

## Notification of NEW and UPDATED Guidelines **July/August 2017**

### Obstetrics and Gynaecology

#### Discharge of a Patient

- Several changes to align with the discharge policy
- Use of NaCS
- All AN women should have their EDD documented on the journey board on admission in order to plan an estimated date of discharge.
- CMP- changes to phone number. Call the primary midwife or the phone number on MR 089 to provide a verbal handover.

#### Pathology & Ultrasound: Request by Midwife / Nurse / Nurse Practitioner

- Ultrasound for fetal wellbeing in MFAU: Basic ultrasound scanning competent midwives performing (page 21)
- All care must be documented in the MFAU Admission Form MR 225 or on a sticker (Portable Obstetric Scan) affixed on the MFAU Outpatient form MR 226 or the woman's Integrated Progress Notes MR 250
- The Medical Officer must be informed when the ultrasound scan results are available. This applies to all ultrasounds regardless of the results. See WNHS Policy [Clinical Investigations \(Results of\)](#)

### Obstetrics and Midwifery

#### Antenatal vaccination protocol: pertussis and influenza

The vaccines may only be administered by

- A Medical Practitioner
- A Registered Nurse or Midwife (includes PG midwifery students but excludes undergraduate midwifery or nursing students)

#### Discharge/Transfer of a Postnatal Woman to Home/Visiting Midwifery Service/Care of General Practitioner

- Several changes to align with the discharge policy
- Women who have an uncomplicated vaginal birth may be discharged from 4 hours if clinically appropriate and safe to do so (i.e. if they fulfil the criteria specified)
- Exclusions for referral to VMS- IVABS/PICC and VAC dressings- refer to SCGH HITH

#### Breastfeeding: Suppression of lactation

- Full breasts need to be handled gently as they may bruise easily
- Advise the woman that this is not a good time to wean, as it increases the risk of breast abscess formation

#### Breastfeeding-The First Feed

- Commence the 'MR261.12 New-born Infant – Breastfeeding Minor Variance to CS and Vaginal Birth Pathways' (Sleepy Baby Variance) form if baby remains sleepy and is not breastfeeding effectively.
- If the baby is still unable to suckle, arrange for paediatric review and refer to the Breastfeeding Centre prior to discharge.
- Provide the mother with a full explanation of how to finger or cup feed according to her preference. Inform the mother why teats are best avoided in early lactation.

#### Placenta being taken home- Safe Handling

- Where no request to remove the placenta from the hospital is received, the placenta will be disposed of after a month, unless it is sent for formal pathological examination in which case it will be retained as per PathWest protocols for six weeks.

#### Placenta: Indications for examination by Microbiology and Histopathology

- All placentas that are not sent for examination are kept in the KEMH Pathology Department for 1 month prior to being discarded.

### Community Midwifery Program

### Gynaecology

#### Sexual Assault Resource Centre (SARC) Clients: After Hours Emergency Management (2200-0900 Hours)

- In the event that medical/forensic service delivery is interrupted, a phone call advice service with a SARC medical officer will be available after 2200 hours. However the medical officer will not attend the emergency case.
- The SARC box is to be checked and re-stocked by staff of SARC every six months or earlier if used.

#### Termination of pregnancy less than 20 weeks gestation- Triage and Referral Process

- Telephone numbers updated
- Timings for availability of the Family Services Co-ordinator
- Updated flow charts

## Perioperative Services

### HSSD

#### Anaesthetics

##### [Epidural Side Effects](#)

- Worsening symptoms mandate urgent notification to Anaesthetist on duty
- Hyperlinks to other guidelines inserted

##### [Fasting Guidelines- Elective gynaecological- oncology and caesarean birth patients](#)

- Once admitted to the DSU or ward an hourly drink of water should be offered to all patients waiting for surgery if there is likely to be at least 2 hours from the time of the drink and arrival in the theatre holding bay.

##### [Cell Salvage - Intra-operative \(ICS\)](#)

- Staff contact information updated for booking
- ICS has traditionally been considered a risk for Amniotic Fluid Embolism should cell saved blood containing amniotic fluid be reinfused. However, the evidence for this is limited when appropriate measures are taken – a leukocyte depletion filter should be used in all obstetric patients.
- When there is significant bleeding in the presence of amniotic fluid the cell saver sucker should be used.

#### Imaging

#### WITHDRAWN

**Breastfeeding Policy- CMP** To follow KEMH Obstetric guidelines

**Breastfeeding the Healthy Term Baby- CMP** To follow KEMH Obstetric guidelines

**Engorged Breasts- CMP** To follow KEMH Obstetric guidelines

**Flat or Inverted Nipples- CMP** To follow KEMH Obstetric guidelines

**Jaundice- CMP** To follow KEMH Obstetric guidelines

**Low or Over Supply- CMP** To follow KEMH Obstetric guidelines

**Mastitis- CMP** To follow KEMH Obstetric guidelines

**Newborn Feeding Issues - CMP** To follow KEMH Obstetric guidelines

**Nipple Trauma- CMP** To follow KEMH Obstetric guidelines

**Weight Loss beyond 10% - CMP** To follow KEMH Obstetric guidelines

**Newborn Infection CMP** (just information, no actions in guideline)

**Postnatal Care Flowchart CMP** (going to process manual)