

A Behavioral Intervention to Improve Obstetrical Care

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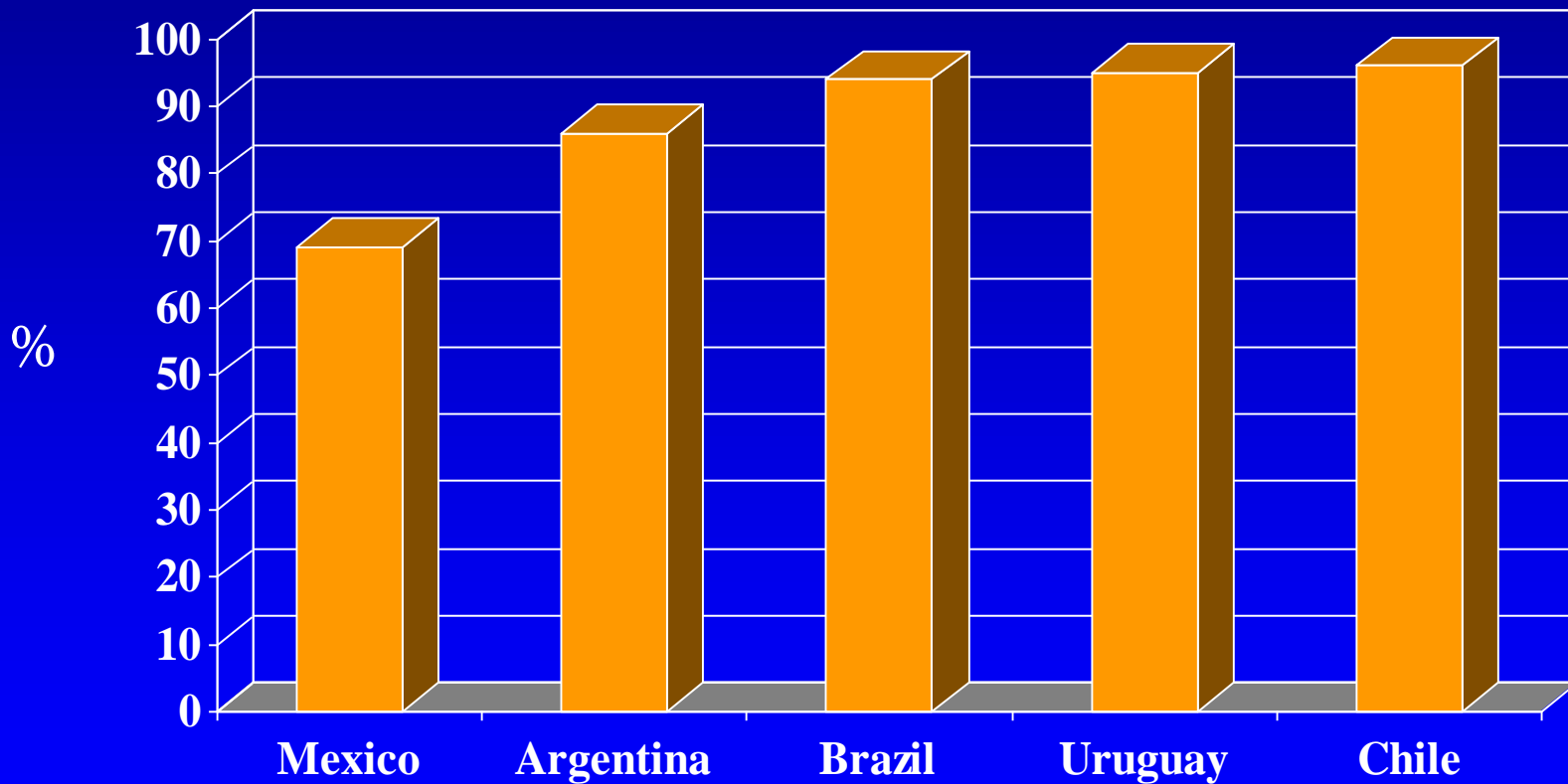


Supported by grants from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (U01 HD40477 and U01 HD40636) and the Bill and Melinda Gates Foundation within the Global Network for Women's and Children's Health Research, as well as the National Institutes of Health Fogarty International Center (D43 TW005492) and Clinical Nutrition Research Center (DK 56350) and the Pan American Health Organization.

Background

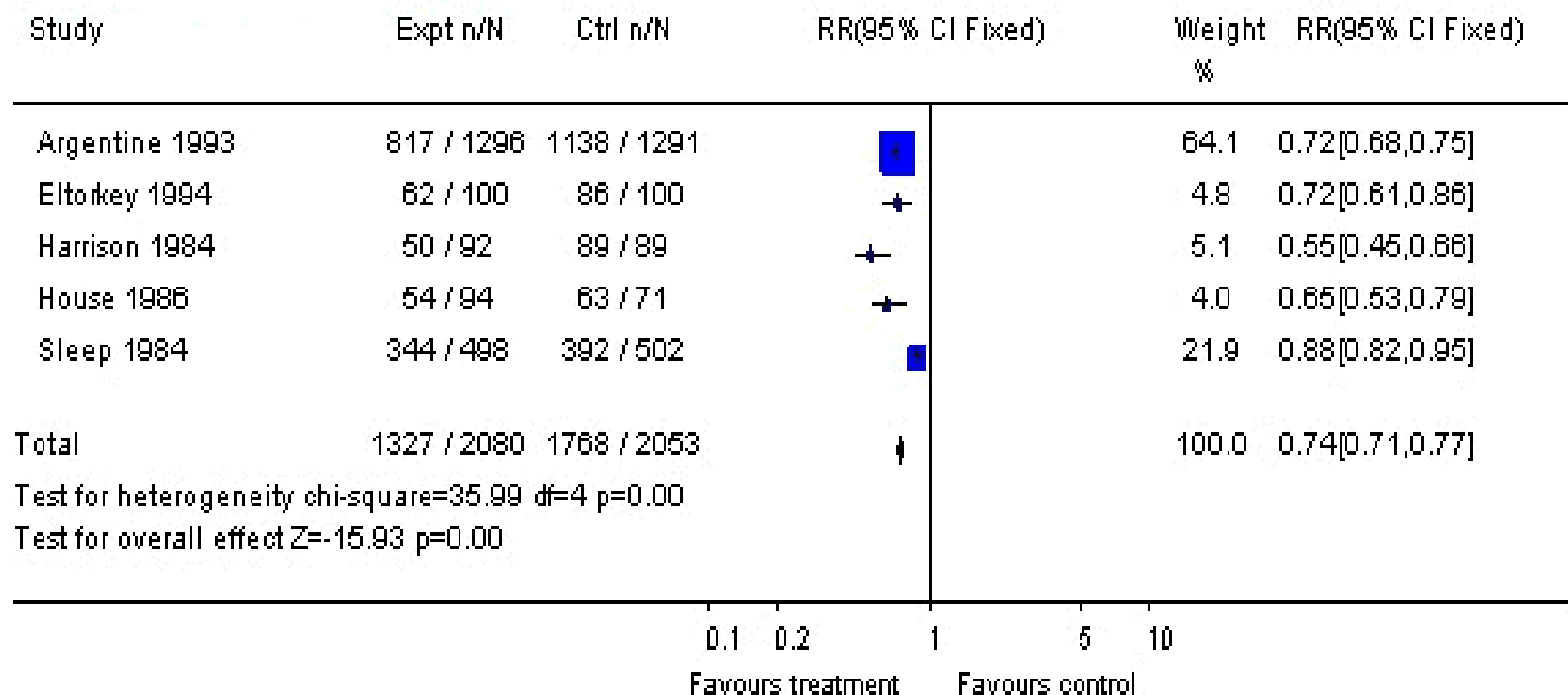
Many obstetrical practices used in Latin America, as in other parts of the world, have been shown to be ineffective or harmful, while effective practices remain underutilized.

Episiotomies, Primiparae, C.L.P. Hospital Data



Episiotomy: Cochrane Review

Review: Episiotomy for vaginal birth
 Comparison: RESTRICTIVE vs ROUTINE EPISIOTOMY (all)
 Outcome: Need for suturing perineal trauma

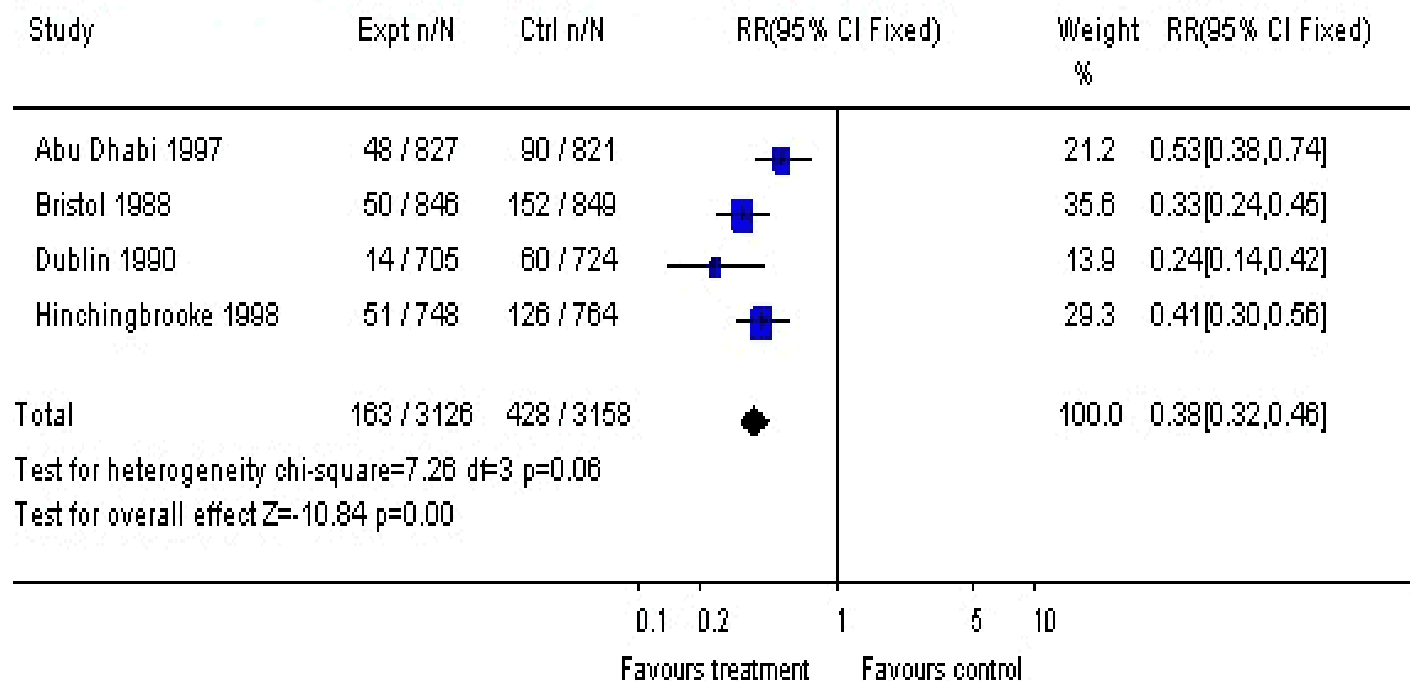


Active Management of 3rd Stage: Cochrane Review

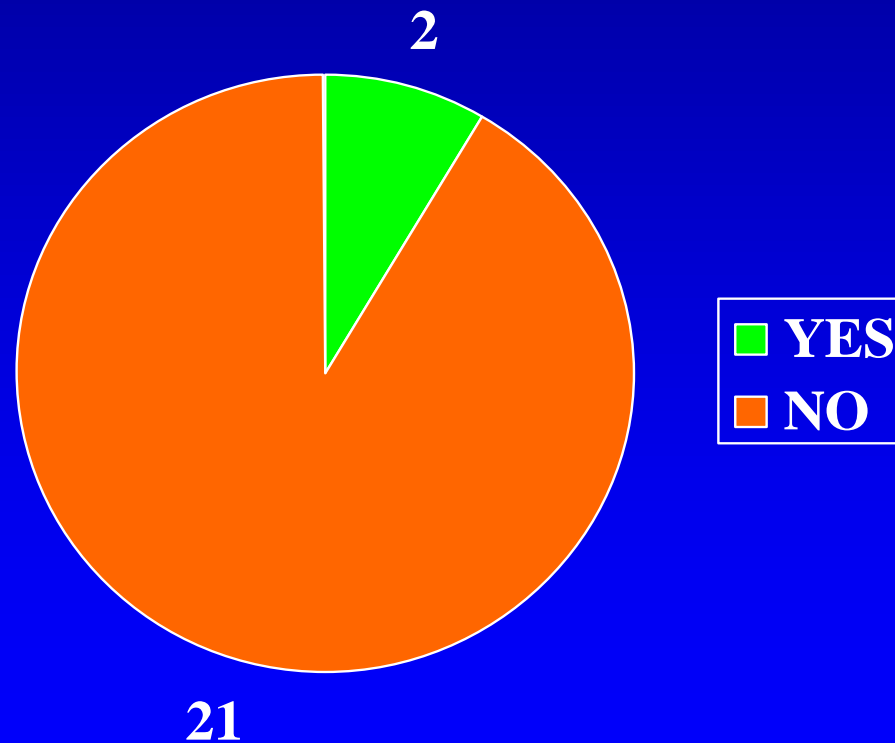
Review: Active versus expectant management in the third stage of labour

Comparison: Active vs expectant management (all women)

Outcome: PPH clinically estimated blood loss greater than or equal to 500mls



Active Management of 3rd Stage Argentina and Uruguay (n=23 hospitals)



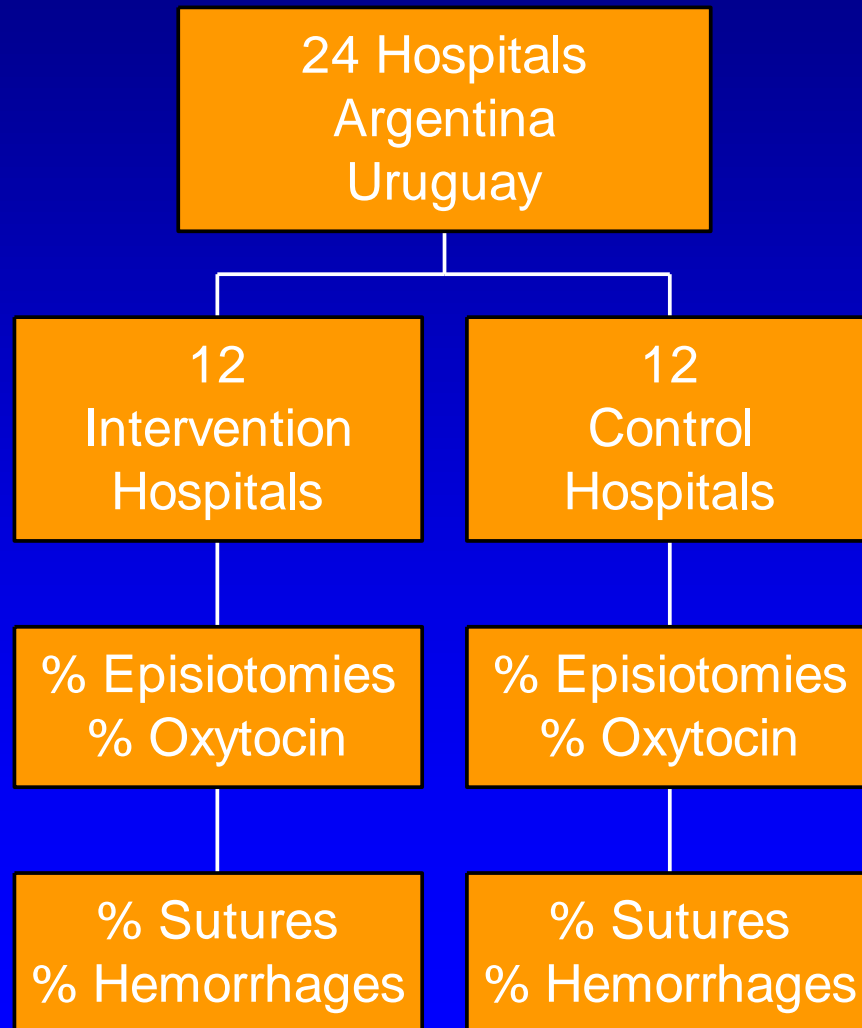
Main Specific Aim

- To perform a randomized controlled trial of a behavioral intervention intended to increase the use of two evidence-based birth practices:
 - the selective use of episiotomies
 - active management of the third stage of labor (10 I.U. of oxytocin).

Behavioral Intervention

- Identification and training of opinion leaders who will develop evidence-based guidelines.
- Multifaceted approach to disseminate, implement, and maintain the guidelines:
 - seminars, www portal, academic detailing
 - active involvement of early adopters
 - reminders
 - feedback on utilization rates.

Randomized Controlled Trial



Direct measurement with calibrated receptacles



Selected Hospitals



Argentina

16 hospitals in Buenos Aires Province

4 hospitals in Rosario

Uruguay

2 Hospitals in Montevideo

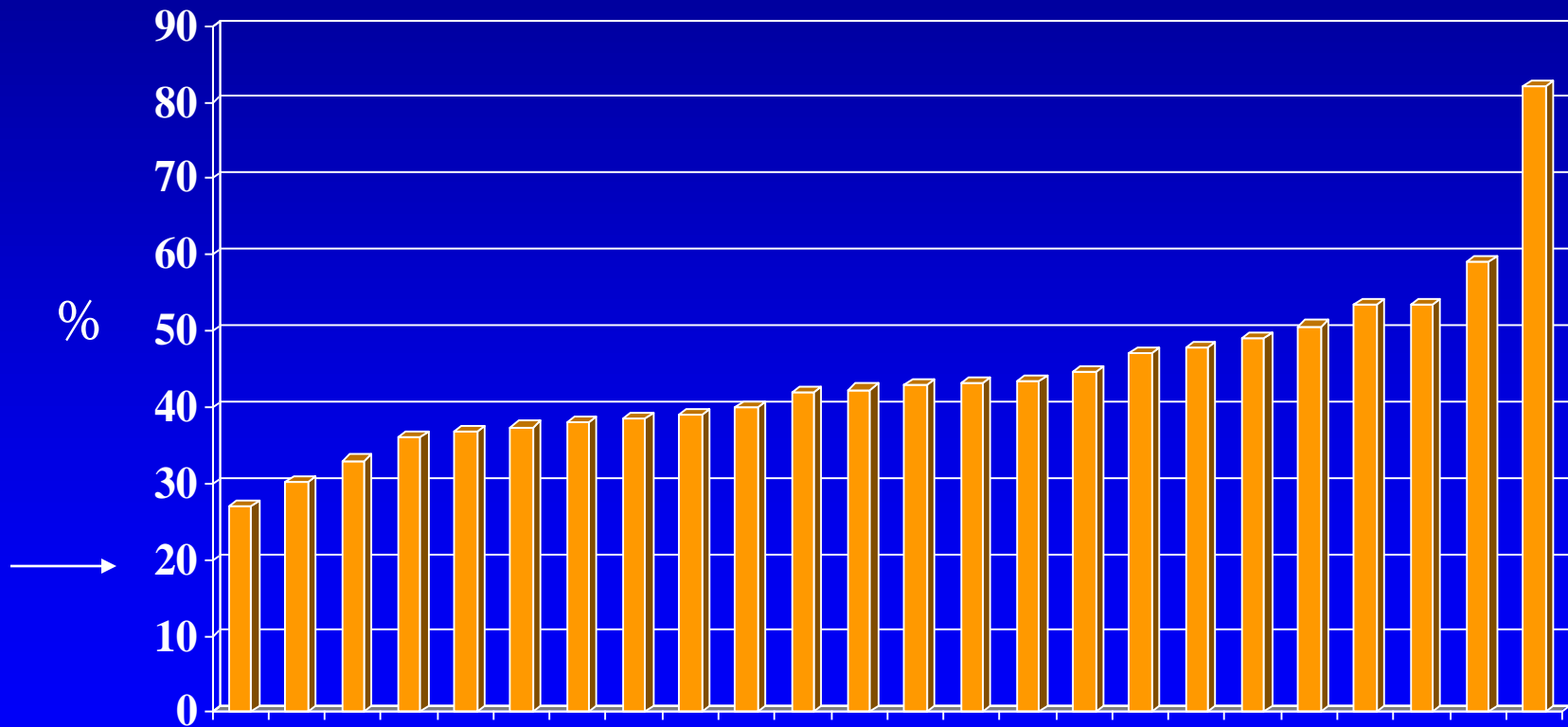
1 hospital in Paysandú

1 hospital in Salto

Preparatory Phase (18 months)

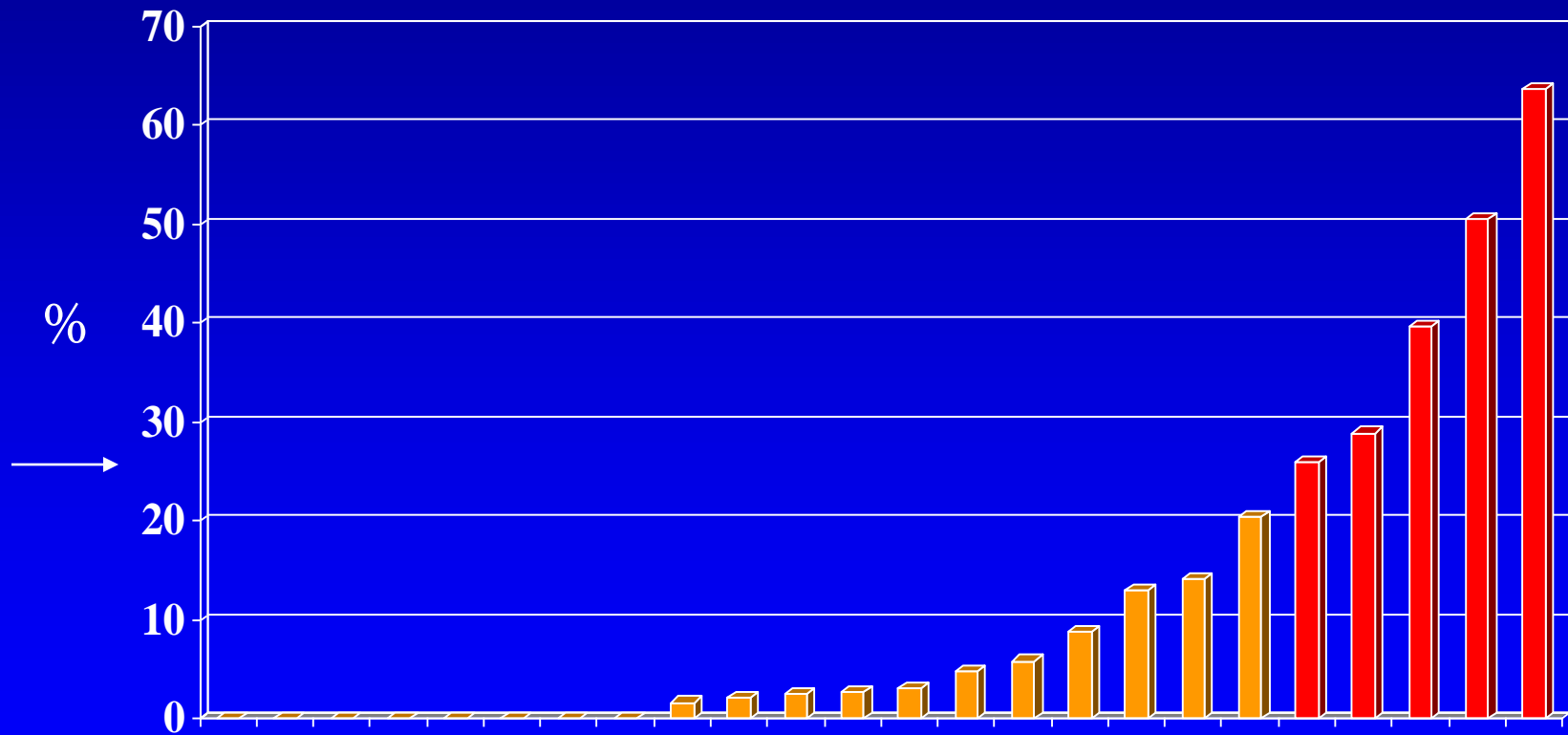
- Selection of hospitals and team of researchers
- Trial presentation to hospitals authorities
- Formative Research: Focus Groups
- Design and test of materials for the intervention
- Design and test of data management system
- Training of the field team

Episiotomy Rates, All Vaginal Deliveries, Baseline Data



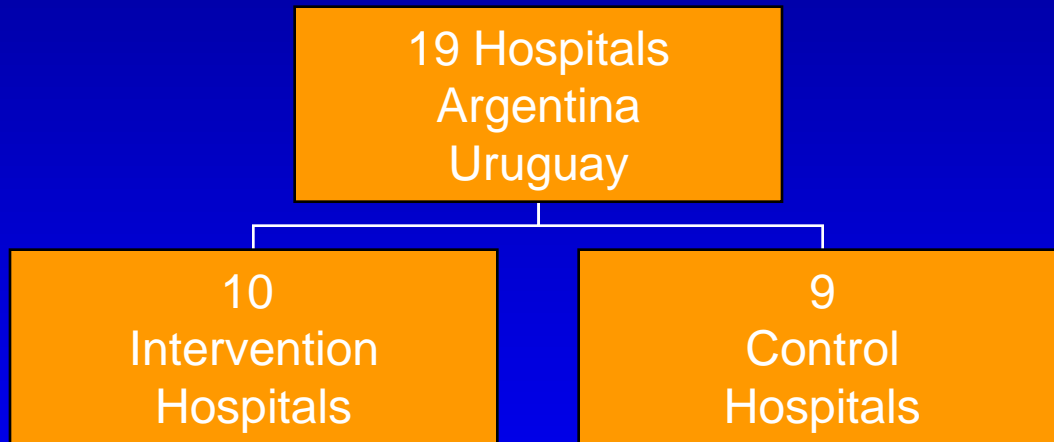
N=6621

Oxytocin, All Vaginal Deliveries, Baseline Data



N=6621

Randomization



Baseline Characteristics

2003

	Intervention Hospitals (n=10, 3690 births)	Control Hospitals (n=9, 3406 births)
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Hospital characteristics

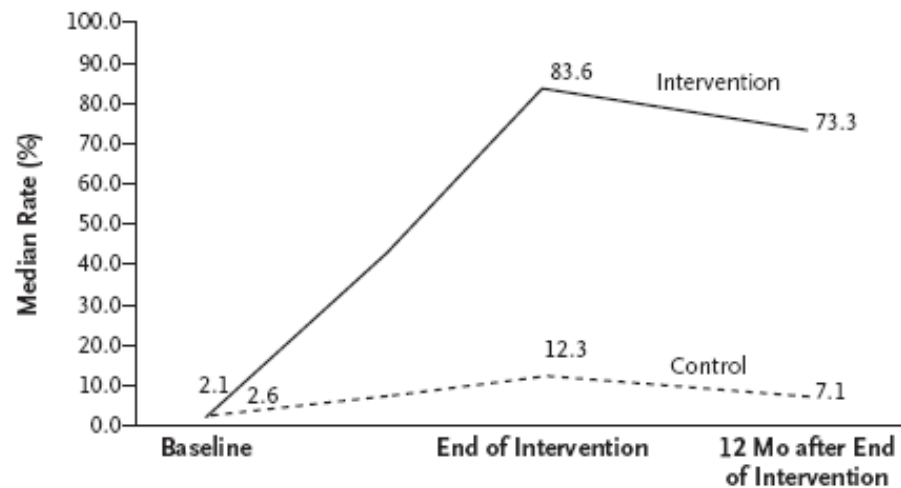
<i>Residency programs (n)</i>	8	8
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<i>≥ 2000 births per year (n)</i>	4	4
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Maternal characteristics

<i>Active management rate (%)</i>	4.4	4.3
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A Prophylactic Oxytocin



B Episiotomy

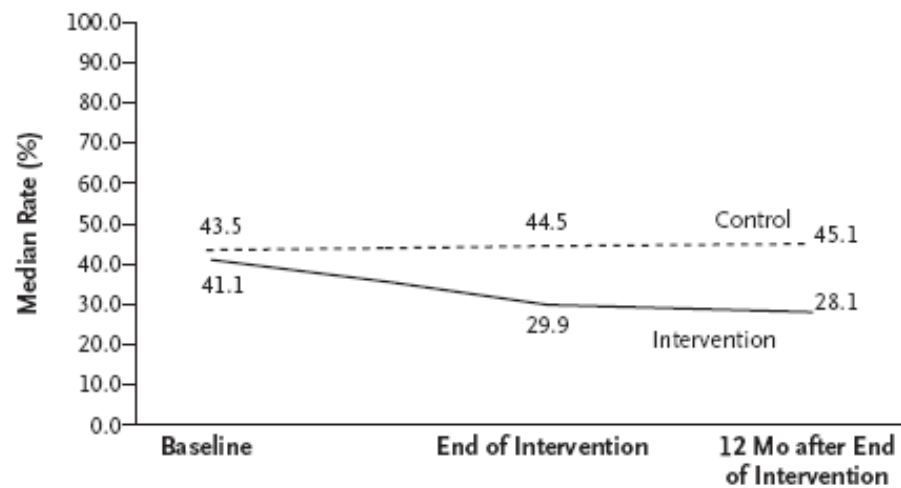
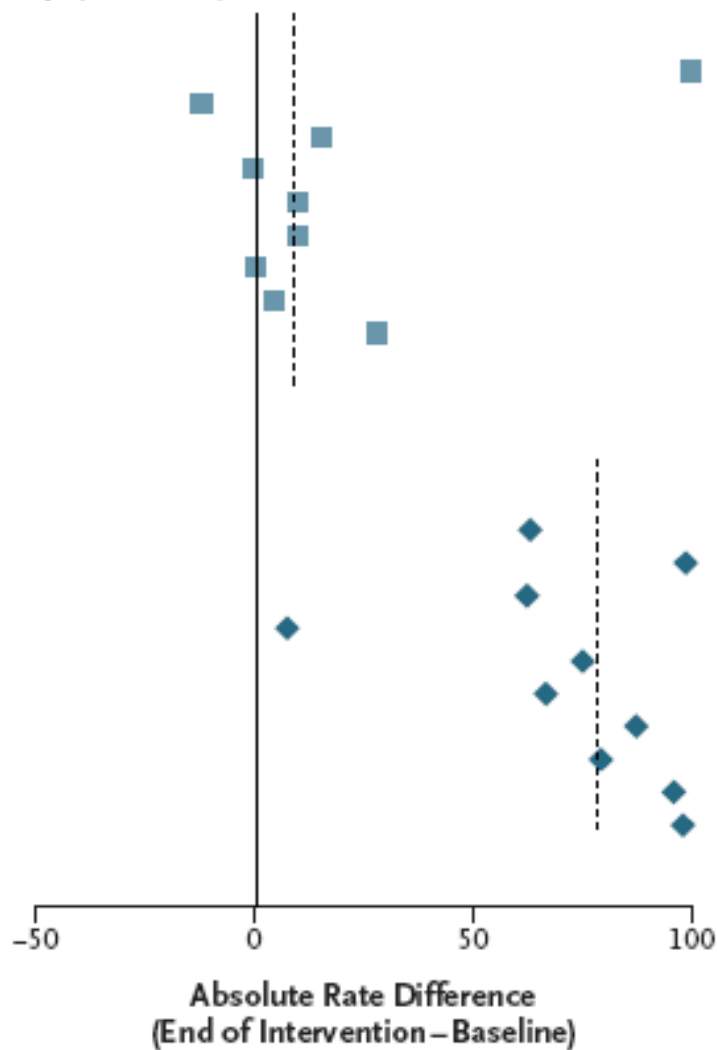


Figure 3. Rates of Prophylactic Use of Oxytocin (Panel A) and Episiotomy (Panel B) at Intervention and Control Hospitals during the Baseline, Postintervention, and 1-Year Follow-up Periods.

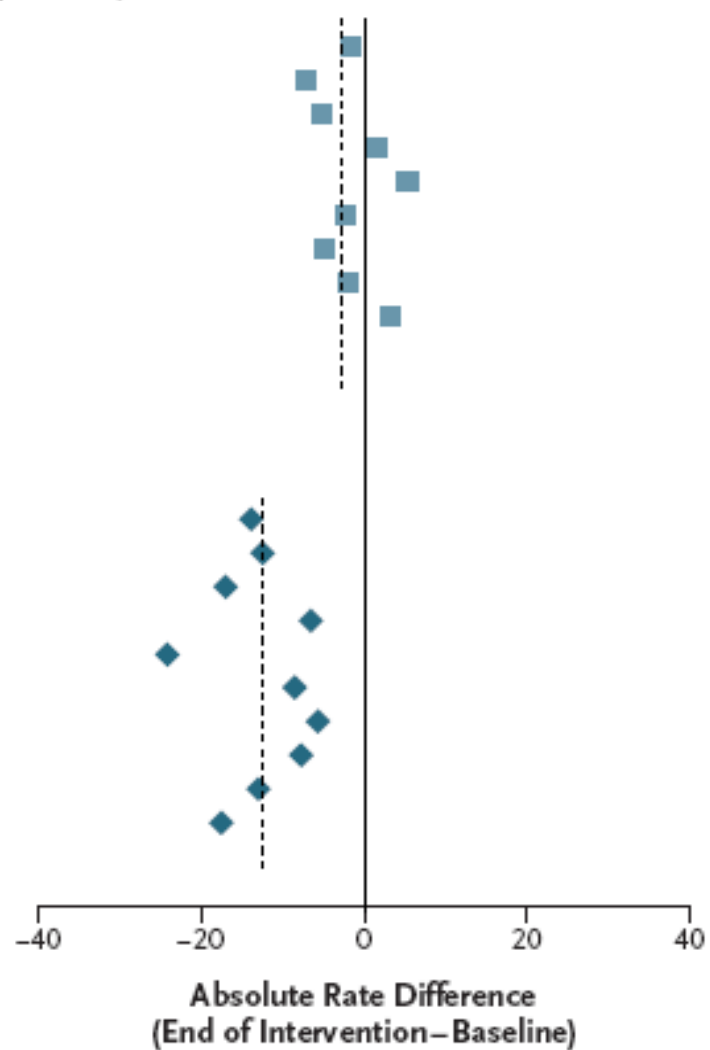
A BEHAVIORAL INTERVENTION TO IMPROVE OBSTETRICAL CARE

■ Control ◆ Intervention

A Prophylactic Oxytocin



B Episiotomy



Thank you