**Background** In France, one in five women gives birth by caesarean section and in almost half of cases, caesarean section is planned. Elective caesarean is a subject of controversy (some indications, maternal request) and its practice is marked by highly disparities in the country.

**Objective** To improve the relevant practice of elective caesarean.

**Methods** In a short time, an integrative process was developed with systematic reviews, working group of multidisciplinary health professionals and patients, focus group, implementation network.

**Results** For serving the identified needs, we updated guidelines, developed information for/with the patients, and produced implementation tools adapted to the different medical indications. Clinical situations which may lead to a planned caesarean section are varied and complex. For each of them, we redefined the indications of caesarean section or vaginal delivery. For elective caesarean, women should be informed as soon as possible, with provided developed tools, to enable an informed discussion with the caregiver and to improve the maternal experience. The decision elements to report in the medical record were defined and a set of tools with the approach ‘patient journey’ developed: clinical pathways, evaluation criteria of relevance or grids, examples of improvement actions and indicators. In February 2013, more than 183 establishment of health were engaged in the programme.

**Conclusions** We provided a set of implementation tools to improve the relevance of planned caesarean section. The continuous feedback by the different actors will allow enriching electronic version tools and sharing knowledge in the field, thus enabling a continuous improvement process.

**Validation of the Guideline Implementability for Decision Excellence Model (GUIDE-M)**

**Background** We developed a Guideline Implementability for Decision Excellence-Framework Model (GUIDE-M) based on the robust evidentiary base of a realistic review on guideline attributes. GUIDE-M emerged as a conceptual representation of factors to facilitate the development of more implementable guidelines.

**Objectives** Validity assessment of GUIDE-M with international guideline developers.

**Methods** We assessed GUIDE-M using a stepwise validation process: Stage 1 involved consultation with a multi-disciplinary group of Canadian experts (including guideline research, psychology, management, and human factors engineering) to assess the sense and structure of the conceptual GUIDE-M. In Stage 2, 200 international guideline developers will assess GUIDE-M using an innovative online assessment platform, which includes an interactive video-based system to enable objective assessment of the model and its components.

**Results** In Stage 1, consultation with 10 multi-disciplinary experts informed major structural changes (e.g., addition of a 6th domain) and minor sense changes (e.g., collapsing like attributes) to the model. Stage 2 (in progress) will assess the organisation of the model according to Stage 1 findings: 1) To consider Stakeholder involvement, Evidence synthesis, Considered judgement and Feasibility in the development of guidelines; 2) to communicate this content using effective Language and Format.

**Discussion** We are applying an innovative stepwise process to rigorously validate and refine GUIDE-M internationally.

**Implications for Guideline Developers/Users** This study represents a novel contribution to guideline developers and will offer a comprehensive, validated model that considers an exhaustive set of evidence-based factors to facilitate guideline uptake.