

IMPACTE Case Study

Management of UTI in pregnancy

Encouraging the implementation of best practice in primary care, IMPACTE is a peer-led tool through which GPs examine evidence in small group, self-education sessions commonly within a single practice. At Parkside Medical Centre, actions agreed at an IMPACTE session on the treatment of UTI (urinary tract infection) in pregnancy were taken forward and implemented at practice level.

Background



“Each GP used a different white cell count value ...” (IMPACTE Lead, Parkside Medical Centre)

What is the normal value of white cell count (WCC) in pregnant women? This question came out of a previous IMPACTE session about the relative sensitivity and specificity of urine digital microscopy compared to urine dipstick testing. There was no practice-wide consensus on normal WCC values in pregnancy. The IMPACTE Lead asked the Primary Care Librarian to search for the best evidence on the management of raised WCC in pregnancy to determine when to send a sample for testing to ensure that the patient receives the right antibiotic at the right time.

Description

Evidence brought to the IMPACTE session: Evidence cited in the search report, in particular, a study on total and differential leukocyte counts percentiles in normal pregnancy¹ and a SIGN national clinical guideline².

Actions agreed at the IMPACTE session: (a) Create a practice protocol for the management of UTI in pregnancy based on evidence reviewed at the session and (b) share learning at the next clinical meeting.

Actions agreed at practice level: Roll-out a practice protocol for the management of UTI in pregnancy.



“We learnt what normal WCC values are in each trimester ... we all use the same reference values now and these are set out in a practice protocol for the management of UTI in pregnancy.” (IMPACTE Lead, Parkside Medical Centre)

Extract from the IMPACTE session summary published to Quality.MK

¹ Total and differential leukocyte counts percentiles in normal pregnancy. *European Journal of Obstetrics & Gynecology and Reproductive Biology* 136 (1), 16-19, 2008

² SIGN Management of suspected bacterial urinary tract infection in adults: a national clinical guideline (2006) <http://www.sign.ac.uk/>

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Key points for clinical practice

- Does your practice have consensus on normal white cell count values in pregnancy?
- Consider rolling out a practice protocol.
- See Parkside Medical Centre's protocol for the management of UTI in pregnancy.

Key points for successful IMPACTE groups

- Nominate a GP IMPACTE lead in the practice; the group and lead are supported by a Primary Care Librarian.
- Peer review evidence to make appropriate changes in practice to help improve patient care.
- Use evidence-based changes to practice agreed by an IMPACTE group to make the case for change at practice level.
- Share best practice by publishing summaries of IMPACTE sessions to the web.
- Demonstrate implementation of national guidelines and best evidence to patients and other stakeholders.

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