

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Althabe F, Buekens P, Bergel E, et al. A behavioral intervention to improve obstetrical care. *N Engl J Med* 2008;358:1929-40.

Web table 1. Components of the Intervention

Selection of opinion leaders

- Teams of 3-6 birth attendants per hospital
- Selected by peer nomination

Guidelines development workshops (5 days)

- To learn the need of an evidence based clinical practice and how to critically appraise medical literature
- To develop simple evidence based guidelines about episiotomy use and management of the third stage of labor
- To identify the barriers for the adoption of those guidelines at the hospital level
- To learn how to conduct academic visits to disseminate guidelines
- To adapt and organize the dissemination and implementation activities in their hospitals

Academic detailing

- Dissemination of the guidelines to hospital birth attendants through personal visits
- Identification of barriers to implement the guidelines
- Adaptation and organization of implementation activities to birth attendants' opinions.

Training on clinical management skills for delivery care

- One day workshop at each hospital for opinion leaders.
- Training in manual skills with videos, anatomical models and patients.

Reminders

- Placing reminders of the recommended practices in labor and delivery wards, clinical records, and surgical packages.

Audit & feed back

- Monthly reports of hospital episiotomy and active management rates to be distributed to every birth attendant.

Information technology

- Each hospital received a computer, all the intervention materials, developed guidelines, and the WHO Reproductive Health Library and Clinical Evidence as sources of evidence-based interventions for pregnancy and delivery care

Coordination

- A regional coordinator met once a month with each team of opinion leaders to assess whether the components were completed as planned.
-

Web table 2. Compliance with the intervention and process measures

Components and process measures	n or [median %]	Range
Selection of Opinion Leaders		
Health care providers (range of number per hospital)	351	(18 - 67)
- Health care providers that nominated opinion leaders	[92]	(89 - 100)
- Nominated opinion leaders that accepted to participate	[83]	(67 - 100)
Opinion Leaders in teams (range of number per hospital)	53	(3 - 6)
Midwives	15	(1-3)
OB specialists	26	(2 -5)
OB residents	8	(1 - 2)
OB head of departament	4	(0 - 1)
Guidelines development workshops		
Opinion leaders present	[100]	(50 - 100)
Agreement with the developed guidelines		
- Management of the third stage	[100]	(95 - 100)
- Use of episiotomy	[100]	(80 - 100)
Dissemination of the Guidelines		
Birth attendants (range of number per hospital)	308	(16 - 46)
- Received the guidelines	[100]	(100 - 100)
- Received at least one academic visit	[100]	(79 - 100)
Birth attendants' attitudes towards the guidelines		
- Resistent to implement	[5]	(0 - 21)
- Open to implement under certain conditions	[38]	(12 - 52)
- Open to implement withouth conditions	[50]	(18 - 88)
Clinical management skills for delivery care workshop		
- Opinion leaders that received the training	[100]	(67 - 100)
- Hospital birth attendants that received the training	[100]	(100 - 100)
Implementation and maintenance of guidelines		
Monthly reports distributed to birth attendants	7	(3 - 10)
Hospitals with reminders placed in: (n/hospitals where was available)		
- labor and delivery wards	10/10	
- surgical packages	5/10	
- partograph	1/1	
Coordination visits		
Monthly visits	11	(6 - 15)