Also, group prenatal care, such as that offered through the CenteringPregnancy® model, provides an extraordinary opportunity to improve the quality of childbirth education, increase efficiency of care, and improve overall outcomes.[65,70] Education, patient engagement, and increased time with the provider are built into this care model. This type of group care has been shown to improve patient satisfaction and knowledge, and is associated with lower rates of cesarean birth as compared to the traditional, provider-centric prenatal care model.[65,71]

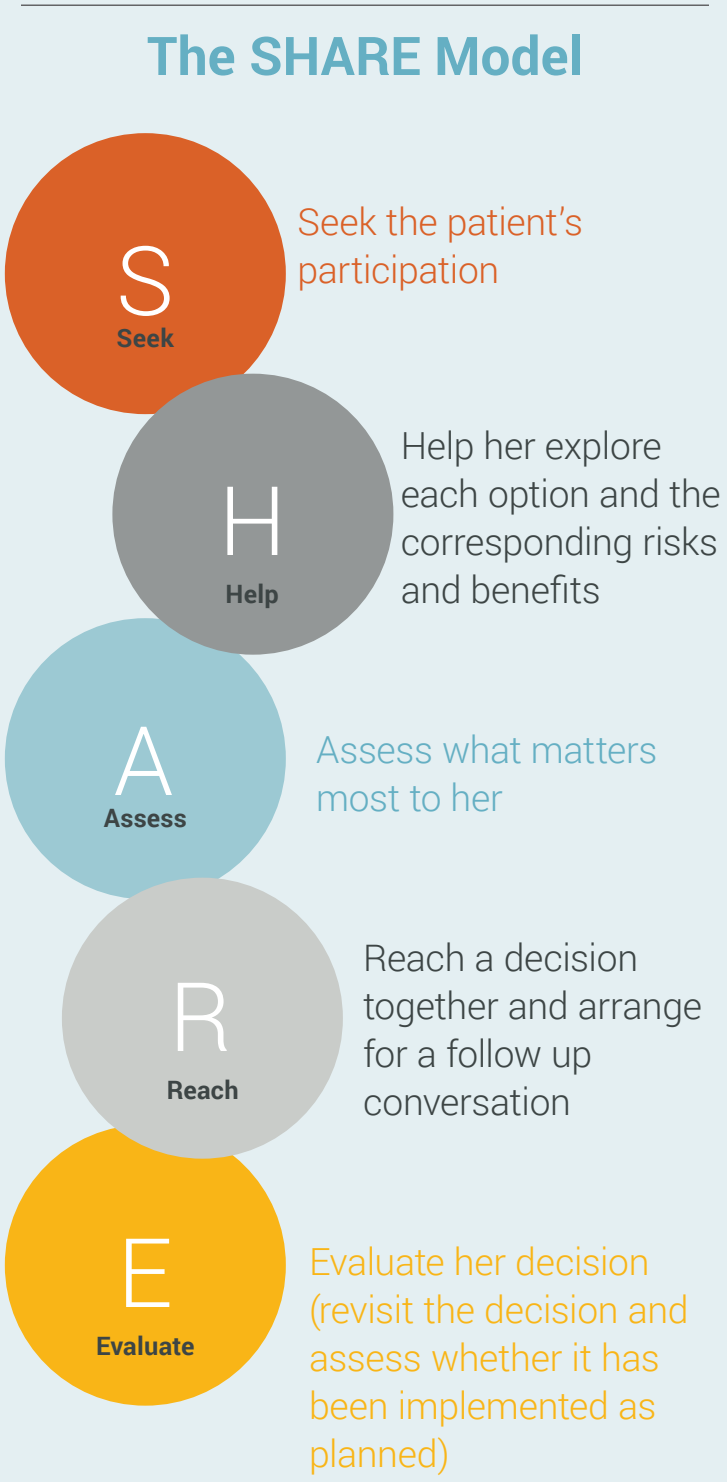
2. Improve Communication through Shared Decision Making at Critical Points in Care

Informed consent has become a fundamental principle of health care, and requires that health professionals engage patients in a process to provide information on benefits, risks, and alternatives of a proposed treatment before the patient makes an informed decision to accept or refuse treatment.[72] Providers must ensure that informed consent is "more than just signing the consent form."[73] Protection of patient autonomy, which is the primary purpose of informed consent, requires "open communication between provider and patient, and sharing of relevant information and adequate disclosure, to enable the patient to exercise personal choice."[74]

In recent years, out of concern for inadequacies of current legal concepts of informed consent, a growing number of health care leaders, policymakers and other stakeholders have called for revision of current methods in favor of shared decision making[75] *(Figure 4)*. Shared decision making is a collaborative process between the provider and patient that "takes into account the best available scientific evidence, as well as the individual's values and preferences, to determine the right course of care."[76] Shared decision making helps "protect patient self-determination and balance patient autonomy with provider expertise and beneficence."[75] The ACOG Committee Opinion 492 *Effective Patient-Physician Communication* states that shared decision making promotes patient engagement, treatment adherence, and improved outcomes while reducing risk.[74]

More specifically, by identifying the major decision points that most impact the risk for cesarean birth, providers can markedly improve the patient's knowledge deficit and decision making *(Table 4)*. Given that prenatal visits are often short and that nearly half of pregnant women do not participate in formal childbirth education classes,[38] informed decision making at critical decision points should

Figure 4. Essential Elements of Shared Decision Making. Two Examples for Clinical Practice



The SHARE approach. Agency for Healthcare Research and Quality Website. http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html. Accessed December 1, 2015.

Figure 4. Essential Elements of Shared Decision Making. Two Examples for Clinical Practice (Continued)

1 Choice Talk

- Let the patient know she has a choice
- Let the patient know her preferences matter
- Reiterate that the risks and benefits of various reasonable options will need to be weighed

3 Options Talk

- Review all options, including the option of doing nothing, and the risks and benefits of each

3 Decision Talk

- Incorporate the patient's personal values and preferences
- Arrive at a decision grounded in best evidence available

This process could be accomplished during one encounter or may require a multi-step process during separate conversations (may not need to be entirely face-to-face). Certain portions of the discussion may require decision aids.

Romano, A. Activation, engagement, and shared decision making in maternity care. http://maternityneighborhood.com/whitepapers/activation-engagement-shared-decision-making. Maternity Neighborhood. Published September 2015. Accessed February 7, 2016. Used with permission from the author.

utilize high-quality decision aids.[49] Evidence-based decision aids improve the shared decision-making process by presenting various treatment options in an unbiased way, which facilitates an informed decision that aligns with the patient's values and preferences. A systematic review of decision aids specific to maternity care has shown that they can improve knowledge and satisfaction while reducing anxiety and decisional conflict.[78] For maximum effect, such decision aids should be available in consumer-preferred formats, including multi-media and print resources and should be appropriate for the patient's literacy level.[2,49] Interactive mobile tools, smart tools that incorporate patient health data, and social networks/social media tools are other promising innovations for shared decision making.[48,79]

Table 4. Patient Decision Points that Impact Risk of Cesarean [80–86]

PATIENT DECISION POINTS THAT IMPACT RISK OF CESAREAN
Choice of provider and/or facility for prenatal care and care at time of birth
Timing of admission to hospital (admission to labor and delivery while still in the latent/early phase is associated with an increased risk of cesarean)
Choice of fetal monitoring method (continuous monitoring is associated with an increased risk of cesarean)
Whether to have continuous labor support by a trained caregiver like a doula (continuous labor support improves chances of having a vaginal birth)
Induction of labor without medical indication (depending on the provider and facility, induced labor may be associated with higher rates of cesarean)

Given that many of these major decision points will arise before labor begins and will be of concern throughout the period of care, women must be provided with regular opportunities for education and discussion. These opportunities may range from conversations with providers during prenatal visits, to the development of a collaborative birth plan, involvement in childbirth education classes, or enhanced prenatal care grounded in collaborative education and decision making,[79] such as the CenteringPregnancy® model.[70] To incorporate patient engagement into routine care, the clinical environment may need to be adapted. For example, providers and staff hould be trained on the essential elements of effective communication and shared decision making;[74] workflows should be adjusted to provide ample time during prenatal visits for questions to be answered and preferences to be heard;[48,74] and barriers to participation in childbirth education classes (such as time of day and cost) should be considered and mitigated. Also, cultural differences, belief systems, and literacy levels must be respected and valued. [87,88]