

*Fransen AF, van de Ven J, Schuit E, van Tetering A, Mol BW, Oei SG. Simulation-based team training for multi-professional obstetric care teams to improve patient outcome: a multicentre, cluster randomised controlled trial. [BJOG](#). 2017;124:641-650.*

**OBJECTIVE:**

To investigate whether simulation-based obstetric team training in a simulation centre improves patient outcome.

**DESIGN:**

Multicentre, open, cluster randomised controlled trial.

**SETTING:**

Obstetric units in the Netherlands.

**POPULATION:**

Women with a singleton pregnancy beyond 24 weeks of gestation.

**METHODS:**

Random allocation of obstetric units to a 1-day, multi-professional, simulation-based team training focusing on crew resource management (CRM) in a simulation centre or to no such team training. Intention-to-treat analyses were performed at the cluster level, including a measurement 1 year prior to the intervention.

**MAIN OUTCOME MEASURES:**

Primary outcome was a composite outcome of obstetric complications during the first year post-intervention, including low Apgar score, severe postpartum haemorrhage, trauma due to shoulder dystocia, eclampsia and hypoxic-ischaemic encephalopathy. Maternal and perinatal mortality were also registered.

**RESULTS:**

Each study group included 12 units with a median unit size of 1224 women, combining for a total of 28 657 women. In total, 471 medical professionals received the training course. The composite outcome of obstetric complications did not differ between study groups [odds ratio (OR) 1.0, 95% confidence interval (CI) 0.80-1.3]. **Team training reduced trauma due to shoulder dystocia (OR 0.50, 95% CI 0.25-0.99) and increased invasive treatment for severe postpartum haemorrhage (OR 2.2, 95% CI 1.2-3.9) compared with no intervention. Other outcomes did not differ between study groups.**