

## Patient safety initiatives in obstetrics: a rapid review

### Summary

Our rapid review results suggest that provider education and other QI strategy combinations targeting healthcare providers may improve the safety of women and their newborns during childbirth. In addition, improved patient safety may influence the risk of medical litigation claims and associated costs; however, no direct evidence was found for these outcomes.

### Implications

A report submitted to WHO decision-makers within 6 weeks of query submission was used to inform policy development regarding litigation for obstetrics in South Africa. Because the included RCTs examined a broad range of complex patient safety interventions, we were unable to conduct meta-analyses. A future comprehensive systematic review that also considers quasi-experimental and observational study designs should be conducted on this topic to provide a definitive conclusion on whether these interventions are indeed effective. Such a systematic review may be able to include more studies, allowing the conduct of a meta-analysis of the QI strategies versus usual care and potentially quantifying the effectiveness of these interventions.

### Reference:

Antony J, Zarin W, Pham B, et al. Patient safety initiatives in obstetrics: a rapid review. *BMJ Open*. 2018 Jul 6;8(7):e020170. doi: 10.1136/bmjopen-2017-020170.

PMID: [29982200](https://pubmed.ncbi.nlm.nih.gov/29982200/)

For more information, please contact Dr. Andrea Tricco: [triccoa@smh.ca](mailto:triccoa@smh.ca)

### What is the current situation?

- The rising costs in healthcare delivery and safety concerns of patients have resulted in the development of strategies to promote patient safety in medical practice.
- Specifically, there has been an exponential increase in litigation claims and associated costs related to patient safety in obstetrical care in South Africa.

### What is the objective?

- A rapid review, commissioned by the WHO South Africa-Country office, was conducted to examine the effectiveness of quality improvement (QI) strategies on maternal and newborn patient safety outcomes, risk of litigation and burden of associated costs.

### How was the review conducted?

- An electronic search of the literature was conducted in MEDLINE, Embase, LexisNexis Academic, LegalTrac and the Legal Scholarship Network on 13 August 2015.
- Randomised clinical trials (RCTs) of QI strategies targeting health systems (eg, team changes) and healthcare providers (eg, clinician education) to improve the safety of women and their newborns were included.
- Eligible studies were limited to trials published in English between 2004 and 2015.
- Two reviewers independently performed study selection, abstracted data and appraised risk of bias.
- Each of the intervention components in the included RCTs varied significantly, so we were unable to statistically combine the results in a meaningful way using meta-analyses. Results were thus summarised narratively.
- The rapid review was completed within a 6 week timeline.

### What did the review find?

- Many of the included studies had a provider education component and the results suggest that this intervention, when combined with other QI strategies, may improve outcomes.
- Studies including provider education alone (one RCT), provider education in combination with audit and feedback (two RCTs) or clinician reminders (one RCT), as well as provider education with patient education and audit and feedback (one RCT), reported some improvements to patient safety outcomes.