



# From Uncertainty to Informed Choice: Co-Producing an Accessible Shared Decision-Making Tool for Suspected Large-for-Gestational-Age Pregnancies

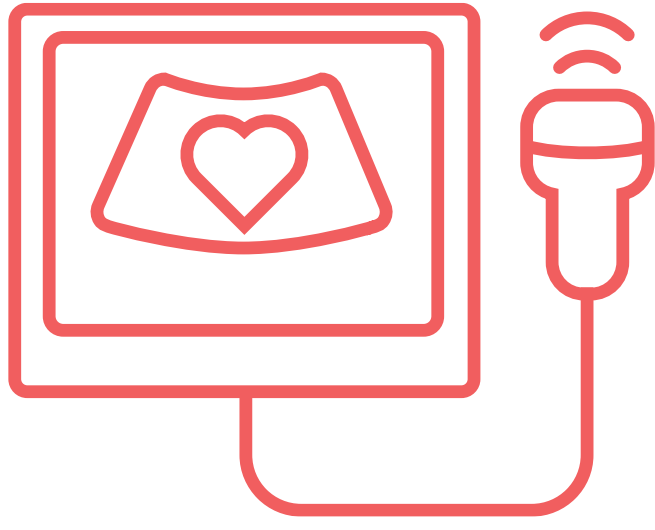


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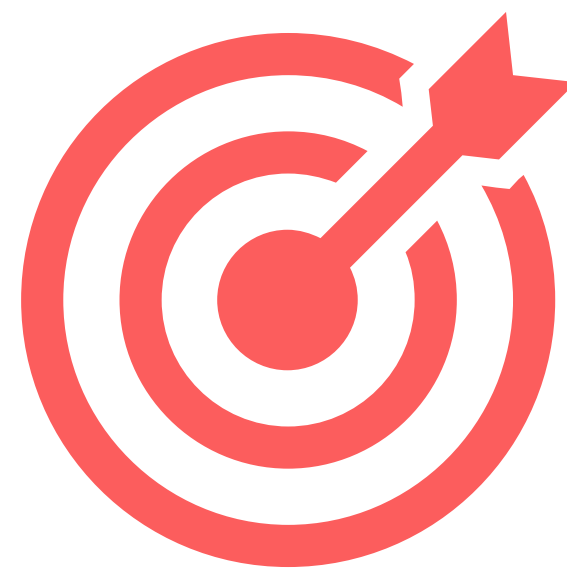
1. Midlands Patient Safety Research Collaboration, University of Birmingham; 2. University Hospitals Birmingham; 3. The University of Aberdeen;  
4. The University of Liverpool; 5. The Shrewsbury and Telford Hospital NHS Trust

**The Challenge:** Stakeholder engagement across our Patient Safety Research Collaboration maternity research programme identified a need for clearer, more accessible and culturally appropriate information to support choice, effective risk communication and shared decision making between women and clinicians.

**Topic choice:** Suspected large-for-gestational-age (LGA) pregnancies present particular challenges, as discussions regarding birth options are based on predicted weights, whereas the outcomes come from actual birth weights. Scans late on in pregnancy are not very accurate at predicting birth weight. Decision making can therefore be complex.



In a recent study, only **4 out of 10** babies predicted to be big were actually big at birth.



**The Aim:** Co-produce a patient-facing decision aid to improve risk communication and support women to make informed choices about their care when their baby appears to be big on scan at term.

Wording of title uses woman centred non-ambiguous language

Graphic of mother and baby have neutral colours/shapes

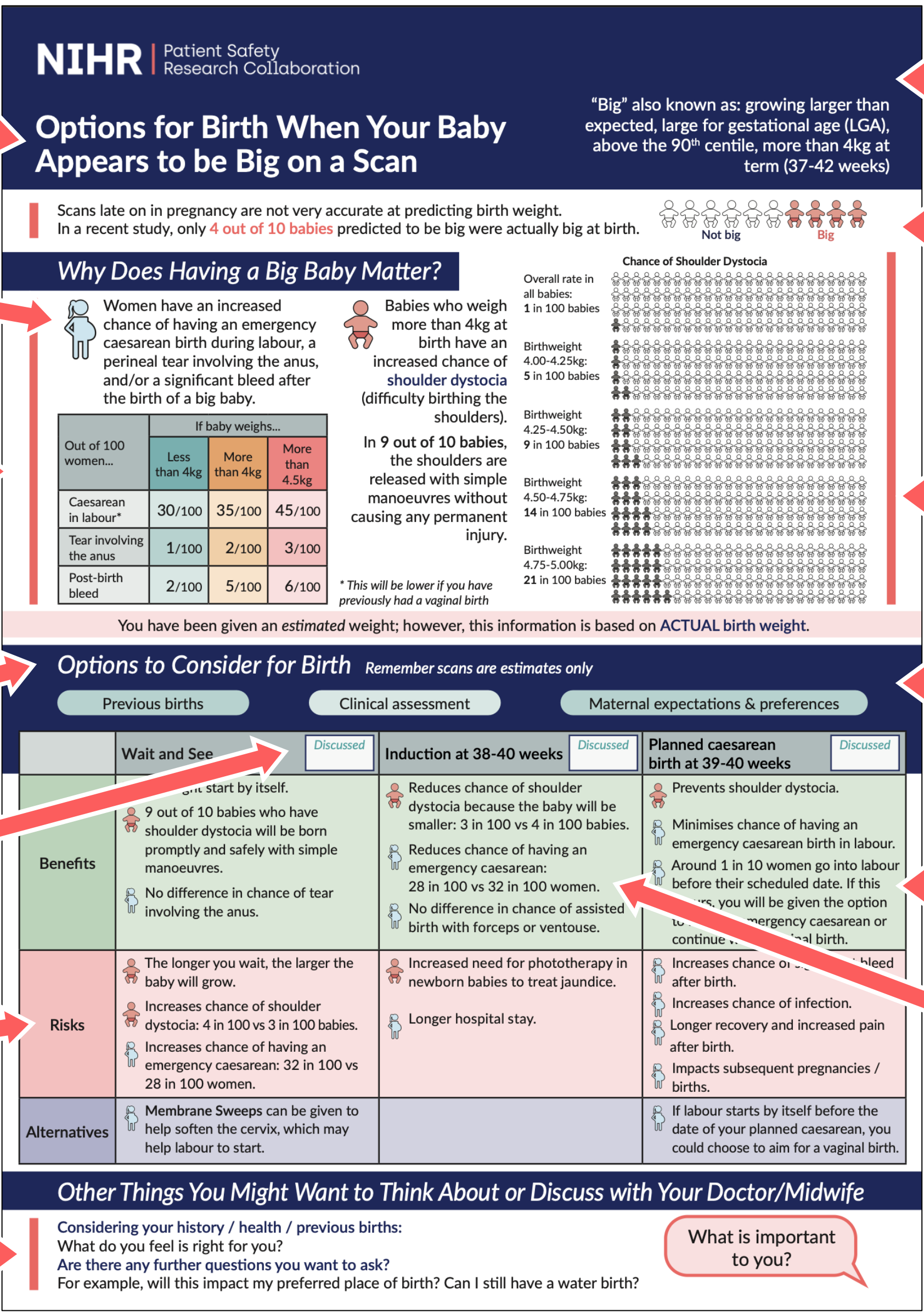
Information layered to not overwhelm. The other side is a patient info leaflet that explains terms used and offers links to further resources

Prompts to support the clinician to personalise the information

Tick boxes ensure the clinician discussed ALL options

Based on commonly used Benefits-Risks-Alternatives-Intuition-Nothing (BRAIN) framework

Questions to support the woman to make an informed choice



Decision aid on one side of A4 for ease of clinician use

Decision made on predicted birth weight – acknowledges inaccuracy of scan and that outcomes are on actual birth weight

Infographic to support understanding of risk

Language, colours and graphics designed to be accessible and inclusive, e.g. dyslexia

Neutral language so all options are given the same importance

Data quoted from: Al-Qudah et al. (2026). Elective induction versus expectant management for suspected large-for-gestational-age fetuses: a systematic review and meta-analysis. *BMC Pregnancy Childbirth*. 26: 338.

## The Impact:

The Royal College of Obstetricians & Gynaecologists are including a link to the decision aid in the useful resources section in the new Green-top Shoulder Dystocia guideline.

## Next Steps:

### Implementation & Evaluation:

Evaluate the decision aid in practice to understand its impact & inform ongoing improvement.

### Develop Accessible Versions:

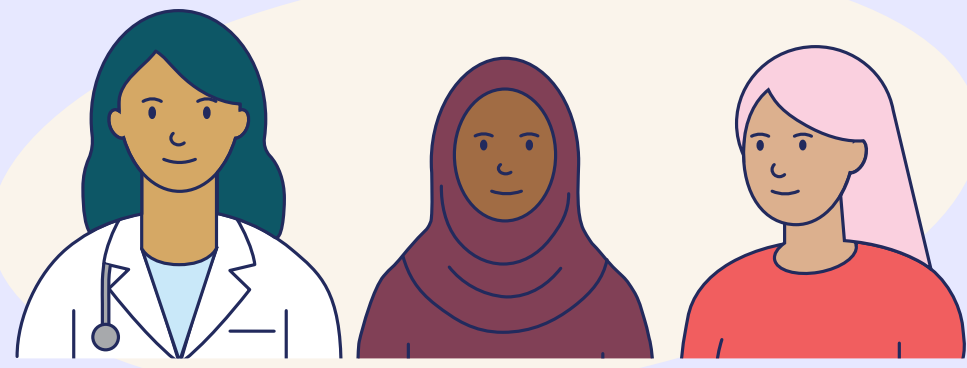
Co-produce animated versions in multiple languages to ensure inclusivity & accessibility for all.

### Develop Further Decision Aids:

Support informed choice across new topics

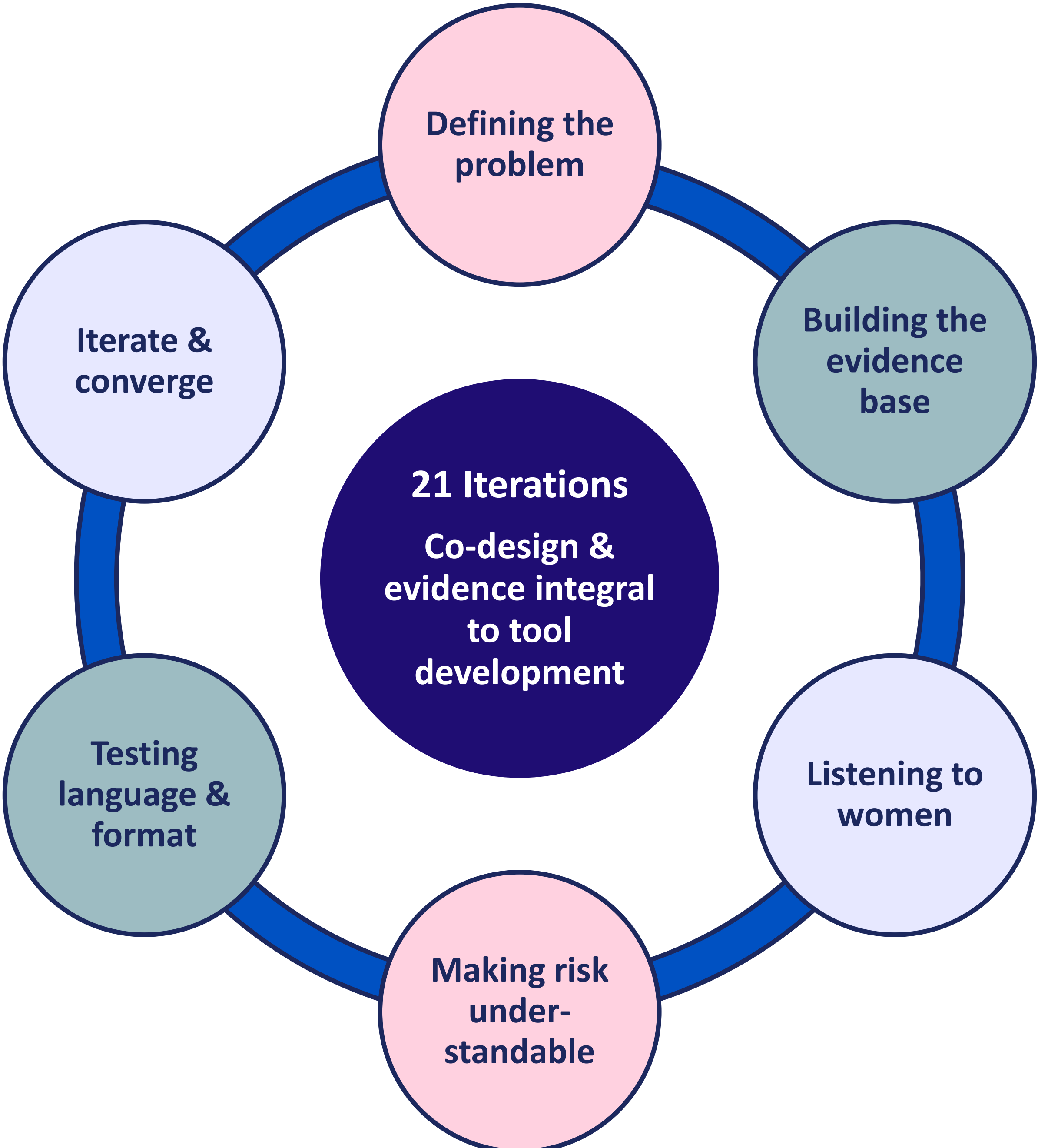
## Working in Partnership:

Our working group included doctors, midwives, researchers & lived experience (PPI) voices



"I remember feeling afraid when I was told I was having a 'big baby'. I wish I had access to this type of decision aid tool, to remove some of the fear and answer important questions. I enjoyed working on this project, it was a lot of hard work but I felt listened to and I am so proud of the final version."

-- Sadia Haqnawaz, PPI Member



For more information, scan the QR code

