Identifying Effective Maternity Care Quality Improvement Strategies

Chaillet et al. (2006) recently published what may be the first systematic review to identify effective strategies for improving the quality of maternity care. Although the title references “guidelines,” some of the 33 included studies measured a desired change rather than implementation of a formal guideline. The review included randomized controlled trial and observational designs. Most studies examined physicians, and some considered other health professionals.

Educational strategies were generally ineffective with physicians and had mixed results with other health professionals. Other strategies with mixed results across the included studies were use of opinion leaders, academic detailing (topically focused outreach to individual clinicians), and modification of existing systems and structures. Both audit and performance feedback and multifaceted interventions combining two or more strategies to address a specific barrier were generally effective. Overall, studies that identified and addressed barriers were far more likely to lead to demonstrated improvement than those that did not.

The authors identified possible differences between obstetric and general medical contexts: whereas education achieved some success with nonphysician maternity providers, it has generally been unsuccessful in other contexts; audit and feedback appear to be more successful in obstetrics than other contexts; and academic detailing has been more successful in other contexts than obstetrics.

REFERENCE

From Cochrane Database of Systematic Reviews (CDSR), Issue 1, 2007

New Systematic Reviews
- Aromatase inhibitors for treatment of advanced breast cancer in postmenopausal women
- Fetal movement counting for assessment of fetal well-being
- Probiotics for preventing preterm labour

Updated Systematic Reviews
- Antibiotics for treating bacterial vaginosis in pregnancy
- Antihypertensive drug therapy for mild to moderate hypertension during pregnancy
- Antiretrovirals for reducing the risk of mother-to-child transmission of HIV infection
- Combined oral contraceptive pills for treatment of acne
- Danazol for unexplained subfertility
- Interventions for varicose veins and leg oedema in pregnancy
- Support for breastfeeding mothers
- Treatment for primary postpartum haemorrhage

Cochrane Reviews are available by subscription to The Cochrane Library, and review abstracts are available without charge (see http://www.thecochranelibrary.com).
From Database of Abstracts of Reviews of Effects (DARE)

Recent Abstract Entries Assessing Quality of Systematic Reviews

- The accuracy of maternal anthropometry measurements as predictor for spontaneous preterm birth: A systematic review
- Assisted reproductive technologies and the risk of birth defects: A systematic review
- Comparison of tamoxifen and clomiphene citrate for ovulation induction: A meta-analysis
- Chemotherapy-induced cognitive impairment in women with breast cancer: A critique of the literature
- Cognitive behavioral therapy techniques for distress and pain in breast cancer patients: A meta-analysis
- Contemporary treatments for twin-twin transfusion syndrome
- Evaluating effectiveness of complex interventions aimed at reducing maternal mortality in developing countries
- Hormone therapy and cardiovascular disease: A systematic review and meta-analysis
- Learning from success and failure in psychosocial intervention: An evaluation of low birth weight prevention trials
- Liquid-based cytology for cervical screening
- Lymphatic mapping and sentinel lymph node biopsy in early-stage breast carcinoma: A metaanalysis
- Menopausal hormone therapy and risk of breast cancer: A meta-analysis of epidemiological studies and randomized controlled trials
- Misoprostol in preventing postpartum hemorrhage: A meta-analysis
- Neoadjuvant versus adjuvant systemic treatment in breast cancer: A meta-analysis
- Nonhormonal therapies for menopausal hot flashes: Systematic review and meta-analysis
- Osteoarthritis and the postmenopausal woman: Epidemiological, magnetic resonance imaging, and radiological findings
- School-based teenage pregnancy prevention programs: A systematic review of randomized controlled trials
- Selective serotonin reuptake inhibitor (SSRI) use during pregnancy and effects on the fetus and newborn: A meta-analysis
- Skeletal consequences of hormone therapy discontinuance: A systematic review
- Smoking cessation in pregnancy: A review of postpartum relapse prevention strategies
- Systematic review of the risk of uterine rupture with the use of amnioinfusion after previous cesarean delivery
- Systematic review of the treatment of ovulatory infertility with clomiphene citrate and intrauterine insemination

DARE abstracts are available without charge from: http://www.york.ac.uk/inst/crd/crddatabases.htm#DARE

Evidence-Based Reviews From Other Sources


The authors carried out a cumulative meta-analysis of randomized controlled trials of progestational agents to prevent preterm birth in women at elevated risk for this condition. The four trials available by 1975 demonstrated the effectiveness of this intervention, and the four subsequent trials further strengthened this association. The effect was found when looking just at highest quality studies and at different levels of baseline risk. Depending on baseline risk, one preterm birth is prevented from treating 7 to 12 mothers. The included studies and other referenced reports found no evidence of harm in use of progesterogens after early pregnancy.

Comment: The U.S. prematurity rate has been steadily rising. Progesterone is among a small number of preventive measures that have been demonstrated to be effective through systematic review of best available studies.


This team reviewed best available evidence to identify essential care for mothers and babies from birth through 6 to 8 weeks postpartum. The guideline identified core information, core care, and concerns, with respect to maternal health, infant feeding, and infant health. The detailed narrative describes a wealth of primary studies and includes attention to timing, type of personnel, and economics. Companion documents provide further detail, summaries for professionals and the public, and implementation guidance.

Comment: This evidence review, full guideline, and companion documents provide a sweeping overview of postpartum care issues that should be of great value for those who plan, provide, or receive postpartum care.

Featured review: U.K. National Collaborating Centre for Women’s and Children’s Health. (2006). Urinary...

A multidisciplinary team reviewed best evidence and developed guidelines to assess and treat stress, urge, and mixed incontinence and overactive bladder in women. Physical, behavioral, lifestyle, drug, complementary, and surgical treatments were included. First-line treatment for women with urge or mixed urinary incontinence is bladder training for at least 6 weeks to increase interval between desire to void and actual void. First-line treatment for women with stress and mixed urinary incontinence is supervised pelvic floor muscle training for at least 3 months. Such training is also an effective preventive measure during pregnancy. The guideline clarifies when and how other treatments should be carried out if initial measures are inadequate and identifies measures that are not of value. The report also covers coping strategies and research priorities.

**Comment:** Urinary incontinence is prevalent in women, in varying degrees of severity. Many effective treatments are available to help those with troublesome symptoms.

**Recent Evidence-Based Reviews**


Carol Sakala, PhD, MSPH, is director of programs at Childbirth Connection, which works with health professionals and other audiences to promote evidence-based maternity care (http://www.childbirthconnection.org). E-mail: sakala@childbirthconnection.org.