

Preconception & Inflammatory Arthritis

A co-produced Realist Synthesis of methods supporting family planning discussions and preconception care for women with inflammatory arthritis



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Background: Chronic conditions add extra complications to family planning considerations, with additional physical challenges, potentially teratogenic medicine managing their condition, and queries over heredity to name a few. Patients with inflammatory arthritis (IA) want support to have 'better' conversations with their healthcare team regarding their family planning¹. To understand the context of existing support for women with IA and their healthcare team, in family planning conversations, a realist literature synthesis of the literature was conducted².

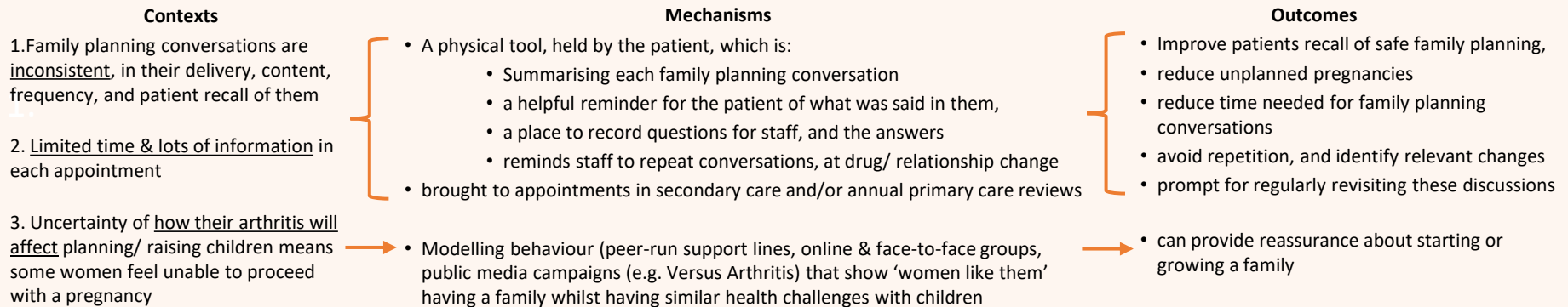
Methods:

- . Collaborative working between academic and patient reviewers
- . Realist methodology: **what** works, for **whom**, in what **circumstances**
- . Iterative literature search to firstly understand the research area, next generate initial theories for understanding what works for whom, in what circumstances.
- . These initial theories were shared with patients and practitioners to ensure they represented a realistic clinic/patient experience
- . Theories then tested against the wider literature (including academic and grey literature and charity resources (websites and information leaflets)).

Results:

26 realist 'initial' theories were identified under three core themes: training and education, modelling behaviours, and recording data.

These theories are formulated in **Context-Mechanism-Outcome (CMO)** format, demonstrating the highly relevant nature to this patient population, and how these theories can be applied in practice. The three key CMO theories are:



Conclusion: There are simple, cost-effective methods which could greatly improve Shared Decision Making in appointments, reduce decisional conflict, anxiety over choices; and increase knowledge, self-management, and satisfaction in patients' own family planning choices. The results from this research suggests that includes a physical tool, a paper booklet, which includes a Decision Aid (basic information, possible benefits and challenges for each option, space to support women to weigh up this information and make decisions). Due to the demonstrated need to revisit these conversations over time, there must be space for this document to expand (add additional pages) over time. More research into how this tool would best be formatted, and how we support different clinical settings to use this tool, needs to be conducted.

Next Steps: This synthesis will be combined with analysis from staff focus groups and patient interviews, to help coproduce an inexpensive intervention to support staff and patients make informed family planning choices they are happy with; and how to best use this intervention in different primary and secondary care settings.

References: 1. Phillips, R., Pell, B., Grant, A. *et al.* Identifying the unmet information and support needs of women with autoimmune rheumatic diseases during pregnancy planning, pregnancy and early parenting: mixed-methods study. *BMC Rheumatol* 2, 21 (2018). <https://doi.org/10.1186/s41927-018-0029-4>. 2. FAMILIAR Study literature review protocol: https://www.crd.york.ac.uk/PROSPERO/display_record.php?RecordID=138550.

