

249: Quality of intra-uterine insemination (IUI) care in the Netherlands

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Objective:

The development of clinical guidelines is an important step toward optimising clinical health care. However, guidelines are not self-implementing and therefore a large variation in clinical practice between different hospitals and health care professionals is assumed. The aim of this study was to assess the adherence to the clinical guideline intra-uterine insemination (IUI), a medical treatment for mild and moderate subfertility, of the Dutch Society for Obstetrics and Gynaecology.

Methods:

Key-recommendations in the fields of indications and treatment procedures for IUI, as well as the complications and evaluation of this therapy, were selected from the guideline. Subsequently, testing the relevance of these key-recommendations for patient's health benefit and efficacy, was done by an expert panel with the use of a modified two round Delphi questionnaire. This resulted in 23 process indicators (e.g. indication of ovarian stimulation, way of stimulation, cycle cancellation, cycle monitoring and timing), 5 indicators related with the structure (e.g. laboratory and registration facilities), and 9 outcome indicators. Firstly, actual care with respect to IUI in the Netherlands was recorded with a retrospective study of medical records in 10 different hospitals, encompassing a total of 581 couples treated with IUI. This data was complemented with information from the same couples obtained through a questionnaire study. Secondly, data was obtained through a questionnaire study among 344 health care professionals involved with IUI.

Results:

Regarding the adherence of health care professionals to recommendations related to the process of care, we found that: the indication of 'ovarian stimulation' for the different diagnostic categories ranged from 62% to 85%, and the adherence to recommendations related to the 'way of ovarian stimulation' itself, was between 24% and 55%. The adherence to recommendations related to 'cycle cancellation' ranged between 79% and 93% and to recommendations related to cycle monitoring and timing ranged from 18 to 99% and from 46 to 90%, respectively. The percentages found for structure related indicators varied from 54% to 100%. As outcome indicators varied in the 10 different hospitals, the singleton livebirth rate per couple was between 10% and 46% and the livebirth twin rate between 4% and 29%.

Conclusions:

The variation in adherence of health care professionals in the Netherlands to the clinical guidelines concerned with IUI of the Dutch Society of Obstetrics and Gynaecology, is very large. These results may help us to develop effective strategies to implement the IUI-guidelines and therefore improve patient care for IUI.