



# Notification of new, updated and withdrawn guidelines Jul-Aug 2020

## Obstetrics & Gynaecology Directorate

Clinical Midwifery/Nurse Specialist – Guidelines and Quality

### Anaesthetics

Nil

### Community Midwifery Program (CMP)

Nil

### Obstetrics and Gynaecology

#### Acute Deterioration (Adult): Resuscitation and Life Support [Aug 2020]

- Basic life support - Link added to first responder modifications for patients being treated for droplet precautions including COVID +ve (or suspected) patients

#### Breastfeeding Aids: Nipple Shield [Aug 2020]

- Beware that some babies can use the nipple shield ineffectively spending long periods of time at the breast without significant intake
- Nipple shields should not be introduced because of nipple trauma, as damage can continue to occur if the baby is not effectively attached
- Indications and procedure for using a nipple shield updated- read sections
- New section added for weaning from the nipple shield- read section

#### Breastfeeding Challenges: Mastitis and Breast Abscess [NEW amalgamation] [Aug 2020]

- Two guidelines merged (mastitis and breast abscess)
- If a woman presents to EC for mastitis or breast abscess and requires transfer to another hospital, the woman needs to be assessed appropriately prior to transfer
- Antibiotics changed for women with severe cellulitis and immediate hypersensitivity to penicillin - read section
- GBS resistance to clindamycin is increasing. Check susceptibilities
- Midwifery management of mastitis includes to refer to Ward Lactation Consultant/ CMC for review
- Expressing- ensure expressing with the appropriate size shield. Only the nipple should



come into the funnel when expressing

- If the woman requests to wean: to reduce the risk of developing a breast abscess, weaning should take place over several days where possible

### **Fetal Heart Rate Monitoring [Aug 2020]**

- Description of an acceleration changed to:  $\geq 15$ bpm above baseline and lasting  $\geq 15$  seconds at the baseline
- Added list of indications for antenatal CTG
- Indications for intrapartum CTG updated- see table in guideline for details. Changes include:
  - oligohydramnios and polyhydramnios- MVP described and AFI updated
  - maternal age  $\geq 42$
  - abnormal placental cord insertion; abnormal cerebroplacental ratio
  - details added to describe altered fetal movements, tachysystole, uterine hypertonus and hyperstimulation
  - Following a decision to insert an epidural block, a CTG should be commenced to establish baseline features prior to the block's insertion
  - Updated the antenatal risk factors where intrapartum CTG is not indicated when occurring in isolation (but considered if multiple conditions are present) to include: maternal age 40 – 41; AFI 5-8cm (or MVP 2-3cm)
  - The table in the guideline is not an exhaustive list and intrapartum CTG may be commenced at clinician or maternal request
- CTG trace review / signing, education/ FSEP, and storage details updated- read sections
- CTG commencement- Confirm patient identity (name and details)
- Intermittent auscultation - every 15-30 minutes in the active phase of first stage of labour
- Phrase "Fresh eyes" added for CTG interpretation by two clinicians every 2 hours
- Added details regarding managing CTG interruptions
  - Where continuous CTG is required, and if the electronic fetal monitoring to date is considered normal, monitoring may be interrupted for short periods of up to 15 minutes to allow for personal care. Such interruptions should be infrequent and not occur immediately after any intervention that might be expected to alter FHR.
  - Additional notes about interruptions for personal care and patient transfers added (transferred from another guideline)
- Escalation of care- intrapartum: Table updated.
  - Abnormal (yellow) - variability and decelerations sections amended, and added to action plan to consider IV rehydration
  - Abnormal (red)- amended to 'immediate' notification required
- Fetal scalp electrode section- contraindications amended:
  - 'Known or suspected' added to fetal bleeding disorders
  - Anything other than vertex presentation
  - COVID-19 (known or suspected) until further information available. Refers to Department of Health state-wide guidance when seeking updated advice.

### **Labour: Meconium Stained Amniotic Fluid [Aug 2020]**

- Observation frequency changed to match Neonatal Care guideline- After the initial routine hourly observations, assess 3 hourly (until 12 hours of age)
- Document and escalate as per the Newborn Observation & Response Chart (NORC)

### **Resuscitation Trolley Checking [Aug 2020]**

- Amendments to adult trolley section- 'plum pump' changed to 'volumetric pump', masks



for airborne precautions added, added GTN, intralipid and glucometer to relevant trolleys

### Stoma Care [Aug 2020]

- Added KEMH Stomal Therapy Nurse details and updated useful resources

## Perioperative Services (including Hospital Sterile Supply Department)

Nil

## Medical Imaging [Access through Healthpoint - intranet]

### Children in Ultrasound [procedure] [Aug 2020]

- Children in ultrasound as support people - age changed from under 6 to under 16 not permitted as support people in ultrasound

### Fetal Interventional Procedures: Medical Credentialing and Procedural Protocols [Aug 2020]

- Routine three yearly review

### Patient Identification and Procedure Matching in Medical Imaging [procedure] [Aug 2020]

- Routine three yearly review, minor amendments to title/content to include MRI

### Patient Support in Ultrasound [procedure] [Aug 2020]

- Changed to one support person in ultrasound

## Withdrawn guidelines

1. Anaesthetics- **Sugammadex** [July 2020]- refer to Pharmacy Sugammadex medication monograph

## Withdrawn due to amalgamation with another topic

These 2 guidelines have been **amalgamated** and content moved into the guideline '**Breastfeeding Challenges: Mastitis and Breast Abscess**' as described above:

1. **Breastfeeding Challenges: Mastitis Management of**
2. **Breastfeeding Challenges: Breast Abscess**

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