Obstetrics and Gynaecology

**Pain Management** [New amalgamation]
- Amalgamation of guidelines relating to pain management in labour and heat pack therapy
- Interventions supportive in labour: Analgesic use is reduced with continuous one to one support and also with immersion in water. Relaxation techniques, acupuncture and massage reduce pain particularly in the first stage of labour.
- Maternal education: Discuss pain relief options in the antenatal period. Refer to relevant sections in the *Pregnancy Birth and your Baby book* (p60)
- TENS- KEMH Physiotherapy Department provides monthly TENS patient classes

**Resuscitation trolley checklist** (Adult & Neonatal)
- The frequency of checking the neonatal resuscitation trolley changed from daily to each shift (p. 6, RCA recommendation)

Obstetrics and Midwifery

**Breastfeeding Challenge: Breast Abscess**
- Definition added and management updated
- Review by a Lactation Consultant and referral to the Breastfeeding Centre
- Collect nipple swabs and an expressed breast milk sample for MC&S

**Caesarean Birth** [New amalgamation]
- Amalgamation of eight individual guidelines relating to caesarean birth
- Preadmission clinic section-
  - Medical Officer ensures that the waitlist form is complete
  - the email to the managers is to include weight and BMI for all women
- Elective caesarean section- The FHR should be auscultated and recorded following the insertion of the regional block (epidural, spinal or combined) in the anaesthetic room.
- Non-elective caesarean section-
  - Responsibility of the obstetric doctor booking the case to also inform the Theatre Coordinator and Neonatal Registrar;
  - If a code blue caesarean has been called, this will automatically notify the staff that needs to be informed, and staff can handover face-to-face in theatre.
  - Sufficient clinical information should be provided to the neonatal staff to allow them to summon help if they are busy elsewhere. Do not wait until in theatre to inform the paediatricians who may be busy elsewhere in the hospital.
  - Do not start a caesarean section without the paediatric staff in theatre, unless there is an urgent maternal or fetal indication for delivery.
- Gastric aspiration section- Condensed- background removed & metoclopramide amended
- Uterine Tone at Caesarean: Made more concise
- Postoperative care section:
  - Documentation- Complete top of page 10 (booking BP, last obs, wound/dressing)
  - Care in the home (VMS)- as per VMS (pages 10-12) on the MR 249.61 Caesarean Birth Clinical Pathway. Note: If wound instructions are not documented on page 10, check Stork print out ‘Visiting Midwifery Summary’. If not documented, contact ward.

**Female Genital Cutting / Mutilation (FGC / FGM)**
- WNHS altered the use of the terminology by referring to the practice as female genital cutting/mutilation, to ensure the language used is sensitive and inclusive of all communities
• Patients who have experienced FGC/M are three times more likely to experience family and domestic violence/ intimate partner violence and any form of gender based violence.
• Many interpreters are part of the community that the patient is from; therefore it is highly recommended that a phone interpreter be engaged to ensure confidentiality.

**Labour: Meconium Stained Amniotic Fluid**
• Background and QRG removed. Made more concise throughout.
• The birth should be attended by a neonatal RMO and Registrar competent in neonatal intubation and tracheal suctioning.
• The priority is the birth of the baby. In the event of a delay in the birth consider shoulder dystocia and take appropriate measures.
• Pre-labour: All women who have MSAF prior to the commencement of labour should be assessed in the Maternal Fetal Assessment Unit or Labour and Birth Suite (LBS).
• Family Birth Centre: Transfer to LBS. If birth imminent call paed RMO & Registrar to FBC.
• Community Midwifery Program (CMP) clients transfer to supporting hospital. If birth imminent, call 000 for ambulance attendance.
• Birth: The midwife will notify the neonatal RMO and Registrar of the upcoming birth and relevant antenatal and intrapartum factors. Provide handover to neonatal team on arrival.
• Clean the neonate’s mouth and nose of any visible meconium.
• Continuous SpO2 monitoring for 2 hours after birth.

**Neonatal Care: Eye Infections**
• Made more concise. Links to conjunctivitis within Neonatology guideline.

**Venous Thrombosis and Embolism (VTE) in Pregnancy**
• Duration for distal DVT therapeutic anticoagulation changed to 6-8 weeks
• Common ECG changes includes tachycardia
• Pregnant women with DVT or PE should be treated with twice daily LMWH, but once daily dosing can be considered in the postpartum period
• Management of massive PE section updated- thrombolysis should only be considered if life or limb threatening complications of VTE after discussion of the benefits and risks.

**Gynaecology**

**Emergency Centre (EC)**
• If a patient is being actively treated by another team (at another hospital) then the treating team are consulted and management discussed prior to admission (p. 2)
• At triage/ presentation the appropriateness of admission to this service is considered (p.2)

**Anaesthetics [Access through Healthpoint- intranet only]**

**Adult Resuscitation Drug Protocols [New amalgamation]**
• Amalgamation of 15 individual adult resuscitation medication protocols
• Amiodarone- Incompatible with sodium chloride solutions and many drugs; IV/Intraosseous injection administration: be aware of hypotension and circulatory collapse
• Calcium chloride- This is a high-risk medicine and is rapidly fatal in overdose.
  ➢ Calcium chloride is three times more potent than calcium gluconate. Use calcium gluconate for less urgent indications.
  ➢ Highly irritant. Extravasation may cause tissue necrosis. Monitor injection site closely
  ➢ If given too fast it may cause hot flushes, chalky taste, peripheral vasodilation, hypotension, bradycardia, cardiac arrhythmias, syncope and cardiac arrest.
  ➢ Dose, administration and adverse effects have been updated- read section.
• Calcium gluconate- This is a high-risk medicine and is rapidly fatal in overdose.
Continuous cardiac monitoring is required when treating severe hyperkalaemia.
Highly irritant. Extravasation may cause tissue necrosis. Monitor injection site closely
Dose, administration, adverse effects and comments updated- read section

- Flumazenil- amendment to rate. Half-life ranges from 40-80 minutes
- Glucose 50%- maximum rate 3mL/min
- Magnesium sulphate- Administration updated- read section
- Metaraminol- Indications, administration and adverse effects updated- read section
- Midazolam- Dose for induction of anaesthesia added
- Naloxone- Additional details added to administration section
- Salbutamol- Subcut / IMI frequency of repeat doses amended to every 3-4 hours

WITHDRAWN-

Anaesthetics
1. Adult Resuscitation Drug Protocol: Lignocaine

Community Midwifery Program:
1. CMP Screening for and Treatment of Vitamin D Deficiency in Pregnancy (refer to KEMH O&G, Screening Antenatal: Vitamin D Deficiency in Pregnancy guideline)
2. CMP Complementary Therapies (see new Pain Management guideline above)
3. CMP Group B Streptococcal (GBS) Screening (refer to KEMH O&G, GBS Disease guideline)
4. CMP Standard Protocol Reusable and Single Use Item Management
5. CMP Second Stage of Labour (refer to KEMH O&G, Labour: Second Stage of labour guidelines)

Obstetrics & Midwifery
1. Labour Medications (Routine) in Labour and Birth Suite (LBS) (refer to MR 810.04 Medications Administered for Labour & Birth form)
2. Neonatal Care: Intravenous (IV) Medications Administered on the Obstetric Ward (refer to section in new Pharmacy Medication Administration guideline- page 25)
3. Rubella in Pregnancy
4. Labour Pain Management: Acupressure Shiatsu
5. Labour Pain Management: Acupuncture
6. Labour Pain Management: Aromatherapy
7. Labour Pain Management: Hot Cold Therapy
8. Labour Pain Management: Hypnotherapy
9. Labour Pain Management: Massage
10. Labour Pain Management: Music Audio Therapy
11. Labour Pain Management: Reflexology
12. Labour Pain Management: TENS
   (For labour pain management, refer instead to new Pain Management guideline)

Withdrawn due to amalgamation with another topic
These two individual guidelines have been amalgamated and content moved into the guideline Pain Management as described above:
1. Heat: Local Application
2. Labour Pain Management: Nitrous Oxide (N20+02) administration
These eight individual guidelines have been **amalgamated** and content moved into the guideline **Caesarean Birth** as described above:

1. Pre admission clinic for birth by elective Caesarean Section
2. Elective Caesarean Section
3. Non-elective Caesarean Section
4. Transfer to theatre
5. Transfer from theatre
6. Caesarean Section Postoperative Care
7. Uterine Tone at Caesarean Birth
8. Prevention of gastric aspiration

These 15 individual guidelines have been **amalgamated** and content moved into the guideline **Adult Resuscitation Drug Protocols** as described above:

1. Adult Resuscitation Drug Protocols: Adenosine
2. Adult Resuscitation Drug Protocols: Adrenaline
3. Adult Resuscitation Drug Protocols: Amiodarone
4. Adult Resuscitation Drug Protocols: Atropine Sulphate
5. Adult Resuscitation Drug Protocols: Calcium Chloride
6. Adult Resuscitation Drug Protocols: Calcium Gluconate
7. Adult Resuscitation Drug Protocols: Ephedrine Sulphate
8. Adult Resuscitation Drug Protocols: Flumazenil
9. Adult Resuscitation Drug Protocols: Glucose 50%
10. Adult Resuscitation Drug Protocols: Magnesium Sulphate
11. Adult Resuscitation Drug Protocols: Metaraminol
12. Adult Resuscitation Drug Protocols: Midazolam
15. Adult Resuscitation Drug Protocols: Sodium Bicarbonate