



Feasibility of the Ottawa Decision Support Tool to assist HIV Positive Mothers' infant feeding choice

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Faculty Disclosure

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Learning objectives

After attending this presentation the attendee will be able to:



1. Understand the decisional conflict a HIV positive mother faces with regard to a safe infant feeding choice;
2. explain the potential value of a decision support tool in assisting patients to make choices;
3. understand the research method used to study the feasibility of the ODST to assist HIV positive mothers in their choice of infant feeding mode;
4. summarise the findings of the study.



Conflicting issues influencing safety of infant feeding

- Breastmilk is the ideal infant feed and culturally acceptable.
- However, the HIV virus can be transmitted through breast milk
 - the risk is minimal if the mother:
 - Receives antiretroviral therapy and
 - breastfeed exclusively.



Breast milk substitution

- The risk of mother-to-child transmission can be avoided when using a breast milk substitute but there are also risks associated with not breast feeding
 - Infection: pneumonia, gastro-enteritis,
 - Malnutrition
 - Infant deprivation from natural immunity and protection from breast milk
 - Cost
 - Fear of stigma if status become known



AFASS criteria

- **Acceptable** - no barriers to choosing the option for cultural or social reasons or fear from stigma and discrimination.
- **Feasible** - The mother or family has adequate time, knowledge, skills and other resources to prepare replacement food and feed the infant and the support to cope with family, community and social pressures.
- **Affordable** – The mother and family can pay the cost of purchasing or providing, preparing and using and replacement feeding including all ingredients, fuel, clean water, soap and equipment without compromising the health and nutrition of the family.
- **Sustainable** – Availability of a continuous and uninterrupted supply and dependable system of distribution for all ingredients needed for safe replacement feeding. There should be little risk that the formula will be unavailable or inaccessible.
- **Safe** – Formula should be correctly and hygienically prepared by clean hands, using clean water and clean utensils. Nutritionally adequate quantities of formula milk should be regularly available (WHO, 2005:6).



Decisional conflict

Women need counselling
and support to enable them
to make an informed choice
that is suitable to their
situation



Decisional conflict

- Defined by O'Connor and Jacobsen (2007:3) as an uncertainty about which course of action to take when the choice among competing actions involve risk, loss, regret or challenge to personal life values.



Value of decision tools

- A systematic review to determine whether decision aid tools are effective to improve decision-making and outcomes for patients facing treatment or screening decisions, found that decision aids were better than usual care in improving patients' knowledge, comfort, and participation in decision-making without increasing anxiety but had little effect on satisfaction and persistence with choice and quality of life (O'Connor et al., 1999:734).



Ottawa decision support tool

(O'Connor & Jacobsen 2007:7)

Step 1 Clarify the decision:

- what, when, how far along?

Step 2 Identify your decision making needs

- Support, knowledge, values, certainty

Step3 Explore your needs

- Support, knowledge, values, certainty



Explore your needs (cont)



Knowledge

In the balance scale below, list the options and main benefits and risks you already know. Underline the benefits and risks that you think are most likely to happen.





Values

Use stars (★) to show how much each benefit and risk matters to you. 5 stars means that it matters "a lot". No star means "not at all".



Certainty

Circle the option with the benefits that matter most to you and are most likely to happen. Avoid the option with the risks that are most important to avoid.

	 BENEFITS Reasons to choose this option	How much it matters Add ★ to ★★★★★	 RISKS Reasons to avoid this option	How much it matters Add ★ to ★★★★★
Option #1				
Option #2				
Option #3				



Step 4 Plan the next steps based on your needs

✓ Things making the decision difficult



Support

☐ You feel you do NOT have enough support

☐ You feel PRESSURE from others to make a specific choice

✓ Things you are willing to try

- ☐ Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends)
- ☐ Find out what help is on hand to support your choice (e.g. funds, transport, child care)

☐ Focus on the opinions of others who matter most.

☐ Share your guide with others.

☐ Ask others to complete this guide.

Find areas of agreement. When you disagree on facts, agree to get information. When you disagree on what matters most, respect the other's opinion. Take turns to listen, mirror back what the other has said matters most to him or her.

☐ Find a neutral person to help you and others involved.



Knowledge

☐ You feel you do NOT have enough facts

☐ Find out about the chances of benefits and risks.

☐ List your questions and note where to find the answers (e.g. library, health professionals, counsellors):



Values

☐ You are NOT sure which benefits and risks matter most to you

☐ Review the stars in the balance scale to see what matters most to you.

☐ Find people who know what it is like to experience the benefits and risks.

☐ Talk to others who have made the decision.

☐ Read stories of what mattered most to others.

☐ Discuss with others what mattered most to you.

☐ Other factors making the decision
DIFFICULT

List anything else you need:

Problem statement

- The feasibility of using the Ottawa Decision Support Tool (ODST) is not known yet.
- According to the study of Caelli et al. (2003:174) health promotion practitioners found decision support tools in general difficult to use.
- The feasibility of the ODST in supporting HIV positive mothers in their decision-making regarding the choice of safe infant feeding was explored and described in terms of time needed and user-friendliness according to the counselling midwives.



Research design

- An explorative, descriptive qualitative design was used.

Context

- This study was set in an economically disadvantaged area situated in a deep rural area:
 - high rate of unemployment,
 - poverty,
 - lack of sanitation,
 - scarcity of water and
 - a low literacy level.
- HIV prevalence among pregnant women: 30.7% at time of data-collection



Data-collection

- Midwives providing ante-natal care to HIV positive women and who received in-service training in the use of the ODST (n=9), participated in 3 focus group interviews.

Interview question

- ‘Please tell me about your experience of using the ODST to counsel HIV positive mothers to select an infant feeding for their babies’



Data-analysis

- The framework approach comprising of three stages were used:
 - data management,
 - descriptive accounts and
 - explanatory accounts.

(Smith & Firth, 2011)



Findings of the study

Theme 1: Appropriateness

- 1.1 Capacity building of midwives
- 1.2 User-friendliness
- 1.3 Time saving
- 1.4 Comprehensiveness

Theme 2: Receptiveness of intervention by new mothers

- 2.1 Rapport building between midwife and client
- 2.2 Support and empowerment

Theme 3: Effectiveness from midwives' perspective

- 3.1 Values and beliefs consideration
- 3.2 Confidentiality maintenance
- 3.3 Improved adherence and responsibility



Conclusion

- Although the use of decision support tools are more common in developed countries, the ODST was found to be feasible, and can be used to assist in decision-making in developing countries like South Africa.



Finally

- Some of the recommendations from the study are:
 - that the ODST must be incorporated in the prevention of mother to child transmission guidelines and
 - that it should be introduced during nurse / midwifery training.



Any questions?

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