Department of **Health**
Government of **Western Australia**

Women and Newborn Health Service

Clinical Midwifery Specialist – Guidelines and Quality

Notification of NEW and UPDATED Guidelines May 2017

Obstetrics and Gynaecology

Guidelines development, implementation, evaluation and review processes

- All guidelines to now have a cover sheet prior to ratification for transparency.
- High risk guidelines to now be audited for compliance- accreditation requirement.
- Each guideline to be reviewed by owner of guideline.

Obstetrics and Midwifery

Neonate: Immediate Care for Babies born in Labour and Birth Suite NEW

- O2 sats monitoring to be commenced immediately after birth and continued for 2 hours for all babies born in LBS

Neonate: Immediate Care for babies NOT born in Labour and Birth Suite NEW

- Title change- to differentiate f4rom the above guideline
- When additional observations for Subgaleal Haemorrhage (SGH) are required, they are to continue for at least the first 12 hours of life. Hourly for the first 2 hours and then 2 hourly for a further 6 hours.

Breech Presentation

- Women who meet the criteria for a planned vaginal breech birth who develop complications which are contraindications to a planned term breech birth, must be referred to the team consultant for review and counselling on the day. If after hours or the consultant is not available the woman must be referred to MFAU/Labour and Birth Suite, for review by the Senior Registrar.
- The Consultant / Senior Registrar must have an informed discussion with the woman (and her support person if available) including options, recommendations and the possible outcomes.
- This conversation and the final decision should be clearly documented in the notes by the medical officer with the appropriate level of seniority undertaking the counselling.

Breech Presentation (Uncomplicated Term) – Planned Vaginal Birth

- As above

Breech(Uncomplicated Term) Vaginal Birth – Quick Reference Guide

- As above

Corticosteroids: Management in Pregnancy with Diabetes NEW

- The risk of ketoacidosis is increased especially in pregnant women with poorly controlled T1DM. Ideally, these women should be admitted to hospital when steroids are to be given. In high risk cases an insulin/dextrose infusion may be considered at the discretion of the diabetes physician/ team. Therefore, a low threshold of suspicion of the presence of DKA /and appropriate subsequent action is required.

Exclusion Criteria for Midwifery Group Practice

- Fibroid and previous preterm birth < 35 weeks- for Medical review
- EPDS for Psych referral

Haemoglobinopathy Screening in Pregnancy

- Amalgamated with 'No Fetal Risk of Fetal Hb Disease :sign off by the CNC Haematology'

Mastitis: management of

- Amalgamated with Mastitis: management in the Home
- As mastitis may be caused by poor infant feeding and possibly reduce maternal milk supply, assess infant to ensure thriving. If any concerns, have baby reviewed by paediatrician for possible admission.

Oxytocin: Prophylactic and Therapeutic Administration / Infusion Regimens

- New table format
- Women with a high BMI who are having a vaginal birth may be administered 5 international units of Oxytocin (Syntocinon®) by slow intravenous injection if the midwife/doctor is not confident that the drug will not be administered into the muscle with the needle (length) available.

Pre-labour Rupture of Membranes at Term

- New Flow chart to include care by MGP

Third stage of Labour

- Amalgamated with 'Third Stage: Expectant Management following a Vaginal Birth'
- For women with a high BMI, if the midwife's assessment is that the needle used for IM injection is not of

the sufficient length to administer a drug into muscle, the midwife may consider administering 2 units oxytocin IV (if woman has IV access).

Community Midwifery Program

Gynaecology

Perioperative Services

Observations in the Recovery Room

- Regular review- correct form numbers added

Post- Operative IV Analgesia Flowchart

- To accommodate hydromorphone, there are now 2 separate flow charts– one for fentanyl and one for morphine/alfentanil and hydromorphone/alfentanil

Visitors to theatre

- Regular review- no change

Discharge Criteria- Recovery Room

- Regular review- no change

HSSD

Steam Steriliser Daily Validation Test Process **NEW**

- Regular process for HSSD- was in hardcopy- now on website

Allocated Work Areas- HSSD **NEW**

- Regular requirement for HSSD- was in hardcopy- now on website

Attire- HSSD **NEW**

- Regular requirement for HSSD- was in hardcopy- now on website

Anaesthetics

Intrathecal Morphine

- Regular Review- Buprenorphine added

Imaging

WITHDRAWN

No Fetal Risk of Fetal Hb Disease :sign off by the CNC Haematology (amalgamated)
Mastitis: management in the Home (amalgamated)
Third Stage: Expectant Management following a Vaginal Birth (amalgamated)