



October 14, 2016

National Standards for the Certification of Patient Decision Aids  
National Quality Forum  
1030 15th St NW #800  
Washington, DC 20005

To the Members of NQF's Decision Aids Expert Panel:

Lamaze International appreciates the opportunity to respond to the National Quality Forum's (NQF) *National Standards for the Certification of Patient Decision Aids* draft report. Identifying and standardizing decision aids that facilitate shared decision making (SDM) can significantly improve health outcomes and efficiencies.

Lamaze International's mission is to advance safe and healthy pregnancy, birth, and early parenting through evidence-based education and advocacy. In doing so, Lamaze International's evidence-based curriculum uses decision aids and practice role plays to facilitate SDM among women, their partners, and their obstetric providers during prenatal care, throughout the labor and delivery process, and beyond. Prenatal care is often the first time in adulthood that many women will seek a primary care provider. Learning to participate in SDM is an important skill that can help women engage in preventive healthcare practices that will improve their overall health and the health of their children.

NQF's *Decision Aids* draft proposes regimented criteria for certifying decision aids that facilitate SDM. Lamaze Certified Childbirth Educator (LCCE) instructors can attest to the critical role that vetted and standardized practices have in improving healthcare outcomes. But not all effective decision aids fit within the draft's proposed criteria—and Lamaze appreciates the NQF Expert Panel's acknowledgement that a regimented model cannot capture all effective decision aids.

Effective aids to SDM may take the form of a skilled and knowledgeable unbiased educator, such as an LCCE instructor, who works with expecting families to clarify values around pregnancy, birth, and early parenting; provides evidence-based information on safe and healthy practices; and helps expecting parents engage in decisions that best meet the needs of the mother and baby.

Through SDM, childbirth education helps women and their partners to better understand the healthcare system—and to find or strengthen their voices within that system. Every woman benefits from comprehensive childbirth education, but it is especially critical for women who lack healthcare literacy, are from underserved populations, and/or are most vulnerable to being disengaged from the healthcare system. Lamaze offers the following examples of how LCCE instructors facilitate SDM through Lamaze International's evidence-based curriculum.

- Inviting Healthcare Consumers into the Decision-Making Process
  - LCCE instructors educate women and their partners throughout the prenatal, labor and delivery, breastfeeding, and postpartum stages so that they know what to expect and can develop an ideal plan—and a backup plan—that adhere to their birth preferences as much as possible.

*Example: A woman and her partner should discuss, establish, and communicate an ideal plan and be prepared to adjust that plan as necessary during the labor and delivery process.*

- LCCE instructors emphasize that there is not right or wrong preference. Childbirth education simply makes families aware of the many choices that they have in prenatal care, labor and delivery, breastfeeding, and postnatal care. *Example: Some women may opt for a natural birth while some women may opt for an epidural. Each woman should know that she has the right to make this decision.*
- Exploring Childbearing Options
  - LCCE instructors inform women and their partners of the options that they have at each stage of the pre-labor, labor, and delivery processes—and the advantages and disadvantages of routine procedures, such as elective induction and epidurals. The decision that a woman makes in the early stages of labor will significantly impact the rest of the labor and delivery. *Example: A woman should know ahead of agreeing to an epidural that it will inhibit her ability to move around and change positions during labor.*
  - LCCE instructors inform women and their partners that the decisions they make leading up to labor will dramatically impact the labor experience. *Example: A woman should be informed of the risks associated with early elective delivery and the benefits of waiting for labor to begin on its own. In avoiding elective induction, she should know that she lowers her risk of undergoing a cesarean section.*
- Building Communication Skills and Confidence
  - LCCE instructors encourage women and their partners to clearly communicate and discuss their childbirth preferences with their providers as early as possible. *Example: A woman who articulates her preferences with her obstetric providers early in her pregnancy can influence the degree to which her providers adhere to her preferences during labor and delivery.*
  - LCCE instructors equip women and their partners with the confidence and knowledge to adjust their preferred birth plans as medically necessary without disregarding their initial preferences. *Example: A woman equipped with childbirth education knows that she has several options to help encourage her baby's birth progress such as walking around and changing positions.—and that a cesarean section is the last resort.*

Lamaze International commends the NQF for spearheading best-practice decision aids that promote SDM and lead to improved health outcomes. In developing structured criteria, it is important to recognize that effective decision aids come in all shapes and sizes—and effective communication is an important part of the SDM process. Lamaze International looks forward to seeing this initiative progress and remains a resource to ensure that the process effectively captures known methods and interventions that improve health outcomes—and makes a positive difference to each patient.

Sincerely,



Maria Brooks, BSN, RNC-OB, LCCE, FACCE  
President