Notification of NEW and UPDATED Guidelines May- June 2019
Clinical Midwifery/Nurse Specialist – Guidelines and Quality

Obstetrics and Gynaecology

Bladder Management [June 2019]
- IDC management:
  - When transferred from ASCU to the ward:
    - Continue usual ASCU urine monitoring until woman leaves for the ward.
    - On arrival to the ward, immediately document urine output and colour or check when last documented and perform observations if nil recent.
  - After all transfers (including appointments and scans), upon return to ward, urine output and colour needs immediate documenting along with other observations.
- IDC- TOV:
  - Once passed TOV, if the woman has any of these: Feeling uncomfortable, slow void, poor bladder sensation, voiding frequent small amounts, then suspect retention and/or UTI- do a bladder scan, urinalysis and MSU.
  - Obstetrics TOV - Voids to be weighed if less than150mL or more than 600mL.
  - Gynaecology TOV- Voids <150mL or >600mL- if the exact volume is considered critical for management then it can be weighed.
- In labour, the IDC balloon should be fully deflated (not partially deflated) prior to pushing.
- Postnatal TOV (after birth or removal of IDC)- monitor flow and sensation during TOV.
  - If unable to void commence active management including pain relief, adequate fluid intake, manage constipation etc.
  - If voiding frequent or small amounts or is uncomfortable, despite residual being <150mL, perform intermittent catheterisation and inform medical team.
  - Refer to Physio for altered sensation or flow in absence of retention or overstretch.
  - Intrapartum / postpartum flowchart updated.
- Management added for IDC catheter obstruction.
- New section added for management of bladder stretch >1L.

[Recommendations June 2019]

Total Parenteral Nutrition (TPN) [May 2019]
- Links to SCGH guideline on same topic and KEMH Pharmacy QRG.

Obstetrics and Midwifery

Abdominal Trauma: Management during Pregnancy [June 2019]
- CTG monitoring as per discussion with Consultant.

Cholestasis in Pregnancy [NEW amalgamation June 2019]
- Merged content from three guidelines on management of cholestasis in pregnancy.


Hypertension in Pregnancy: Magnesium Anticonvulsant Therapy [June 2019]
- Infusion rates shall be checked and confirmed by 2 Registered Midwives when commencing and changing rates.
**Labour: First Stage** [NEW amalgamation June 2019]
- Amalgamated five guidelines relating to admission, assessment and first stage of labour care. Condensed content- refer to guideline.

**Labour: Indications for Placental Examination in Pathology (Microbiology and Histopathology)** [June 2019]
- Consultant’s details to be legibly written on the request form
- Updated placenta storage location

**Midwifery Care Flowchart** [May 2019]
- The EWC flowchart updated- Includes option for initial booking visit in EWC or telehealth. Then team consultant or Clinical Midwife reviews woman’s medical record.
- The FBC flowchart updated-
  - Application received then telephone triage by midwife. See flow chart for other changes
  - Women in the FBC who DNA their 40 week appointment are reappointed within 24 hours
  - At 41 weeks- this visit should be in MFAU for US/CTG

**Multiple Pregnancy** [NEW amalgamation June 2019]
- Merged content from two guidelines on management of a multiple pregnancy
- Early birth at 37 weeks gestation compared to ongoing expectant management for uncomplicated twin pregnancy is not associated with an increased risk of harm
- In twin pregnancies after 32+0 weeks gestation, with the first twin cephalic, the risks or fetal/neonatal death or serious neonatal morbidity were not significantly increased or decreased with a planned caesarean compared with planned vaginal birth.
- Women with uncomplicated trichorionic, triamniotic triplet pregnancies - added a 32 week appointment with scan and amended the 16 week appointment to be without scan.

**Postpartum Complications** [NEW amalgamation June 2019] (available to WA Health staff through Healthpoint)
- Amalgamated content from six guidelines relating to complications (e.g. PPH) in the postpartum period
- Risk factors updated
- Intrauterine haemostatic balloon removal- If the woman has been coagulopathic, check clotting profile prior to removal
- PPH primary-
  - Consider tranexamic acid
  - Misoprostol not used
- PPH Secondary- Curettage and EUA should be performed by a Senior Registrar or Level 3 Registrar with Senior Registrar / Consultant supervision.

**Vaccinations** [NEW amalgamation May 2019]
- Amalgamated four guidelines relating to adult and neonatal vaccination-condensed content
- Adult: Antenatal Pertussis:
  - The recommendation for antenatal pertussis vaccination has been updated. Offer to all antenatal women, (mid 2nd trimester to early 3rd trimester) with optimal timing
20-32 weeks gestation.

- Women who have a preterm birth prior to receiving the pertussis vaccine i.e. <28-32 weeks should be offered pertussis vaccination prior to postnatal discharge.
- If women receive the vaccine earlier than 20 weeks, they do not need a repeat dose in the same pregnancy.
- If two vaccines are to be given, administer as separate injections. If required, they can be given in the same arm separated by 2.5cm from the initial injection site.
- Staff vaccinating under the relevant SASA are required to document immunisations on the Australian Immunisation Register (AIR).

- **Adult: Postnatal MMR:**
  - Note: Pathologies have changed their reporting. Rubella considered immune if ≥10
  - Adult MMR is on the WA vaccination schedule where <2 doses MMR received
  - Contraindications and precautions updated. Refer to the Australian Immunisation Handbook for advice regarding vaccination in the context of recent or future blood product administration, immunosuppression/compromise, HIV, and corticosteroid therapy
  - Side-effects section updated. Inform women about possible symptoms occurring 5-12 days after vaccination and how to manage the symptoms.

- **Neonatal: Hepatitis B and Hepatitis B immunoglobulin (HBIG) sections:**
  - Background removed- refer to Neonatology guideline on hepatitis B
  - If neonate of a hepatitis B carrier mother, wash both limbs, and give hepatitis B vaccine and HBIG on the day of birth at the same time but in separate thighs.

- Check that the vaccination has not already been given by another service

**Water for Pain Management during Labour and/or Birth** [June 2019]
- Women who are eligible for labour and/or birth in water may access/utilise the LBS baths or bring in their own pool.

**WITHDRAWN**

Community Midwifery Program:

1. **CMP Ergometrine Administration** [withdrawn May 2019]
2. **CMP Lignocaine 1% Administration** [withdrawn May 2019]
3. **CMP Misoprostol Administration** [withdrawn May 2019]
4. **CMP Syntocinon Administration** [withdrawn May 2019]
5. **CMP Syntometrine Administration** [withdrawn May 2019]
6. **CMP Vitamin K Administration** [withdrawn June 2019]

   The above six guidelines have been removed as WNHS have new Structured Administration Supply Arrangements (SASA). Refer to the relevant SASA.

7. **CMP Postnatal Depression** (refer to CMP guideline: EPDS and Mental Health Screening and Referral) [withdrawn May 2019]
Withdrawn due to amalgamation with another topic

These five individual guidelines have been amalgamated and content moved into the guideline Labour: First Stage as described above:

1. Labour: Assessment
2. Labour: (Possible/Early) at Term
3. Labour: Admission to Labour & Birth Suite
4. Labour: (First stage) Care of the Woman
5. CMP First Stage of Labour (refer to KEMH O&G, Labour: First Stage guideline)

These four individual guidelines have been amalgamated and content moved into the guideline Vaccinations as described above:

1. Antenatal Vaccination Protocol: Pertussis and Influenza
2. Measles, Mumps and Rubella (MMR) Vaccine Administration
3. Neonatal Care: Hepatitis B Vaccine
4. Neonatal Care: Hepatitis B Immunoglobulin

These six individual guidelines have been amalgamated and content moved into the guideline Postpartum Complications as described above:

1. Intrauterine Haemostatic Balloon Removal
2. Oxytocin: Prophylactic and Therapeutic Administration / Infusion Regimes
3. Postpartum Haemorrhage: Primary
4. Postpartum Haemorrhage: Secondary
5. Selective Pelvic Arterial Embolisation in the Management of PPH
6. Uterine Inversion

These two individual guidelines have been amalgamated and content moved into the guideline Multiple Pregnancy as described above:

1. Multiple Pregnancy: Antenatal Management
2. Multiple Pregnancy: Intrapartum Planned Vaginal Twin Birth

These two individual guidelines have been amalgamated and content moved into the guideline Cholestasis in Pregnancy as described above:

1. Cholestasis (Suspected): MFAU QRG
2. Cholestasis (Confirmed): MFAU QRG