BACKGROUND
Shared decision-making (SDM) in pregnancy is a low-cost, low-risk process in which clinicians and parents make informed decisions about pregnancy, childbirth, and postpartum care together. As a National Quality Forum-endorsed measure, SDM is an evidence-based care standard that improves patient safety, autonomy, and satisfaction, as well as reduces healthcare costs. The Agency for Health Care Quality and Research, the Joint Commission, the Substance Abuse and Mental Health Services Administration, the American College of Nurse Midwives, and the Centers for Disease Control and Prevention promote SDM as a critical component to improving healthcare outcomes. Taking evidence-based comprehensive childbirth education classes such as Lamaze courses provides women with the knowledge and skills they need to optimally participate in SDM.

CHILDBIRTH EDUCATION IMPROVES ACCESS TO SDM
Despite SDM’s benefits, the practice is not common in maternity care. This is likely because antenatal visits are too short for practitioners to dedicate time to educating families and answering birth-related questions. Evidence shows the factor most associated with increased use of SDM is more time for patient education during healthcare visits. Evidence-based, comprehensive childbirth education gives women and their partners the time they need to learn about the risks and benefits of options available before labor begins. Giving women time and space to ask questions and address fears about childbirth enables them to better understand the implications of elective procedures. Women equipped with this knowledge are less likely to request elective inductions.

SDM in maternity care is especially important because many care decisions are preference-sensitive and have no single “right” choice. In practice, physicians’ recommendations, even for preference-sensitive decisions, often dominate the decision-making process. The preference-sensitive information that childbirth education provides enables women and their healthcare team to use their time during antenatal visits to integrate women’s preferences into their care plans. Once
labor begins, unexpected changes require quick, clinical decisions. Because of this, the knowledge gained during childbirth education is an important pathway SDM.\(^{12, 13}\)

**IMPROVING ACCESS TO SDM REDUCES DISPARITIES**

Inadequate access to comprehensive childbirth education can contribute to maternity-care disparities, as well as low SDM-utilization rates among women from under-served communities.\(^{14}\) Women in marginalized social groups are less likely to participate in childbirth education, less likely to participate in decisions about their care, and thus, more likely to have poorer childbirth outcomes.\(^{14-16}\) Black women who undergo cesarean births report particularly low rates of SDM.\(^{17}\) During the SDM process, the context of the patient’s preferences and needs becomes clear, which reduces costly diagnostic errors and improves patient safety, autonomy, and satisfaction with care.\(^{8, 18}\) Parents who participate in childbirth education programs are more likely to recognize when certain birth interventions are unnecessary and are less likely to request a cesarean delivery.\(^{19-21}\)

**CONCLUSION**

Improving access to comprehensive, evidence-based childbirth education is an important step to increasing SDM rates in maternity care and childbirth. Educated patients are more confident in their birth decisions, less fearful of childbirth, and more likely to feel satisfied with the care they receive.\(^{12, 13, 22}\) They are also more likely to choose and advocate for evidence-based practices, such as SDM.\(^{19, 20, 23}\)

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**REFERENCES**


As a woman with gestational diabetes, I was able to talk with our childbirth educator and learned specific things to make sure our “high-risk” pregnancy ended with little to no complications. We learned the things that we wanted, asked and advocated for them, resulting in a healthy mom and baby.

-Kristen


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