Notification of new, updated and withdrawn guidelines Feb-Mar 2020

Obstetrics & Gynaecology Directorate
Clinical Midwifery/Nurse Specialist – Guidelines and Quality

Anaesthetics  [Access through Healthpoint]
Nil

Community Midwifery Program (CMP)

CMP Demand and Diversion  [March 2020]
- Updated communication process (contact persons and phone numbers)

Obstetrics and Gynaecology

- Formatting adjusted and duplication removed. Some content (e.g. frequency of observations and escalation processes) has been moved to the new WNHS policy- Recognising and Responding to Acute Physiological (Clinical) Deterioration
- Updated basic life support flowchart from Australian Resuscitation Council and updated statistics on maternal deaths from Australian Institute of Health and Welfare

Breastfeeding Challenges: Engorgement and full, lumpy breasts  [March 2020]
- Definition added
- Milk removal above the infant needs at this stage does not cause an oversupply
- Reverse pressure softening- The midwife may demonstrate with a model of a breast

Exclusion Criteria for Midwifery Group Practice (MGP) Birthing in the Family Birth Centre (FBC)  [March 2020]
- If criteria indicates ‘MR’, acceptance or exclusion is at the discretion of the FBC Medical Officer after evaluation of the woman’s individual situation and care needs
- Criteria updated for- medical history (inflammatory bowel disease, endocrine disorders, FGM, cancer, genetic disorders, pelvic deformities, trophoblastic disease); present pregnancy (anaemia, cervical changes, malpresentation at term, fetal anomaly, placental abnormalities)
Falls: Risk Assessment and Management of Patient Falls [March 2020]
- Added links to SCGH, NMHS and Department of Health WA Post fall guidelines
- Removed ‘post fall instruction text’ and replaced with the post fall process chart - to align with Department of Health Post Fall guideline

Family and Domestic Violence (FDV): Screening [March 2020]
- New screening forms are available. Refer to FDV 950 for screening information
- Now includes offering FDV screening opportunities for non-obstetric patients

Fundal Height: Measuring with a Tape Measure [March 2020]
- Updated to align with National Pregnancy Care guidelines
- Refer women after 24 weeks gestation with a fundal height ≥3cm less than expected, a single fundal height which plots below the 10th centile or serial measurements that demonstrate slow or static growth by crossing centiles, for ultrasound of fetal size
- Refer women in whom measurement of fundal height is inaccurate (for example: BMI>35, large fibroids, polyhydramnios) for serial assessment of fetal size using ultrasound

Pregnancy First Trimester Complications [March 2020]
- New chapter added- Ectopic- Caesarean Scar Pregnancy
- Hyperemesis gravidarum section- Statement about ondansetron has been changed. An alternative medication should be used in first trimester when possible.
- Ectopic pregnancy- when hCG below the discriminatory zone, repeat in 48 hours

Postpartum Complications [March 2020] [Access through Healthpoint intranet]
- V1.1- Minor amendments in Primary PPH section: Removed theatre categories from PPH flowchart, link to Critical Bleeding Protocol updated (previously called Major Obstetric Haemorrhage), and image of Carboprost SAS form removed

Review at Another Hospital: Obstetrics & Gynaecology [March 2020]
- Updated and clarified process, with new flowchart added
- Documentation section added- for call details and review
- Updated equipment lists

Sexually Transmitted Infection (STI) - Chlamydia in Pregnancy [March 2020]
- Reviewed and made more concise
- Screening updated-
  - For routine antenatal asymptomatic screening- obtain self-obtained low vaginal swab (SOLVS). If unable to obtain SOLVS, then obtain first void urine (FVU)
  - For symptomatic women- obtain an endocervical swab (preferred)
    OR both a SOLVS plus a FVU specimen
- Contact microbiologist if azithromycin not appropriate
- Added website link to assist Aboriginal and Torres Strait Islander women
- Retest at-risk women at 36 weeks gestation. Women with a diagnosis of chlamydia infection made at antenatal screening should be considered a higher risk group. See guideline for other higher risk groups
**STI – Syphilis in Pregnancy** [March 2020]

- Antenatal screening updated as a result of increasing rates of syphilis diagnoses – more frequent screening in high risk groups and women from areas experiencing syphilis outbreaks. Refer to antenatal syphilis screening testing schedule
- Aligned recommendations with National Pregnancy Care guidelines
- Processes for co-ordination between KEMH and CDCD for management of maternal syphilis
- Change made in terminology from perinatal to vertical transmission
- Where there is a risk of syphilis transmission the placenta should be sent for PCR testing at delivery
- Treatment of early syphilis may precipitate the Jarisch-Herxheimer reaction
- Fetal and placental ultrasound should be offered to any women treated for syphilis after 20 weeks gestation to assess placental size, amniotic fluid volume, middle cerebral artery Doppler peak systolic velocity, fetal liver size and assess for hydrops
- Maternal follow-up
  - Refer all pregnant women with syphilis to a public health unit for contact tracing
  - Monitor at 3, 6 and 12 months post diagnosis. Where there is a high risk of reinfection measurement of monthly RPR titres may be warranted. Maternal RPR should be checked at delivery for comparison with neonatal RPR titres
  - Discuss with a microbiologist if there are concerns interpreting the RPR response to therapy
- Neonatal section updated with documentation details and now refers to new Neonatology Syphilis guideline. Where a high risk transmission scenario is predicted (treatment less than 30 days before likely delivery) referral to neonatal team can be made before birth
- Added resources for staff (e-learning and notifications) and patients

**Perioperative Services**

(Includes Hospital Sterile Supply Department) [Access through Healthpoint]

**Day Surgery Unit (DSU): Management of Patients** [March 2020]

- Reviewed and amalgamated five guidelines relating to care in the Day Surgery Unit
- Updated list of patients that are not suitable for DSU- Includes women residing in a long term care facility/ nursing home; and cognitive impairment requiring assistance with activities of daily living
Withdrawn guidelines

1. **Fetal Growth Assessment using a Customised Fetal Growth Chart** [Withdrawn March 2020] - Refer instead to ‘Fundal Height Measuring with a Tape Measure’ guideline

2. **CMP Symphysis Fundal Height Measurement** [Withdrawn March 2020] - Refer instead to O&G ‘Fundal Height Measuring with a Tape Measure’ guideline

Withdrawn due to amalgamation with another topic

These five individual guidelines have been amalgamated and content moved into the guideline ‘Day Surgery Unit: Management of Patients’ as described above:

1. DSU Criteria for Admission
2. DSU Pre-operative care: DSU
3. DSU Post-operative care following a local anaesthetic
4. DSU Post-operative care following a general anaesthetic
5. DSU Post-operative care following spinal anaesthesia

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