"Het effect van teamtraining van alle betrokken verloskundige zorgverleners in een simulatiecentrum op perinatale sterfte in Nederland."

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Transmural multiprofessional simulation-based obstetric team training, regarding management of the BIG 4 causes of perinatal mortality will improve perinatal outcome, communication and teamwork and satisfaction of patients and care providers.

Ethische beoordeling Positief advies

Status Werving nog niet gestart

Type aandoening -

Onderzoekstype Interventie onderzoek

Samenvatting

ID

NL-OMON28428

Bron

NTR

Aandoening

Perinatal mortality in the Netherlands is relatively high compared to other countries in Europe. In the Netherlands, primary care (independent midwives) provides care to low risk pregnancies and secondary care (gynaecologists) takes care of high risk pregnancies. There are a lot of handovers between primary and secondary care. Dutch audits concluded that in this chain of obstetric care process management could be improved. Main causes of perinatal mortality (so called BIG4) are: preterm delivery, congenital anomaly, small for gestational age (SGA) and low Apgar score.

Obstetric team training improves perinatal outcome and teamperformance.

Keywords: multiprofessional, simulation-based obstetric team training, perinatal mortality Keywords (dutch): multiprofessional simulatietraining verloskunde, perinatale sterfte

Ondersteuning

Primaire sponsor: ZonMw

Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

perinatal mortality and occurrence of BIG 4 disorders

Toelichting onderzoek

Achtergrond van het onderzoek

Introduction: Perinatal mortality and morbidity in the Netherlands is relatively high compared to other countries in Europe. Our country has an unique system with an independent primary care providing care for low risk pregnancies and a secondary care for high risk pregnancies. Data showed that 85.2% of perinatal mortality is caused by one or more of the following disorders, the so called BIG 4: preterm delivery, small for gestational age, congenital anomaly and low Apgar score. Studies have shown that obstetric team training improves perinatal outcome and team performance.

Objectives: The aim of this study is to improve perinatal outcome by transmural multiprofessional simulation-based obstetric team training.

Methods: 4 hospitals will join the study. Each hospital with it's referring primary care will form a cluster (study group). Within each cluster, teams will be formed by ambulance providers, maternity nurses, primary midwives, obstetric nurses, secondary care midwives, residents, and gynaecologists, The study will be implemented in the south-eastern part of the Netherlands (Zuidoost-Brabant) consisting of nearly one million inhabitants with an annual delivery rate of over 9,000. In this area around 120 independent midwives are providing primary care. Secondary care is provided by four hospitals. Training of the study groups will be provided in a medical simulation center. A stepped wedge trial design will be employed. A stepped wedge trial is a cluster randomized trial in which all study groups (clusters) receive the intervention by a sequential roll out of the trainings over a number of time periods. The stepped wedge design by default controls for changes over time since data are collected for each measurement period for all study groups and study groups serve as a period matched control. Computerized randomization will define the sequence of the study groups.

Outcomes: Primary outcome will be perinatal mortality and occurrence of BIG 4 disorders. Secondary outcome will be team performance and satisfaction of patients and health providers.

Conclusion: The effect of transmural multiprofessional simulation-based obstetric team

training has never been studied. We hypothesize that this team training will improve perinatal outcome, team performance and satisfaction of patients and care providers.

Doel van het onderzoek

Transmural multiprofessional simulation-based obstetric team training, regarding management of the BIG 4 causes of perinatal mortality will improve perinatal outcome, communication and teamwork and satisfaction of patients and care providers.

Onderzoeksopzet

Taking into account the design effect, we need 565 deliveries per measurement period per cluster. To achieve this number we need 16 weeks for each period, adding up to a total study period of 82 weeks including a 16-week control period before the first training.

Onderzoeksproduct en/of interventie

multiprofessional, simulation-based obstetric team training

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

four hospitals will join the trial. Each hospital with surrounding primary care will form a cluster (study group). Within each cluster, teams will be formed by ambulance care providers, maternity nurses, primary midwives, obstetric nurses, secondary care midwives, residents, and gynaecologists.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

none specifically

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

Onderzoeksmodel: Anders

Blindering: Open / niet geblindeerd

Controle: N.v.t. / onbekend

Deelname

Nederland

Status: Werving nog niet gestart

(Verwachte) startdatum: 01-02-2014

Aantal proefpersonen: 3390

Type: Verwachte startdatum

Ethische beoordeling

Positief advies

Datum: 02-05-2014

Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register ID

NTR-new NL4453 NTR-old NTR4576

Ander register ZonMw: 2009020010

Resultaten