Author's response to reviews

Title: Study protocol: Cost-effectiveness of two strategies to implement the NVOG guidelines on hypertension in pregnancy: An innovative strategy including a computerised decision support system compared to a common strategy of professional audit and feedback

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Author's response to reviews: see over
Dear Sir/Madam,

We would like to submit our study protocol ‘Cost-effectiveness of two strategies to implement the NVOG guidelines on hypertension in pregnancy: An innovative strategy including a computerised decision support system compared to a common strategy of professional audit and feedback [NTR 1387]’ and request to consider publication of this protocol in Implementation Science.

Hypertension is a common complication of pregnancy. Seventeen percent of the clinical pregnancies are complicated by hypertension and 2% by preeclampsia. Severe hypertension and preeclampsia (hypertension and proteinuria) pose an increased risk for morbidity and mortality to both the mother and the foetus. The trends in maternal morbidity due to severe hypertension and preeclampsia are currently a reason for great concern. For instance, a recent study of the Dutch Committee on Maternal Death showed that in 96% of the cases of maternal death due to hypertensive disease several factors of substandard care were present. Therefore, management of hypertension is an important part of care for pregnant women for which improvement is necessary. Evidence-based clinical guidelines on the management of hypertension in pregnancy and chronic hypertension in pregnancy have been developed. However, these guidelines are not implemented yet.

It is expected that an increased adherence to the guidelines’ recommendations will reduce the number of major maternal complications. In the study protocol, we describe the development of an innovative strategy to improve guideline implementation. This strategy includes a computerised decision support system (BOS) tailored to the barriers and facilitators found in a pilot study in addition to professional audit and feedback. In addition, this innovative strategy will be compared on effectiveness and costs with a common strategy consisting of only professional audit and feedback in a clustered RCT in 20 hospitals.

This manuscript has not been published or submitted for publication elsewhere. It has not been reviewed externally previously. I accept the changes you have made in this manuscript.

We are looking forward to your response.

Yours faithfully,
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