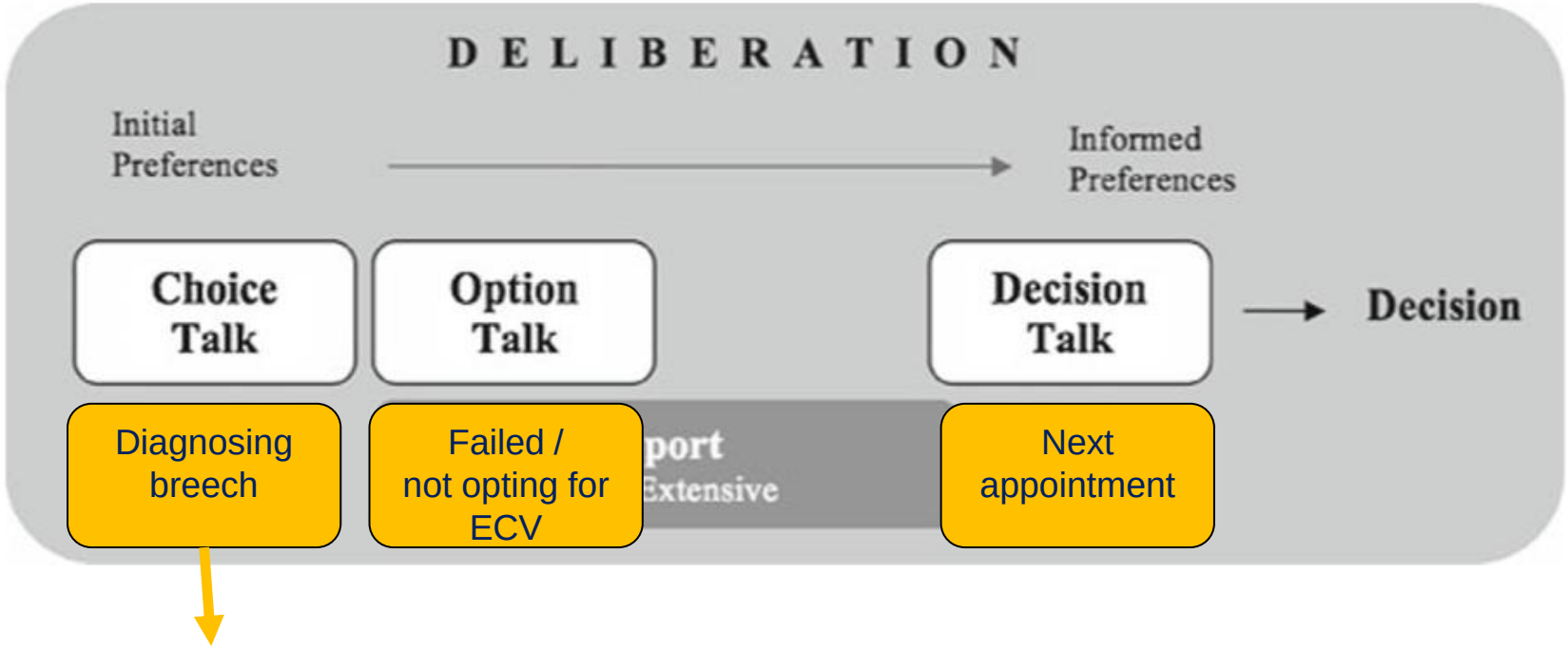
International Patient Decision Aid Standards (IPDAS) Collaboration

A model for clinical practice



Glyn Elwyn, *J Gen Intern Med 2012*

A model for clinical practice



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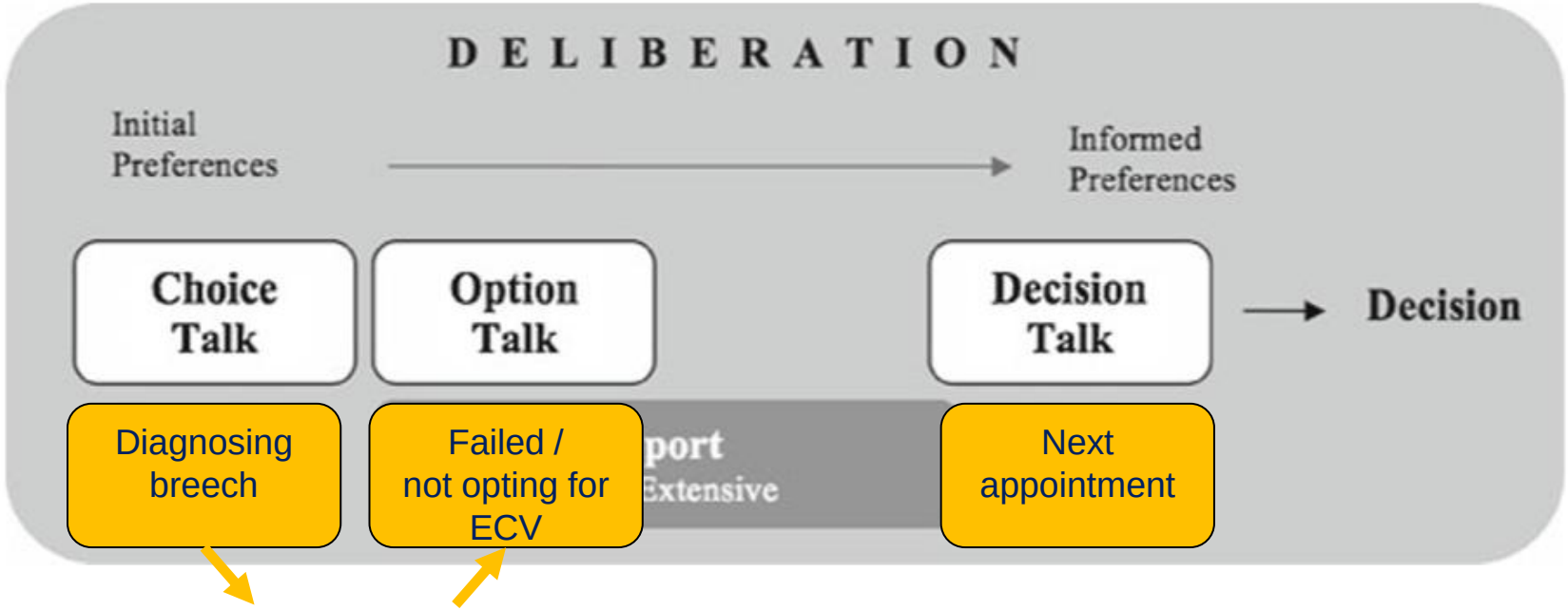
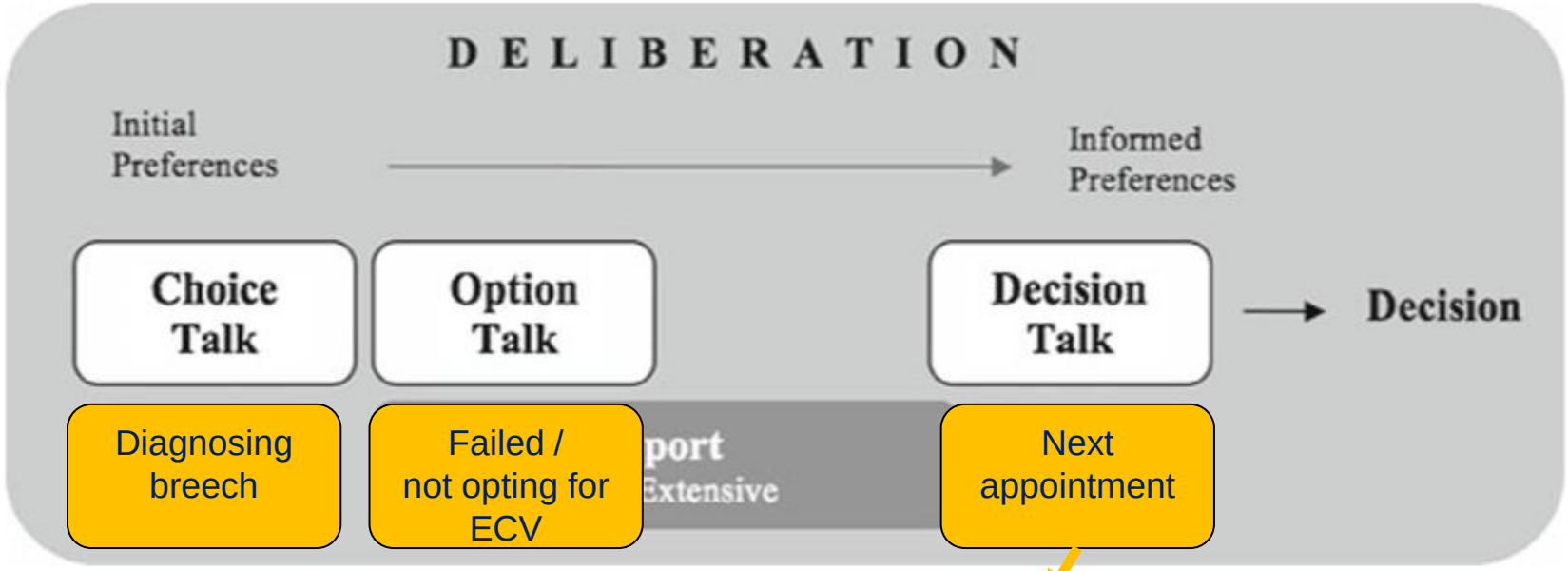


"I'm happy to share my views and help you get to a good decision.
Before I do so, may I describe the options in more detail
so that you understand what is at stake?"

Glyn Elwyn, *J Gen Intern Med 2012*

A model for clinical practice



Focus on preferences:

What do you prefer; how did you come to this conclusion?

Who did you get involved in your choice and what was their opinion?

How does your current choice relate to future pregnancies?

Decision aid tools

comming up soon

- Information leaflet ECV updated
  - KNOV / NVOG
- Option grid ‘breech delivery’
  - Dr. L. Scheepers, Maastricht
- Movie; ‘Breech birth and the advantage of ECV’
  - Dr. S. Kuppens, Eindhoven

Decision aid tools

need to develop

- Decision aid – breech delivery
- Prediction model

  chance of vaginal breech delivery / risk of emergency CS

  ➡ to improve informed choice
- Experts / expert clinics on vaginal breech delivery;
  - Actual choice for women
  - Improve outcome (Premoda study vs. PRN);
    - Lower morbidity rates
    - Lower emergency caesarean rates

There is a choice to make

Help women by asking
what's important to them
and
how her future looks like

Thank you