

Digital childbirth education as a strategy to improve shared-decision making and reduce cesarean births

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BACKGROUND

While in-person patient education has been shown to reduce cesarean risk, the impact of education through digital health is understudied. This analysis evaluated how childbirth education classes through a digital health platform are associated with shared decision making and mode of birth.

METHODS

Study design:

This retrospective cohort study used data from 6758 users of Maven, a digital health platform for women's and family health.

Statistical method:

Adjusted logistic regression; stratified by parity.

Exposure:

Watching a doula-led digital childbirth education class

Outcomes:

1. User-report that the digital health platform helped them participate more with providers in making decisions about their labor and delivery
2. Mode of birth

Confounders:

Race, ethnicity, prenatal birth preference, history of mental health conditions, and presence of any gestational conditions

Attending a digital childbirth education class **promotes patient-provider shared decision making** and is associated with **decreased likelihood of cesarean birth**.



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RESULTS

In adjusted models, watching the childbirth education class was significantly associated with:

1. Users reporting the platform helped them participate more with providers in making decisions about their labor and delivery across all parity strata (Figure 1A).
2. A decreased likelihood of cesarean birth among both nulliparous users and those with a prior cesarean (Figure 1B).

Figure 1A

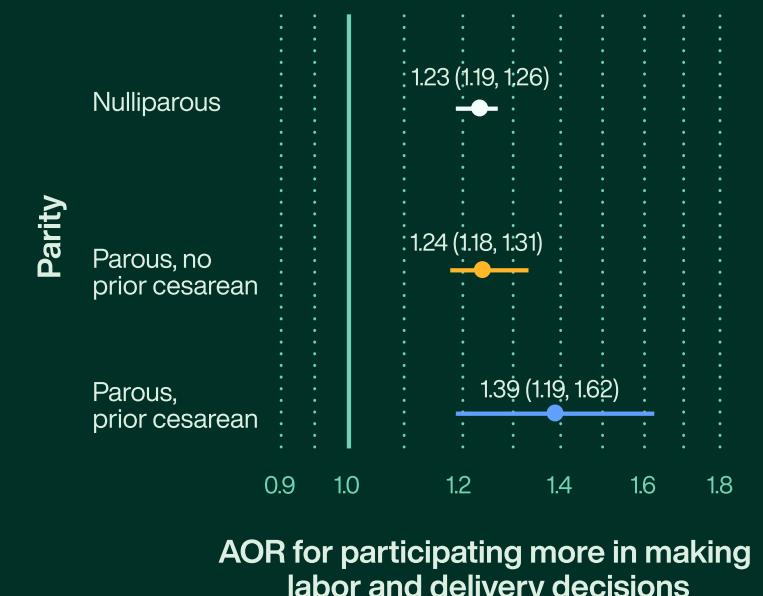


Figure 1B

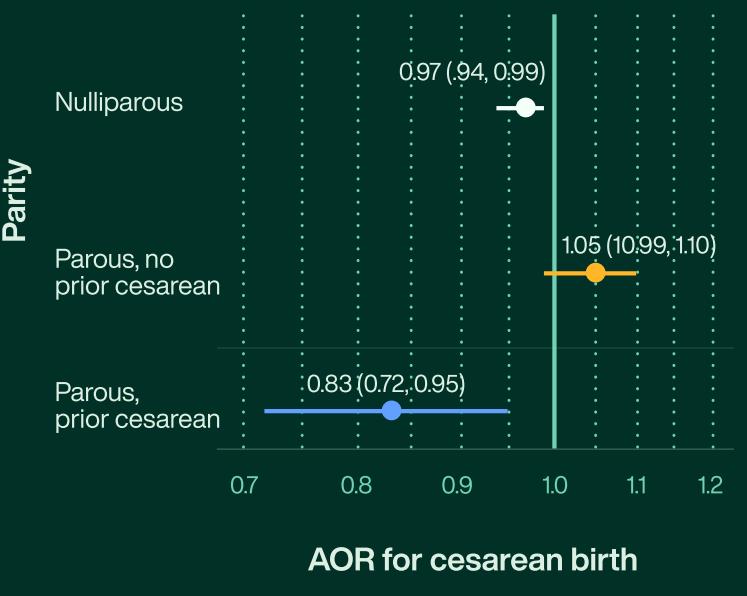


Figure 1. Adjusted odds ratios (AOR) between watching a childbirth education class on a digital health platform and birth outcomes (N = 6758)

CONCLUSIONS

Digital health has the potential to complement standard in-person prenatal care by increasing access to childbirth education resources. These resources can enhance shared-decision making between patients and providers and reduce the likelihood of cesarean birth.