

# Shared decision-making during childbirth in maternity units: the VIP mixed-methods study

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## Plain English summary

### The VIP mixed-methods study

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# Plain English summary

## Aims

Government policy advises midwives to share decisions about care during childbirth with people giving birth. However, little is known about ways of talking that encourage or discourage discussions. This study asks the following:

- How are decisions reached in the talk between staff, people in labour and their birth partners in midwife-led units?
- Does the way in which decisions are made influence satisfaction with people in labour's birthing experiences?

## How the study worked

Alongside interviews with staff, which helped us to understand their professional context, we video-/audio-recorded 37 women in labour. We then studied details of how decisions got started (e.g. 'I'm going to ...' or 'What would you like?') and unfolded. We also used questionnaires before and after birth to ask women about what they wanted and whether or not they were satisfied with what happened during the birth. We then looked at whether the kinds of talk that took place about decisions in care during labour was related to women's satisfaction.

## What we found

Midwives started most decisions in ways that asked for women's consent but did not invite them to take part in a discussion. However, midwives did invite women to discuss options for pain relief and what happens after the baby has been born (i.e. in the third stage of labour). There was no relationship between the ways in which midwives started decisions and women's satisfaction. However, if women had to lead and chase decision-making about pain relief (e.g. by making lots of requests) then they were likely to be less satisfied.

## Conclusions

Midwives often lead decision-making towards what is thought to be clinically needed. However, women were generally very satisfied with their care, except in situations in which they had to ask for pain relief multiple times.

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