Concevoir un enfant sans partenaire et sans entourage.
Entreprendre une grossesse à un âge avancé; ou après chirurgie cardiaque.
Refuser tout dépistage prénatal.
Privilégier la voie basse malgré un utérus gravement cicatriciel.
Revendiquer la césarienne pour raisons personnelles.
Accoucher seule en dehors du système médical.
Exclure toute réanimation avant 26 semaines.
Les préférences des femmes sollicitent les professionnels de la grossesse et de la naissance lorsqu'elles les confrontent aux limites voire au danger. Les demandes «alternatives» se réfèrent à leurs besoins, à leurs craintes, à leurs circonstances, à leur légitimité, voire aux droits des patients.
Au sortir (espéré) de la crise COVID avec ses multiples injonctions médicales pas toujours comprises, les usagères choisissent plus qu'autrefois leur propre voie, en revendiquant une certaine prise de risques.
Qui sont ces femmes, ces parents qui expriment de telles demandes ?
Comment distinguer l'invitation à assouplir nos guidelines de la nécessité de maintenir le cap de la sécurité ?
Quel processus peut mener à l'impasse ?
Inversement, comment pouvoir se rencontrer dans une décision partagée ?

En conclusion

N'oublions pas les priorités du soin à l'heure où des maternités sont bombardées

Mais l'expression des usagères est une invitation salutaire à nous améliorer par le dialogue transdisciplinaire

D'autres y réfléchissent dans le monde

Quand les patients nous poussent à sortir de nos guidelines…

Journée d'étude GiP
Groupe interdisciplinaire-interuniversitaire de périnatalité ULB/UCL
Bruxelles

Vendredi 18 mars 2022

Naissance à domicile? Souvent suite à des besoins non rencontrés

ELSEVIER

Midwifery
Volume 38, July 2016, Pages 55-62

Women's motivations for having unassisted childbirth or high-risk homebirth: An exploration of the literature on 'birthing outside the system'

Lianne Holten RM PhD (Lecturer/Researcher) [a], Esteriek de Miranda RM PhD (Senior Researcher) [b]

Highlights

- We examine themes in literature on unassisted childbirth and high-risk homebirth.
- Women are withdrawing from formal systems of maternity care because of unmet needs.
- Women have their own perceptions of knowledge, autonomy, risk and responsibility.
- Caregiver attitudes are driving some women to birth outside the health care system.
- Research on women choosing alternative birth options will improve maternity care.

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Vendredi 18 mars 2022

Risque? Accoucher hors système parfois perçu comme plus sécurisant

Jackson *et al. BMC Pregnancy and Childbirth* (2020) 20:254
https://doi.org/10.1186/s12884-020-02944-6

BMC Pregnancy and Childbirth

RESEARCH ARTICLE Open Access

Birthing outside the system: the motivation behind the choice to freebirth or have a homebirth with risk factors in Australia

Melanie K Jackson, Virginia Schmied and Hannah G Dahlen*

Results: The core category was 'wanting the best and safest,' which describes what motivated the women to *birth outside the system*. The basic social process, which explains the journey women took as they pursued the best and safest, was 'finding a better way'. Women who gave *birth outside the system* in Australia had the countercultural belief that their knowledge about what was best and safest had greater authority than the socially accepted experts in maternity care. The women did not believe the rhetoric about the safety of hospitals and considered a biomedical approach towards birth to be the riskier birth option compared to giving birth outside the system. Previous birth experiences taught the women that hospital care was emotionally unsafe and that there was a possibility of further trauma if they returned to hospital. Giving *birth outside the system* presented the women with what they believed to be the opportunity to experience the best and safest circumstances for themselves and their babies.

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Vendredi 18 mars 2022

Se donner les moyens d'informer. Puis accompagner

Pregnancy After Cardiac Surgery

Anjali Vivek Kanhere[1] · Vivek Madhav Kanhere[2]

The Journal of Obstetrics and Gynecology of India (January–February 2016) 66(1):10–15

Counseling, compliance, cost factors, tender loving care and effective team work is the first line of treatment in pregnant patients with cardiac surgery.

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Vendredi 18 mars 2022

Sécurité pour mère et bébé? Aussi un cadre adapté aux bas risques (sf)

Exploring women's preferences for birth settings in England: A discrete choice experiment

Benjamin Rupert Fletcher[1,2], Rachel Rowe[1], Jennifer Hollowell[1], Miranda Scanlon[3], Lisa Hinton[2], Oliver Rivero-Arias[1]*

PLOS ONE | https://doi.org/10.1371/journal.pone.0215098 April 11, 2019

Conclusion

This study investigated women's preferences for birth setting and found a number of factors that are important to women, particularly 'safety for the baby', 'chance of having a straightforward birth' and 'can the woman's partner stay overnight following birth'. If all birth settings were available for women, and they were fully informed about the benefits of each of them, it is likely that more low risk women currently giving birth in OUs would choose to plan birth in a midwifery unit.

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Vendredi 18 mars 2022

44% des césarisées veulent un AVAC, 12% l'obtiennent (Massachusett)

Published in final edited form as:
Birth. 2019 March ; 46(1): 51–60. doi:10.1111/birt.12386.

Women's preference for vaginal birth after a first delivery by cesarean

Laura B. Attanasio, Ph.D.,
Assistant Professor in the Department of Health Promotion and Policy, University of Massachusetts Amherst School of Public Health and Health Sciences, Amherst, MA

Conclusion—Nearly half of respondents preferred VBAC in future births, but national estimates indicate that only about 12% of women with prior cesareans have a VBAC. This suggests a need to ensure greater access to VBAC for women who want it.

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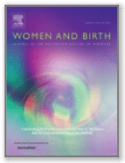
Vendredi 18 mars 2022

Les femmes préfèrent l'accouchement vaginal, parfois c/s: en parler

ELSEVIER

Women and Birth
Volume 33, Issue 4, July 2020, Pages 323-333



What are women's mode of birth preferences and why? A systematic scoping review

Dominiek Coates [a, b, c], Purshaiyna Thirukumar [b], Virginia Spear [d], Georgia Brown [a], Amanda Henry [b, e, f]

Findings

A total of 65 studies were included. While the majority of women prefer a vaginal birth, between 5–20% in high-income countries and 1.4 to 50% in low-middle-income countries prefer a caesarean section. The six main reasons or factors associated with a mode of birth preference were: (1) perceptions of safety; (2) fear of pain; (3) previous birth experience; (4) encouragement and dissuasion from health professionals; (5) social and cultural influences; and (6) access to information and educational levels.

Conclusion

To help ensure women receive the required care that is aligned with their preferences, processes of shared decision-making should be implemented. Shared decision-making has the potential to reduce the rate of unnecessary interventions, and also improve the willingness of women to accept a medically-indicated caesarean section in low-income countries.

Quand les patients nous poussent à sortir de nos guidelines…

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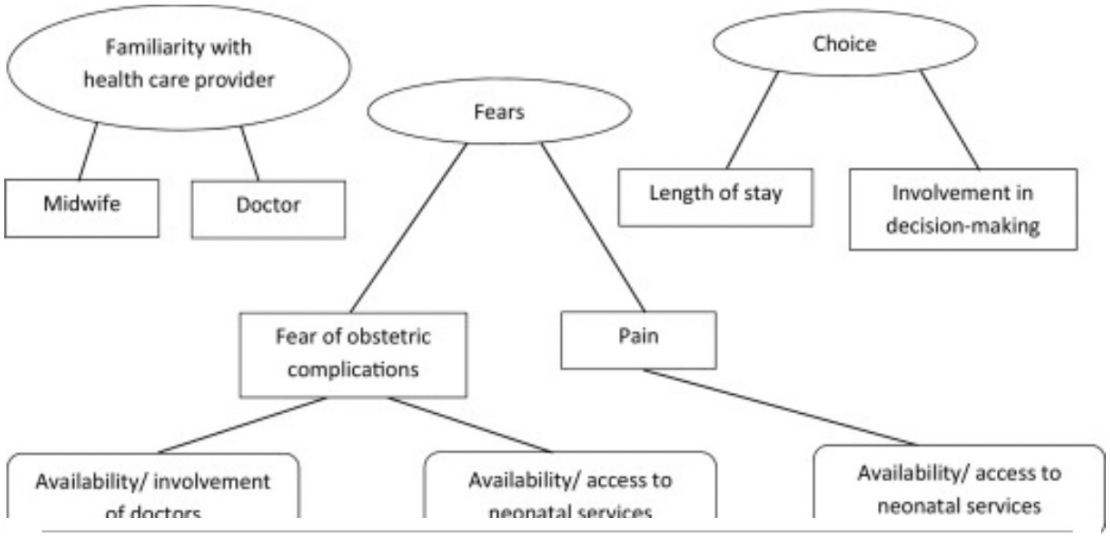
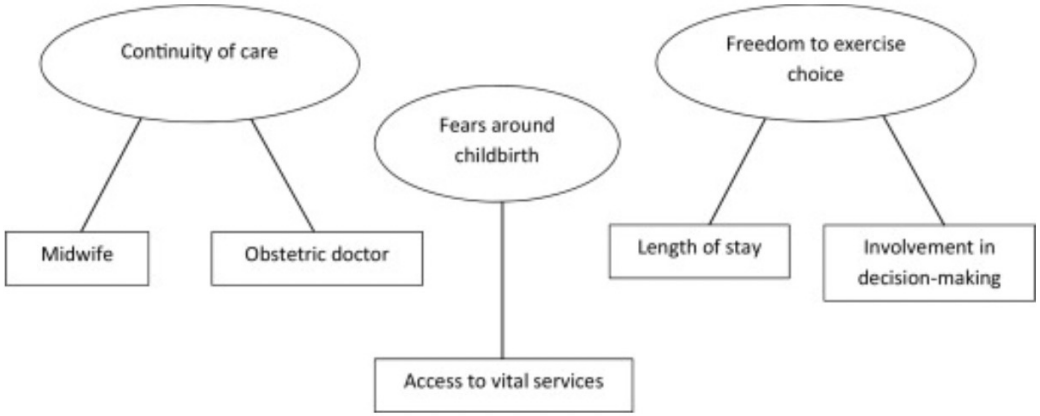
Vendredi 18 mars 2022

Besoin de sécurité-confiance-continuité-accessibilité-décision partagée





ELSEVIER

Health Policy
Volume 121, Issue 1, January 2017, Pages 66-74

What women want: Exploring pregnant women's preferences for alternative models of maternity care

Christopher Godfrey Fawsitt [a, b, c], Jane Bourke [b], Jennifer E. Lutomski [a, d], Sarah Meaney [a], Brendan McElroy [b], Rosemary Murphy [b], Richard Anthony Greene [a]

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Bruxelles

Vendredi 18 mars 2022

En DAN, un counseling ajusté aux aspirations de chacune à l'autonomie

Patient Educ Couns. 2019 March ; 102(3): 595–601. doi:10.1016/j.pec.2018.10.019.

Women's Preferences For and Experiences With Prenatal Genetic Testing Decision Making: Sociodemographic Disparities in Preference-Concordant Decision Making

Fabiola Molina, MD[a], Christine Dehlendorf, MD, MAS[b,c], Steven E. Gregorich, PhD[d], and

Results –– 56% of women preferred autonomous decision making, 39% preferred shared decision making, and 5% preferred a provider-driven approach. Only 57% experienced preference-concordant decision making. On bivariate analysis, black women, Spanish-speaking Latinas and women with less education were less likely to experience this outcome, than white, more educated women. Numeracy and preferring a provider-driven approach fully mediated observed disparities in preference-concordant decision making for most participants, except for Spanish-speaking Latinas, who were still less likely to have experienced this outcome after accounting for these factors.

Practice Implications -— Given the values-sensitive and quantitative nature of prenatal testing decisions, nuanced counseling and interventions to address language barriers, numeracy gaps, and decision-making preferences are needed to tailor counseling to patient's backgrounds and desires.

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Vendredi 18 mars 2022

NN: réanimer= choix plus parental, arrêter la vie= choix plus médical

Aujoulat *et al. BMC Pediatrics* (2018) 18:206
https://doi.org/10.1186/s12887-018-1168-x

BMC Pediatrics

RESEARCH ARTICLE Open Access

End-of-life decisions and practices for very preterm infants in the Wallonia-Brussels Federation of Belgium

Isabelle Aujoulat[1*], Séverine Henrard[1], Anne Charon[2], Anne-Britt Johansson[3], Jean-Paul Langhendries[4], Anne Mostaert[5], Danièle Vermeylen[6], Gaston Verellen[7] and on behalf of the 11 neonatal intensive care units in the Wallonia-Brussels Federation

knowledge. There was, however, greater diversity regarding principles governing the transition to end-of-life care, as well as opinions about the need for a common protocol or law to govern such practices.

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Bruxelles

Vendredi 18 mars 2022

NN: anticiper pour aller vers une décision partagée

ELSEVIER

Patient Education and Counseling
Volume 103, Issue 7, July 2020, Pages 1351-1357

Initiating end-of-life decisions with parents of infants receiving neonatal intensive care

Chloe Shaw [a], Kathrina Connabeer [b], Paul Drew [c], Katie Gallagher [a], Narendra Aladangady [d, e], Neil Marlow [a]

Highlights

- Neonatal decisions to limit life-sustaining treatment are usually doctor initiated.
- Doctor initiations tend to precede recommendations or 'single-option choice' formats.
- Parent initiations tend to be followed by doctors referring to or listing options.
- Parents usually initiate when the decision is to withdraw rather than withhold LST.
- Aligning parents to the trajectory of news may be key to shared decision-making.

Quand les patients nous poussent à sortir de nos guidelines…

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Bruxelles

Vendredi 18 mars 2022

PMA: de la liberté de choix à la soumission au libéralisme du marché?

Journal of Assisted Reproduction and Genetics
https://doi.org/10.1007/s10815-022-02399-y

COMMENTARY

The changing world of IVF: the pros and cons of new business models offering assisted reproductive technologies

Pasquale Patrizio[1] · David F. Albertini[2,3] · Norbert Gleicher[3,4,5,6] · Arthur Caplan[7]

In sum, the offering of infertility services is rapidly evolving into large commercial entities threatening patient care and the future of teaching and research in reproductive medicine. Private enterprises with increasingly aggressive sales techniques are fueling growth in this for-profit medical field; however, market values may not be the appropriate basis for creating families. More public fertility clinics and more