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Conference Abstract

A systematic review and synthesis of facilitators and barriers to the implementation of evidence-based practices to support physiological labour and birth in obstetric settings

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Background

One of the biggest challenges facing health-care professionals who care for women in labour and birth are decisions about the appropriate use of clinical interventions. Interventions for example caesarian-sections or instrumental births are necessary when problems arise, however routine use increases mortality and morbidity. We undertook a systematic review of studies to explore facilitators and barriers to the implementation of evidence-based practices to support physiological labour and birth, an important initiative, to reduce routine intervention use. We reviewed studies that explored practices in obstetric setting where routine intervention use is higher compared to midwife-led settings.

Methods

Using PRISMA guidelines, databases was searched from 1990 to September 2018 and 31 original studies were included for thematic synthesis. Analytic themes that were theoretically informed enabled us to explore facilitators and barrier at a micro level (obstetricians, midwives and women) and meso level (organisation) to implementing EBPs to support physiological labour and birth.

Results

The synthesis showed that prevalent risk perceptions of birth are an important barrier. This informed an approach based on risk surveillance and active management of labour. Obstetricians who hold strong risk perceptions of birth exert control over other professionals to apply a risk-based approach. An important barrier is their reluctance to relinquish this power. Approaches cognisant with EBPs to support physiological labour and birth is muted. Midwifery acquiesces, obstetric and midwifery preoccupation with risk surveillance and rationalisation of intervention use are important barriers. Women expect

interventions to shape birth experiences. Centralisation of labour care sustains a risk-based approach. Facilitators included collaborative working by obstetricians and midwives to implement evidence-based practices, midwifery involvement in decision-making and organisational efforts to enhance midwifery autonomy

Conclusions

Future research should explore obstetrician's reluctance to relinquish power, factors that facilitate collaborative working between professional groups, organisational influences and women's experiences in obstetric settings.

Registration: International Prospective Register of Systematic Reviews (Ref: CRD42017081891)

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