



ORIGINAL ARTICLE

# The impact of a teaching program on obstetric anesthesia practices in Croatia

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## ABSTRACT

**Background:** Many countries fail to use regional techniques for either labor analgesia or obstetric anesthesia. Kybele, an international outreach group, seeks to improve obstetric anesthesia practices worldwide. Its educational program in Croatia was evaluated by studying the change in use of regional anesthetic techniques in obstetrics after a Kybele visit.

**Methods:** An international Kybele team spent two weeks in an educational program in Croatia in September 2005. Croatian anesthesiologists evaluated its benefit via a questionnaire two months after the program. In addition, hospitals that hosted a Kybele member compiled data on rates of regional blockade for cesarean section and labor analgesia before and after the Kybele visit.

**Results:** All Croatian anesthesiologists rated the overall experience as excellent or good. Eight out of nine hospitals contributed data to evaluate the program's impact on obstetric anesthesia practice. The average rate of use of regional anesthesia for cesarean section increased across the eight hospitals ( $P < 0.001$ ) after Kybele; some institutions used neuraxial blockade for the majority of cesarean sections following the Kybele educational program. The average rate of epidural analgesia for labor also increased among the eight hospitals after the Kybele visit ( $P < 0.02$ ), although absolute rates were still modest (maximum rate = 5%).

**Conclusion:** In Croatia, a two-week educational program in obstetric anesthesia increased the use of regional anesthesia and analgesia for labor and delivery in the year that followed the program. Multiple factors limit availability of analgesia for childbirth in Croatia.

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**Keywords:** Obstetric anesthesiology; International outreach; Epidural use; Training evaluation

## Introduction

Croatia, a central eastern European country of approximately four million people, has maternal and neonatal mortality rates similar to those of western Europe.<sup>1</sup> However, despite experience with regional techniques for a variety of operative cases, regional anesthesia is historically not a routine feature of obstetric care. In fact, outside the university setting, regional anesthesia was used in less than 7% of cesarean sections before 2005.<sup>2</sup> At the same time, epidural analgesia for labor was used in less than 1% of births other than in university hospitals.<sup>3</sup> In general, parturients experienced deliv-

ery without the support of their family and without pain relief. In contrast, labor analgesia is an accepted and widely used practice in countries like the United States, with neuraxial techniques the preferred method for cesarean delivery.<sup>4</sup>

Kybele is an international non-profit organization dedicated to improving childbirth conditions worldwide through medical education partnerships (<http://www.kybeleworldwide.org>). It strives to produce improvements in maternal and neonatal care that can be maintained by local physicians, and with minimal cost. Kybele developed a two-week educational program for Croatia that focused on teaching regional anesthetic techniques. The plan was to emphasize training of Croatian physicians by an international team of experts using the existing Croatian infrastructure. Although bedside training was emphasized, classroom teaching was also part of the educational plan. In addition, data were collected to evaluate whether changes persisted after the two-week visit.

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## Methods

### Visit structure

All educational planning, including involvement of hospitals within Croatia, assignment of Kybele members to different host institutions, as well as organizing the first symposium on obstetric anesthesiology in Croatia, was carried out as a team effort between Kybele and a Croatian anesthesiologist. Host institutions were identified by their willingness and ability to sponsor a visitor, and by a perceived opportunity for change within that institution. Nine hospitals hosted Kybele members, with generally 1–2 Kybele members per hospital; these nine hospitals represented all geographic regions of the country (Fig. 1). Host institutions covered all in-country expenses for their guest, including accommodation and transportation. Kybele members paid for their own plane fare to Croatia and stayed for two weeks in the country. The visit began with a two-day nationwide symposium in obstetric anesthesia, followed by dispersal of Kybele members to their host institution for a week of bedside teaching.

### Kybele team

The team that arrived in Croatia in September 2005 included 12 anesthesiologists, an internist and a midwife. They represented academic teaching hospitals from the United States, Canada, England, Scotland, Belgium and Australia. Each team member had particular expertise in obstetric anesthesiology or obstetric medicine. Kybele members had been given their assigned host's contact information six weeks before the visit, as well as data about that hospital's practice of obstetric anesthesiology.

### Evaluation

A questionnaire was mailed to 45 Croatian anesthesiologists two months after the Kybele team left Croatia. It attempted to evaluate the overall satisfaction of the host physicians with their Kybele visitor. In addition, each participating institution was asked to provide data concerning use of regional anesthesia and analgesia from October 1, 2004 to September 30, 2005. Similar data were collected for the period of October 1, 2005 to



**Fig. 1** A map of Croatia. Star indicates a city in which a hospital hosted a Kybele physician. In Zagreb, two different hospitals each hosted a Kybele anesthesiologist.

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