Notification of NEW and UPDATED Guidelines  March - April 2019
Clinical Midwifery/Nurse Specialist – Guidelines and Quality

Obstetrics and Midwifery

**Formula: Fluid Requirements for the Formula Fed Baby** [March 2019]
- Approximate fluid requirements (mL/kg/day) have reduced (Day 1: 40-60mL/kg/day; Day 2: 60-80mL/kg/day; Day 3: 80-100mL/kg/day; End of first week: 120-150mL/kg/day)

**Formula: Fluid Requirements for Low Birth Weight, Preterm and Small for Gestational Age Baby** [March 2019]
- These volumes are a guide only; some babies will not be able to tolerate the upper volumes and this is acceptable, provided they do not develop hypoglycaemia. Refer to the post-natal ward Hypoglycaemia guideline for more information.
- Approximate fluid requirements (mL/kg/day) have reduced (Days 1 & 2: 60-80mL/kg/day; Days 3-7: 80-120mL/kg/day; Thereafter 120-150mL/kg/day)

**Breastfeeding Challenges: Thrush in lactation** [March 2019]
- Nipple trauma may have a bacterial infection requiring appropriate antibiotics
- Take nipple swabs and milk samples for MC&S to ensure no bacterial infection
- Corrective positioning and attachment is important to resolve nipple pain and trauma and expressing is an option if feeding is too painful.

Community Midwifery Program (CMP)

**CMP EPDS and Perinatal Mental Health** [March 2019]
- Routine review. Changed who to notify in some sections as some roles have changed.

**CMP: Non-compliance of client with CMP midwifery standard of practice** [March 2019]
- Routine review
- Previously titled: Management when a Client makes a Decision that is Incompatible with CMP Standards of Practice

Gynaecology

**Emergency Centre** [March 2019]
- Recurrent presentations: If a patient has presented to any emergency department/centre on three or more occasions with the same acute problem, the case should be either discussed with, or reviewed by, a Senior Registrar or Consultant.[RCA recommendation]

**Enteral Tubes : Nasogastric (NGT) – Adult** [March 2019]
- Added link to Allied Health Quick Reference Guide

**Menstrual Bleeding: Heavy** [NEW March 2019]
- New Clinical Care Standard on heavy menstrual bleeding. See guideline

**Pregnancy First Trimester Complications** [March 2019]
- Examination section updated (p5)-
  - An open cervix can only be assessed by digital examination not speculum [RCA recommendation]
  - Competent Registrar to assess all patients with pregnancy of unknown location (PUL) prior to discharge [RCA recommendation]
- Bleeding / pain algorithm (p7) amended: If adnexal mass seen-
  - have POC definitely been seen by staff and sent for histology. If not, PUL needs follow-up including BhCG until ≤5. Competent Registrar to assess all patients with
PUL prior to discharge

- If requires BhCG monitoring, use BhCG ≤5 as definition of normal / negative
- Section ‘Management of Products of Conception (POC) in Children Under 13’ removed - see standalone document

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

**Ketamine infusion** [NEW April 2019]- read guideline

**Labour and Postoperative Analgesia** [April 2019]

- Minor amendment- Ketamine regimen removed, now links to new ketamine guideline

**Other Directorates:** [Access through Healthpoint- intranet only]

Note: Women’s Mental Health have developed a new guideline in April 2019- [Eating Disorders in Pregnancy](#) - see ‘Mental Health’ tab within the [Women’s Mental Health Clinical Guidelines](#) page

WITHDRAWN-