A systematic literature search: Intrapartum guidelines for African hospitals

Summary:		earch in PubMed combining search terms related to clinical artum care, and low resource settings, with specific focus on	
	Africa (1 st January 2000 – 6 th July 2016, English language), we identified 43		
	-	on guidelines development/modification, use, or	
		r studies concerned development/modification of guidelines,	
	0	ed guidelines implementation (one study was included in both	
	8	s). The remaining 32 publications compared actual clinical	
	practice with exp	ected best quality of care as recommended by well-established	
	international evid	lence-based guidelines. All of the latter 32 analyses concluded	
	clinical practice to	be alarmingly suboptimal when compared to international	
	guidelines; 15 of t	hese, representing 11 sub-Saharan African countries, specifically	
	called for simpler	and more achievable guidance. While international guidelines	
	production for int	rapartum care appears to have increased rapidly since 2000,	
	published literatu	re suggests that it has only in few instances been matched	
	with reviews of lo	cal modifications, use, and impact at the targeted low	
	resource facilities		
Objective:	To quantify the num	To quantify the number and summarize the content of published studies on	
	intrapartum guidel	trapartum guidelines for low income settings, with specific focus on Africa.	
Eligibility criteria:	Topic:	Intrapartum clinical guidelines, defined as guidelines for the	
		period from the onset of labour to the end of the third stage of	
		labour.	
	Types:	All published studies, including reviews, concerning:	
		1. Development/modifications/adaptations of guidelines	
		2. Implementation of guidelines	
		3. Evaluation of guidelines use and effect, including perceptions	
		among staff, knowledge/skills changes, and resulting changes	
		in practice and outcome	

Exclusion criteria: Articles solely reporting on drugs regimens or single procedures.

Settings: The main focus of the search was African low resource hospitals. However, when found by the search, relevant studies from comparable low resource settings in other parts of the world were included as well.

Time interval: 1st January 2000 – 5th July 2016

Language: English

Database:

Search strategy: Main search:

main	scar	cn.

Pubmed

Search parts	Guidelines	Intrapartum	Low resource settings
Mesh terms	Practice Guidelines as Topic	Labour, obstetric	Poverty
		Parturition	Developing countries
			Africa
Free text	Guideline(s)	Intrapartum	"Low income"
	"Best practice(s)"	Birth	Africa
	Standard(s)[Title]	Childbirth	"Developing countries"
	Instruction(s)[Title]	Parturition	"Developing country"

((((((Instruction*[Title]) OR Standard*[Title])) OR (Guidelines OR "Best practices" OR "Best practice")) OR "Practice Guidelines as Topic"[Mesh])) AND (((("Labor, Obstetric"[Mesh]) OR "Parturition"[Mesh])) OR (Parturition OR Intrapartum OR Birth OR Childbirth))) AND ((((("Poverty"[Mesh]) OR "Developing Countries"[Mesh]) OR "Africa"[Mesh])) OR ("Low income" OR Africa OR "Developing countries" OR "Developing country"))

Supplementary search:

A focused search was conducted on the World Health Organization's guidelines for managing complications in pregnancy and childbirth:

Search parts	World health organization	The IMPAC guidelines
Mesh terms	World Health Organization	
Free text	"World Health Organization"	"managing complications in
	WHO	pregnancy and childbirth"
		"integrated management of
		pregnancy and childbirth"
		ІМРАС

(((("World Health Organization"[Mesh]) OR "World Health Organization") OR WHO)) AND (((("managing complications in pregnancy and childbirth")) OR ("integrated management of pregnancy and childbirth")) OR IMPAC)

Study selection:The main broad search resulted in 405 titles. After a scan of abstracts and full text
articles where relevant, 42 publications followed the eligibility criteria and were
included. In the vast majority of excluded publications, the term guidelines or its
synonyms was e.g. used in methodological sections or in debates/discussions without
the eligibility criteria being met. In addition, some publications concerned antenatal or
neonatal care, or child health, which lay outside the scope of this review.

The supplementary search resulted in 32 titles, of which one additional quality assurance study was included, resulting in a total of 43 included publications.

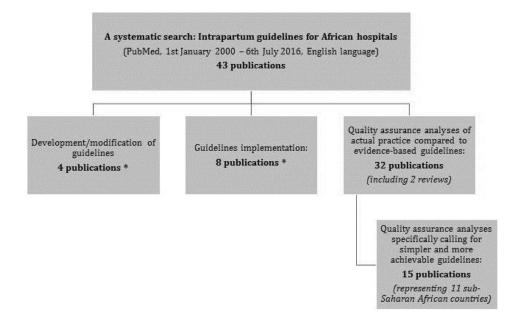


Figure S1 A systematic literature search of intrapartum guidelines for African hospitals; synthesis of the results. *One study is included in both categories.

Synthesis of results (Figure S1):

Four publications described the development or modification process of guidelines. In two of the publications, Kongnyuy et al. described participatory national approaches for development of standards for obstructed labour and women friendly intrahospital care in Malawi.^{1,2} They concluded that while international guidelines were traditionally based on expert consensus, it was beneficial to include the actual end users in the processes. As part of a package to improve emergency obstetric care in two rural districts of Mali, Otchere et al. briefly described that they in collaboration with hospital partners, the Ministry of Health, and others developed clinical protocols for the targeted facilities.³ Finally, Ameh et al. described the development process, including feedback from Nigerian birth attendants, of a severe pre-eclampsia/eclampsia monitoring and treatment sheet (the LIVKAN chart), which includes guidelines.⁴

Eight publications concerned evaluation of implemented guidelines. A study from a community hospital in Senegal implemented emergency obstetric guidelines by criterion-based audit and feedback and evaluated the effect on clinical practice.⁵ In two publications, the QUALMAT study team presented multicenter evaluation of a computer-assisted clinical decision support system for antenatal and delivery care in sub-Saharan Africa, which includeded guidelines.^{6,7} They explored both staff's

perceptions and the effect on maternal and perinatal outcome. A one-center study from India evaluated effects of the WHO Safe Birth Checklist, which included guidelines, on clinical practice.⁸ Two single-hospital studies from tertiary facilities in Tanzania and Pakistan evaluated the effect of locally developed guidelines for eclampsia and postpartum haemorrhage, respectively, on clinical practice and outcome.^{9,10} One study from Malawi evaluated national guidelines regarding the obstructed labour guidelines described above.¹¹ Finally, in the LIVKAN publication described above, birth attendants' immediate perceptions to the new chart was included.⁴ All publications concluded their guidelines to show promising effects.

The remaining 32 publications reported on quality assurance studies of intrapartum care compared to well-established international evidence-based guidelines.¹²⁻⁴³ They presented findings from one or more low resource facilities, and quantitative, qualitative, and mixed methods approaches were applied. All studies concluded intrapartum care to be suboptimal when compared to evidence-based best practice. Of the studies, 15 (47%), representing 11 sub-Saharan African countries, specifically stressed the need for useful guidelines in their facilities.¹²⁻²⁶ Others stressed the need for strengthening supplies, staff numbers, and training in order to follow established international guidelines. Two of the publications presented reviews of criterion-based audits concerning intrapartum care and reached similar conclusions.^{42,43}

Conclusion:Multiple quality assurance studies from low resource settings conclude intrapartum
care to be suboptimal when compared to well-established recommendations of
best practice, and the need for locally useful guidelines is repeatedly stressed.
However, while international guidelines production for intrapartum care
appears to have increased rapidly since 2000, it has not been acceptably
matched with reviews of actual use and impact at the targeted low resource
facilities.

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