

Interventions to facilitate clinical escalation of care around birth: a rapid overview of current evidence

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Abstract

Background: Effective clinical escalation on recognition of maternal or fetal deterioration is a crucial component of maintaining safety in intrapartum settings. Objective: To overview systematic reviews on interventions for escalating care around birth. Search strategy: Reviews published 2015 to 2021. Sources searched included eight databases. Selection criteria Reviews involving randomised controlled trials on the clinical impact on mothers and neonates, process outcomes, and/or qualitative evidence on stakeholders' perspectives on intervention. Where gaps were found other types of review evidence were considered. Data collection and analysis Cochrane approaches applied including in evaluating evidence quality. Results Seven systematic reviews and one scoping review were relevant for in-depth review: six were on clinical impact, and two on perspectives (studies from 16 countries, over 909,027 pregnancies/births of undefined risk). In comparison with no intervention, early warning systems trigger tools and team training in obstetric emergencies were evaluated. Various measures of clinical impact were used, only one on time-to-treat. We found that most evidence was of low to very-low quality because of study limitations and imprecision as outcomes are rare, and overall failed to find a clinical improvement favouring early warning systems trigger tools or training. Qualitative studies captured challenges in implementing trigger tools. Reviews of women's perspectives or other types of care escalation were searched but not identified. This is not to suggest studies don't exist. Conclusions Conclusions cannot be made on clinical effect of interventions to escalate care around birth as review evidence is limited. Evaluations need to consider use of proxy outcomes.

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