

O3

Implementation of a Clinical Guideline based on a Physician Outreach Visit in Obstetrics

Jussara Munareto^{1,2}, Airtton Stein^{1,3}, Ronaldo Bordin¹, Fernando Bernd², Genes Bersch²
¹Ufrgs, Porto Alegre, RS, Brazil, ²Unimed, Porto Alegre, RS, Brazil, ³GHC,UFCSPA,Ulbra, Porto Alegre, RS, Brazil

Background: Implementation of clinical guidelines will ensure quality of health care, adequate allocation of resources and safety for users. Effective strategies in order to detect maternal colonization of **Group B streptococcus** (GBS) is regarded as a high level of recommendation, based on Prenatal Care Guideline, which was issued by the Brazilian Medical Association. Screening is recommended for every pregnant woman between 35 and 37 weeks of gestation, to prevent the most common bacterial infection of vertical transmission in neonates. The prevalence of obstetricians ordering GBS culture before intervention was 32% in a Private Health Care (Medical Cooperative).

Objective: Compare the effectiveness of Consultant Physician Visitor (CPV) and sending guideline by Standard Mail (SM) on obstetricians requesting and performing the culture for GBS in pregnant women.

Methods: A Clinical Trial was carried out and the subjects were 241 obstetricians, who performed deliveries between April 1st and June 30th, 2008, had been included in the sample and then randomized into the following groups: CPV group (n = 76), SM (n = 76) and Control Group (C) (n = 89). The CPV group received an educational visit, in which it was based on the Guideline developed by the Brazilian Medical Association. The SM group received, by mail, the same printed material. The outcome measured was the rate of performance of GBS culture in pregnant women in two periods: before and three months after intervention (CPV, SM and C). Multivariate analysis was applied, as well as, a Poisson regression.

Results: There was no statistical difference in relation to the number of physicians requesting GBS culture between the groups ($p = 0.41$). After the CPV intervention more pregnant women were tested ($p = 0.023$). In the multivariate analysis, female gender ($p = 0.01$) and doctors aged less than 46 years ordered more GBS culture ($p = 0,05$).

Conclusions: The Consultant Physician Visitor was an effective strategy in order to increase the number of pregnant women who are tested for Group B streptococcus in vagina and anus, ensuring better quality of health care. The obstetricians under 46 years of age and females performed more GBS culture in pregnant women.