

THE CONTRIBUTION OF REGIONAL PROTOCOLS ON PRACTICE VARIATION IN INDUCTION OF LABOR: A CRITICAL DOCUMENT ANALYSIS

Background

Clinical practice guidelines have been developed to reduce practice variation in healthcare. Despite national guidelines with recommendations on induction of labor, large variation in the use of this intervention exists between regions in the Netherlands [1]. National guidelines are translated into regional protocols, which are more context-specific compared to guidelines. Possibly, protocols developed by regional multidisciplinary maternity care networks (MCNs) contribute to the regional variation in induction.

Aim(s)

The purpose of this study was to analyze variation between regional protocols, and variation between regional protocols and national guidelines concerning recommendations on induction of labor. We focused on variation in regional protocols as a potential factor contributing to practice variation.

Methods

We performed a systematic document analysis using the READ approach [2]. National guidelines (n=4) and regional protocols (n=18) from six MCNs on obstetric topics linked to induction of labor were assessed between October 2021 and April 2022. An analytical framework was used to extract data for the comparison of regional protocols. The quality of the national guidelines was assessed using the AGREE II instrument [3].

Results

Some MCNs followed all the recommendations of national guidelines in their regional protocols, other MCNs developed their own recommendations, and for some MCNs this varied per topic. When developing their own recommendations, MCNs added additional risk factors, care options, or specific cut-off values. Resulting sometimes in more and sometimes in fewer situations in which induction of labor was recommended compared with the national guidelines. No clear relationship was observed between AGREE scores of the national guidelines and the extent to which regional protocols complied with the recommendations.

Discussion

From our study, the translation of national guidelines to regional protocols appears arbitrary and not systematic. We found a large variation between regional protocols, which indicates that regional protocols may contribute to current practice variation in induction of labor in the Netherlands. Besides alignment between regional protocols with national guidelines, regional protocols should also allow for contextual factors. This gives the possibility to reduce unwarranted practice variation, without increasing unwanted standardization [4]. Our study included a relatively small sample of regional protocols, however, our findings were in line with other studies. Because we only studied documents, we have no insight into the actual practice

Implications and future perspectives

Guidance is needed for better alignment of regional protocols with national guidelines to actually reduce unwarranted practice variation in the use of induction of labor. Regional protocols that allow for contextual factors will stimulate healthcare professionals to act as evidence-based practitioners rather than evidence-based users. Also, more research into the mechanisms that contribute to practice variation is needed to understand this phenomenon.

References

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