

EVALUATION OF AN IMPLEMENTATION SUPPORT PACKAGE TO ADDRESS INCREASING RATES OF SYPHILIS IN PREGNANCY IN VICTORIA, AUSTRALIA: WHAT WORKS TO MAKE CHANGE IN ANTENATAL CARE

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Background

The incidence of syphilis is increasing globally, resulting in increased congenital syphilis. Universal repeat syphilis screening during the third trimester was implemented across 5 antenatal services in Melbourne, Australia to replace risk-based screening. This study assessed the effectiveness of an implementation support package that supported universal screening.

Methods

The effectiveness of each of the elements of the screening support package (guideline change, automation of pathology ordering, a new data field for repeat screening in the electronic clinical record, and tailored clinician education sessions) was evaluated through an anonymous survey of clinicians (midwives and obstetricians) 6-12 months after implementation.

Results

85% (62/73) of midwives and 69% (9/13) of obstetricians reported offering syphilis screening as part of routine practice in the third trimester of pregnancy after implementation.

73 % (67/92) of respondents described guideline change to be helpful to their practice. The new data field in the electronic clinical record was reported as most helpful in ensuring repeat screening for every patient. The syphilis training resources were used widely with 82% (75/92) aware of the resources.

Only 11% (8/73) of midwives reported concerns in ordering the test for every patient, with themes being concerns about patient reaction, use of resources, and beliefs that the patient is not at risk. Reasons given for not using electronic ordering included

lack of awareness of how to use electronic health record systems, time constraints and accidental omission. Some sites encountered delays in implementation of automated pathology ordering.

Conclusion

This study demonstrates the experience of clinicians in the roll out of a multifaceted implementation support package that was designed to support repeat syphilis screening in later pregnancy. Optimal methods to implement clinical change, including diverse implementation strategies, may be used in the introduction of practice changes in other clinical settings.

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