

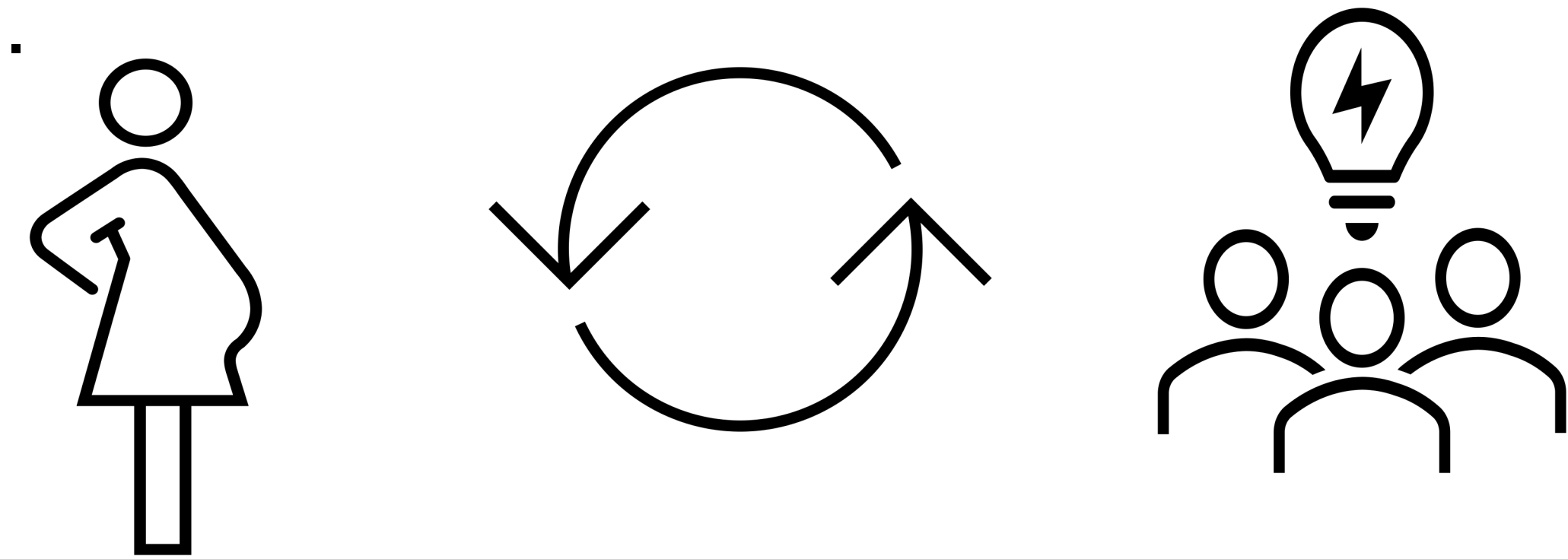
A new perinatal shared decision-making measure, the **CH**ildbirth **O**ptions, **I**nformation and **P**erson-**C**entered **E**xplanation (**CHOICES**)

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Background

- Shared decision-making (SDM) is essential for improving communication during labor and birth.
- **GAP:** No measure for SDM to know birthing person's perspective.
- **Goal:** develop a person-centered measure for prenatal and intrapartum care SDM process.
- **Focus** on decision-making about birth specific to admission, labor and pain management, and birth.



Methods

- **Recruitment:** primarily online
- **Descriptive statistics**
- **Reliability and validity** testing used Rasch analysis
- **Differential item functioning (DIF)**
- **Explored correlations** with measures Mothers on Respect (MOR) index and Maternal Autonomy in Decision Making (MADM)
- **Inclusion criteria:** birthed in a U.S. hospital between Aug 1, 2019-June 30, 2021. Able to take survey in English
- All data collected and stored in **Qualtrics**
- **15 items total**

Stages of Instrument Development



Findings

Demographics

- Mean age: 31.6 years
- Race: 72.7% White, 11.9% African American/Black, 6.0% Asian
- 12% Latinx/Hispanic
- 89% term pregnancies

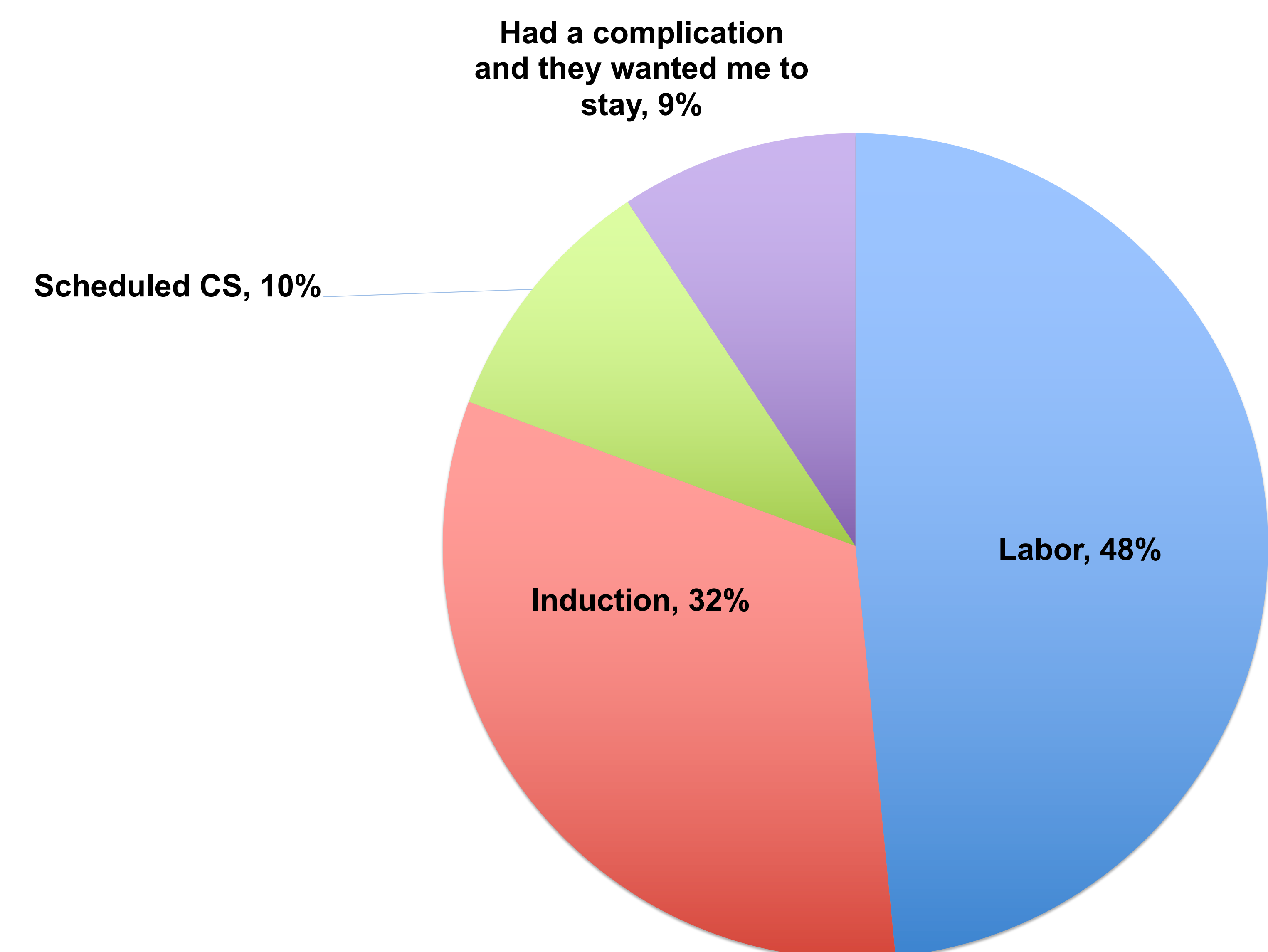
Reliability testing

- A Cronbach's alpha coefficient of .99.
- No DIF based on participants age, race, insurance type.

Validity Testing

- Infit and outfit statistics .92 to 1.55 supporting item fit.
- Differential item functioning analysis showed CHOICES scores invariant between different demographic groups.

Reason for Hospital Admission



Descriptive Statistics & Correlations CHOICES, MADM & MOR

Variable	<i>n</i>	M	SD	1	2	3
1. Choices	1153	68.1	15.5	-		
2. MADM	1141	31.1	9.1	.75	-	
3. MOR	1142	71.3	11.5	.75	.69	-

Conclusions

- CHOICES can be used postpartum period to measure SDM.
- High correlation with other measures indicates important aspects of SDM inclusive within CHOICES.
- Additional items reflecting challenging areas of communication needed