

# Improving communication and cooperation between obstetrical professionals in the Netherlands

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Pending
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON26515

### Source

Nationaal Trial Register

### Brief title

LOCoMOTive study: Local Obstetrical Collaboration Multidisciplinary On-site Team training effectiveness

### Health condition

Perinatal morbidity and mortality / Perinatale morbiditeit en mortaliteit

Maternal morbidity and mortality / Maternale morbiditeit en mortaliteit

Deliveries (in particular those involving unplanned referral from primary to secondary- or tertiary care) / Bevallingen (betreffende een ongeplande overdracht van eerstelijns zorg naar tweede- of derdelijns zorg)

## Sponsors and support

**Primary sponsor:** VU medical Centre

**Source(s) of monetary or material Support:** ZonMw

## Intervention

## Outcome measures

### Primary outcome

Perinatal and maternal morbidity and mortality rates

### Secondary outcome

- Participants' view of their learning experience and satisfaction with the intervention using an evaluation questionnaire
- Changes in attitudes, knowledge and skills of obstetrical professionals using the Safety Attitude Questionnaire for Teamwork and Safety Climate (SAQ) and Interprofessional Collaboration Measurement Scale (IPCMS)
- Changes in behaviour by monitoring telephone conversations to study communication during referrals and a vignettes study about decision making during labour
- Patient satisfaction after intrapartum referral

## Study description

### Background summary

The obstetrical care system in the Netherlands is performing suboptimal. Building on the same level of scientific knowledge, other Western-European countries have lower perinatal mortality rates. The objective of this research project is to improve perinatal outcomes by improving the quality of the referral process as well as the collaboration between professionals involved in the chain of obstetrical care. Moreover, a multidisciplinary team training aimed at the implementation of structured referral procedures will be developed and tested.

The research design is a longitudinal multicentre one, using continuous measurements of the primary outcomes and pre- and post-intervention measurements for other outcome measurements (see information above). The effects of the multidisciplinary team training will impact the organisation of obstetrical care at different levels. Therefore, Kirkpatrick's framework was adopted to measure outcomes at the level of the participants in the intervention, changes in attitudes, knowledge, and skills, changes in behaviour, and changes in patient outcomes and organisational practice. The start of the study is January 2013, the first multidisciplinary team training sessions for LOCs will be held in October 2013, the follow-up period will extend until June 2016.

## Study objective

We hypothesize that multidisciplinary team training, to support implementation of a structured referral between obstetrical professionals, will result in better collaboration and thereby to a decrease in adverse perinatal outcomes

## Study design

The intervention period, including the implementation and follow-up phase, takes 24 months for each LOC. For each LOC, five measurement periods are planned

Pre intervention: SAQ, IPCMS and patient satisfaction after intrapartum referral [timepoint: 3 months]

Post intervention: evaluation questionnaire [6 months], Vignettes study [ 6 / 24 months], Monitoring communication during referrals and measuring patient satisfaction after intrapartum referral [ 8 / 12 / 24 months], SAQ and IPCMS [ 12 / 24 months]

Continues data; Perinatal and maternal morbidity and mortality rates

## Intervention

Five LOCs participate in the study intervention using a stepped wedge design. The intervention is a stepwise implementation programme of the SBAR (Situation - Background - Assessment - Recommendation) tool for structured referrals, using a multifaceted implementation strategy. A crucial part of the implementation strategy is a multidisciplinary team training based on crew resource management principles. The intervention period, including the implementation and follow-up phase, takes 24 months for each LOC. At 3-month time intervals a new LOC starts with the intervention.

## Contacts

### Public

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## **Eligibility criteria**

### **Inclusion criteria**

All patients of five Local Obstetrical Collaboratives (LOCs) in the Netherlands; Including all antenatal and perinatal unplanned referrals by primary care midwives to clinical care in a secondary or tertiary hospital after 22 weeks of gestation and up until 2 hours postpartum

### **Exclusion criteria**

All antenatal and perinatal unplanned patient referrals by primary care midwives to clinical care in a secondary or tertiary hospital before 22 weeks of gestation and more than 2 hours postpartum

## **Study design**

### **Design**

Study type:	Interventional
Intervention model:	Other
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

## Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-11-2013
Enrollment:	10000
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	28-10-2013
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL4013
NTR-old	NTR4256
Other	ZonMw : 209020001
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

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N/A