Notification of new, updated and withdrawn guidelines Oct 2021

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

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

**Intraoperative Cell Salvage**
- Brought together two guidelines on this topic (from anaesthetics and haematology)-content from both guidelines reviewed, updated and condensed
- Rather than using a separate suction device to aspirate amniotic fluid, single suction intraoperative cell salvage is now the default technique at KEMH
- Routine use of a leucodepletion filter for reinfusion of cell-saved blood is no longer recommended

**Community Midwifery Program (CMP)**
Nil

**Obstetrics and Gynaecology**

**Breastfeeding: Expressed Breast Milk (EBM) Identification and Storage on Postnatal Wards**
- Routine three yearly review; Links updated to NICU milk room protocol for SCN babies

**Born Before Arrival- Admission Procedure**
- Follow relevant guidelines relating to management of the placenta
- Removed reference to LBS Birth Register
- OPH details added

**Cervical Cerclage: Post-Insertion Nursing Observations and Suture Removal Medical Procedure**
- Merge of two guidelines relating to cervical cerclage (insertion and removal)
- Post-insertion: Option for DSU added
- Post-insertion: Mobilise according to routine post-regional or GA guidance or as specified by the surgeon
• Booking process added for suture removal on LBS

Childbirth and Mental Illness Clinic
• New medical record forms in use for documentation of management- see guideline links
• Extended hospital stay as required
• Contraception- clear documentation for plan should be recorded in the notes

Emergency Centre
• Document clinical advice given by telephone (e.g. to patients) on the ‘Documentation of Incoming Calls- EC’ MR form
• Document all assessments and methods used to stabilise patients that occurs prior to patient transfer to another hospital
• Only dual registration registered nurse/midwife shall undertake the role of triage not including graduates
• Any member of the public who presents to the EC are triaged by the Triage Nurse/Midwife in the EC
• Presentations with non-gynaecological or obstetric conditions- Provide immediate care of life threatening conditions, provide patient comfort measures
• Observations- refer to escalation and response processes on relevant ORC. All patients are commenced on the relevant ORC after triage.
• ‘Admission to the short stay unit’ chapter removed- no longer used
• SARC chapter (contacts, medical and forensics) updated
• HVS section- added indications and now links to relevant guidelines for collection and opportunistic testing
• ATS appendix removed- print copies available at triage desk
• IV morphine administration section updated:
  ➢ Must be prescribed by a Medical Officer on the Medication Chart MR 810.05
  ➢ Time to stay, if not admitted after dose, changed to 2 hours
  ➢ RN/RM must stay with medication solution and patient
  ➢ Frequency of observations changed (baseline and 10mins post each dose) - record on relevant ORC
  ➢ Solution must be discarded in S8 liquid waste with two RN/RMs
  ➢ Reversal- Indications updated, Escalate as per relevant adult or postnatal ORC which may require a Code Blue Medical call)

External Calls: Obstetrics and Gynaecology Registrars Receiving
• GP examples added to box A, including calls for referrals and interim management
• Inform caller of your name; and if transferring patient from another site, inform caller for their Bed Manager/HCM to discuss bed availability with KEMH HCM to organise transfer and bed management.

Infections (Vaginal): Candidiasis, Trichomoniasis, Bacterial Vaginosis (previously titled ‘Vaginal Infections: Antibiotic Treatment for’)
• Title changed; added section for referring to the Sexual Health Clinic at KEMH
• Candidiasis- medications and doses changed- refer to guideline and pharmacy
medication monographs

- Trichomoniasis- Links directly to Silver Book for management. NAAT (PCR) of a dry vaginal swab or first void urine specimen is the preferred test
- Bacterial vaginosis- Links directly to Silver Book for management

Labour: Birth Notification

- Removed reference to LBS Birth Register
- OPH details added regarding forms

Labour (First Stage): Management of Delay

- If no delay in latent phase- include advice on when to re-present if discharging home
- Multipara- delay in active phase: Discuss with Consultant; Oxytocin infusion only with approval of Consultant Obstetrician and check pre-requisites are met. If < 2cm progress in 2 hours (or not fully dilated), discuss with Consultant Obstetrician.

Labour: Third Stage

- Condensed information- removed additional information in procedure; added details for placenta disposal and links to relevant guidelines
- Do not encourage maternal effort in conjunction with CCT

Menopause and menopausal symptoms

- Reviewed newer evidence. Condensed content about non-hormonal medications, instead links to consumer information
- Menopausal hormone therapy (MHT) replaces term ‘HRT’
- Menopause symptom management flowchart updated- with non-pharmacological options
- Added synthetic hormone receptor modulator
- Menopause- Review time period changed to 8-12 weeks
- Broader scope to be inclusive of several cancers
- Links to more information added for MHT breast cancer risk

Niki t34 Syringe Pump: Continuous Subcutaneous Infusion Management

- Added details for placement of subcutaneous needle
- Ideally, breakthrough medication should be given through a second Saf T Intima Catheter as administering via side port on Niki infusion renders pump non-therapeutic for 4 hours

Total Parenteral Nutrition (TPN)

- Updated hyperlink to SCGH/OPH guideline

Vitamin B12 Deficiency: Management in Pregnancy

- Background, risk list and diagnosis sections updated
- To screen for deficiency request ‘serum vitamin B12’
- Symptoms of anaemia may manifest though are uncommon in isolation. Folic acid supplementation may mask (or partially mask) the haematological manifestations of B12
deficiency though does not impact neurological features.

- RDI changed to 2.6mcg/day in pregnancy and 2.8mcg/day in lactation
- If oral treatment, early repeat B12 assay (e.g. 3-4 weeks) is recommended to ensure response

**Perioperative Services**  [Access through Healthpoint - intranet]

Fluid and Distension Media for Endoscopic Operative Procedures in Gynaecology and Urology [NEW]

**Medical Imaging**  [Access through Healthpoint - intranet]

Nil

**WNS Osborne Park Hospital**  [Access through Healthpoint - intranet]

**OPH- Elective Caesarean**

- Added links to OPH policies on audio visual recordings and support persons in theatre
- ANC Midwife Coordinator stamps the patient’s notes to confirm checks attended
- Pre-medication changed
- The midwife: Prior to Team Time Out introduce the patient and support person to theatre staff; and before leaving OT, ensure clamps returned to theatre staff

**Withdrawn guidelines**

1. **OPH- Adoption** (refer instead to WNHS Allied Health- Social Work Adoption guideline)
2. **OPH- Visiting Midwifery Services (VMS)- Postnatal** (now coordinated through KEMH)

**Withdrawn due to amalgamation with another topic**

These two guidelines have been amalgamated and content moved into the guideline ‘Cervical cerclage: Post-insertion nursing observations and suture removal medical procedure’ as described above:

1. Cervical Cerclage
2. Cervical Suture Removal
Other departments- Updated procedures

Child and Adolescent Health Service (CAHS)- Neonatology guideline updates

For changes to neonatology and neonatology postnatal ward guidelines, refer to the bottom of CAHS policy / guideline updates.

Sir Charles Gairdner Osborne Park Health Care Group (SCGH / OPH) guideline updates

Some guidelines at KEMH and / or OPH link to SCGH guidelines for non- obstetric / gynaecology topics (e.g. TPN, stoma, wound, bowel care). Refer to SCGOPHCG updates if relevant.

This document can be made available in alternative formats on request for a person with a disability.

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