Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

Notification of new, updated and withdrawn guidelines Nov-Dec 2023

Obstetrics and Gynaecology Directorate

Clinical Midwifery/Nurse Specialist – Guidelines and Quality

Anaesthetics [Access through HealthPoint - intranet]

Nil

Community Midwifery Program (CMP)

Nil

Obstetrics and Gynaecology

Acute Deterioration (Adult): Resuscitation and Life Support [Dec 2023]

- Condensed content, with some instructions (manual BP, automated readings, ECG, fetal code blue criteria, post-op obs) moved to WNHS acute deterioration policy. Now links to Adult Resuscitation Drug Protocols for medication content.
- Link to Goals of Patient Care policy and resources added
- Details about who may perform manual defibrillation amended- refer to defibrillation skills section
- Preferred terminology change- 'perimortem caesarean' now also referred to as 'resuscitative hysterotomy'
- Appendix 1 added to replace and summarise A-E assessment section in guideline
- Updated AIHW maternal deaths statistics and moved to appendix 2

Advanced Maternal Age [NEW] [Dec 2023]

- First version. Previously content relating to AMA was within Antenatal Care Schedule guideline. Changes include:
  - Now includes lower age category (if ≥35 years); Background added; Educate regarding risk of GDM and PET

- Previous requirement for routine CTG fetal surveillance removed. Earlier formal USS gestations (at 36 weeks if ≥35 years; or at 30 and 36 weeks if ≥40 years)
- Consider low dose aspirin from 12–36 weeks in the setting of at least one other moderate preeclampsia risk factor.
- Consider NIPT screening, 1st trimester OGTT, increased BP checks
- Weekly review from 39 weeks until birth
- Initiate shared decision making with women aged ≥40 regarding birth (e.g. IOL) from 39+0 weeks in absence of indication for earlier birth- to align with recommendations from the WNHS Labour Planned Birth Timing guideline and Promoting Safe Timing of Birth guidance

Birth After Previous Caesarean [Dec 2023]

- If using oxytocin, titrate to enable adequate uterine activity with no more than four contractions in 10 min.
- Oxytocin is increased in increments at least 30 minutes apart **[RCA related]**
- For monitoring during planned VBAC labour: WNHS recommends continuous maternal heart rate and oxygen saturation monitoring during CTG to ensure adequate differentiation between maternal and fetal wellbeing **[RCA recommendation]**
- Features of uterine rupture listed
- Compliance monitoring section added
- OPH specific VBAC forms listed
- Appendix from RANZCOG updated

Breast Inflammation and Infection: Mastitis and Breast Abscess [Dec 2023]

- Title changed from 'Mastitis and Breast Abscess'. Whole guideline reviewed and restructured, with changes to language and guidance around mastitis and breast abscess- read guideline.
- New sections added for definitions, breastfeeding / expressing, additional lactation support, recurrent mastitis and aspiration of abscess

Emergency Centre [Dec 2023]

- Requirements for notification to Gynae-Oncology senior medical officers (Fellow or Consultant) of any gynae-oncology patient presentations in EC [**RCA recommendation**]
- Clearer timeframe (within 48hrs) associated with ED/EC re-presentations **[RCA recommendation]**
- Minor procedure pain relief section with link to Methoxyflurane (Penthrox®)
- Opioid chapter now expanded to include IV fentanyl administration in EC
- New section for compliance, monitoring and evaluation added. Includes roles and responsibilities associated with monitoring and escalating multiple ED/EC presentations **[RCA recommendation]**

Midwifery Group Practice (Hospital Based): Criteria [Dec 2023]

- Whole guideline reformatted- read guideline. Title amended to 'Midwifery group practice (hospital based): Criteria'
- Inclusion criteria aligns with 2021 ACM guidance. Attendance at all appointments added. Women living outside catchment area may be considered depending on MGP capacity- these women will need to attend KEMH for postnatal checks.
- Exclusion criteria added (shared care with GP or EPPM; if specialised model (WANDAS, CAMI, Adolescent)). Note added about new Aboriginal MGP.

Operative Vaginal Birth [Dec 2023]

- Routine review. Reformatted with additional information column removed.
- The time spent in obtaining consent may be determined by the urgency of the situation. Verbal consent should be obtained and documented in the medical record.

Postpartum Complications (including PPH and uterine inversion) [Dec 2023]

- **Postpartum haemorrhage** (PPH):
  - Restructured layout of guideline, updated and condensed content and flowcharts, medication reviewed. Updated risk factors and aetiology.
  - Oxytocin infusions:
    - Simplified infusion regimen- see table for standard and new fluid restricted infusions (for fluid restricted regimens for women with cardiac conditions and / or HTN – refer to instructions and management plan in patient notes)
    - Prophylactic infusion cessation process changed – run at prescribed rate, ceasing the infusion following 2 hours if: fundus firm and central, and PV loss minimal
    - Therapeutic infusion cessation process changed – read table on p5 for details
    - Once the oxytocin infusion has been ceased, the IV cannula is to remain in situ for at least 12 hours, and only removed when clinically stable
  - New PPH medication management table added – read table
    - Change to order of medications for PPH management to reflect evidence and practice. Now also includes misoprostol.
    - Separate sections for management for women with hypertensive or cardiac conditions
    - Consideration of loperamide if giving carboprost to minimise the side effect of diarrhoea
  - Medications administered for PPH are to be documented on the relevant hospital medication record (e.g. in birth suite on Medication Administered for Labour and Birth back page- 'PPH Medication' or in theatre on Anaesthetic Chart)
  - Intrauterine balloon tamponade:
    - All women with intrauterine balloon tamponade devices will require admission to ASCU post-procedure for monitoring
    - For earlier gestations (smaller uterus) consider use of a cervical induction

balloon (C80)

- **Secondary PPH- Antibiotics** section:
  - Switch to oral therapy once the patient is clinically stable
  - Management (with or without evacuation of retained products of conception) should receive broad-spectrum antibiotic therapy
  - The route and duration of therapy should be individualised to patient circumstances but in general should be for a **minimum of seven days**
  - If there are features of systemic sepsis, consult a Clinical Microbiologist on-call for advice regarding antibiotic therapy for sepsis / septic shock
- **SPAE**:
  - Added to disadvantages- that transfer off-site requires a haemodynamically stable patient
  - At the severe end of placenta accreta spectrum disorder, interventional radiology may potentially be considered- these cases involve senior MDT input and are on a case-by-case basis. The caesarean will need to be performed at SCGH and therefore significant planning is required.
  - If haemodynamically unstable patient- anaesthetist to liaise with DA at receiving hospital. It is not the responsibility of the accompanying anaesthetist to continue care of the woman at the receiving tertiary hospital.
- **Intrauterine haemostatic balloon removal**:
  - Fasting prior to procedure now links to fasting guideline (recommends 6 hours)
  - Where packs are insitu, ensure the number of vaginal packs removed is counted, documented and matches the number of vaginal packs inserted in the operating theatre
  - If C80 used- refer to individual obstetric removal instructions
- **Uterine inversion**:
  - Added to associated factors- Management of 3rd stage (excessive cord traction, combining fundal pressure and cord traction to expel the placenta; use of fundal pressure to expel the placenta while the uterus is atonic); and Sudden emptying of a distended uterus
  - Updated wording of severity classifications
  - Consider coagulation studies including ROTEM

Pregnancy Loss: Mid-trimester (including abortion) [Dec 2023]

- Change of clinic name to Pregnancy Choices and Abortion Care (PCAC), with contact details updated
- If the parents are not taking the baby home, the baby and products of conception (POC) are sent to Perinatal Pathology for disposal and cremation. Fetal POC are only to be cremated and never disposed of in anatomical

Perioperative Services [Access through HealthPoint - intranet]

Ex-utero Intrapartum Treatment (EXIT) Procedure [Nov 2023]

- Routine review

Perioperative Attire [Dec 2023]

- Added sections for risk, visitors, and new sections for false eyelashes, handkerchiefs and personal belongings (e.g. bags)
- If dedicated footwear is unavailable, then shoe covers shall be used
- Details added for personal / cultural / religious head coverings

Skin Preparation of the Patient [Nov 2023]

- Patients instructed not to shave, wax or use hair removal products pre-operatively
- Single use prep solution containers are recommended
- Personnel performing skin antisepsis shall check patient allergies before the procedure
- Perform skin antisepsis only after “Team Time Out” and before applying sterile drapes
- Areas close to critical aseptic field with more significant contamination (e.g. umbilicus) are cleaned before skin antisepsis
- Surgical sites, like the cervix or vagina, of a patient undergoing a perineal or abdominal procedure shall undergo skin antisepsis separately from the abdomen
- If diathermy to be used, antiseptic skin preparation are dried by evaporation with no pooling of alcohol-based preparations.
- Ensure skin preparation is dry before draping the patient

Medical Imaging [Access through HealthPoint - intranet]

Patient Identification and Procedure Matching in Medical Imaging [Dec 2023]

- Routine three yearly review. Minor amendments to content to include new HSS Enterprise Medical Imaging Platform (EMIP) solution and DMR; and added procedure matching question to the 4Ws ‘What are you here for?’

WNS Osborne Park Hospital [Access through HealthPoint - intranet]

Neonatal: Admission, Transfer and Discharge Criteria for the Neonatal Unit (NNU) and NNU Patients on the Maternity Ward [NEW] [Dec 2023]

- Developed to include NNU criteria and planned to align with the opening of the OPH NNU
- This document replaces the ‘Neonatal Stabilisation, Interhospital Transfer, and Paediatrician Attendance (OPH)’ guideline

Neonatal: Paediatrician Attendance in Hospital [NEW] [Dec 2023]

- Previously this content was within the ‘Neonatal Stabilisation, Interhospital Transfer, and

Paediatrician Attendance (OPH)' guideline which has been superseded

- Added section for paediatrician attendance for neonates admitted to NNU- to align with the opening of the OPH NNU
- 'Paediatrician attendance required' now includes: Suspected sepsis or increased C-reactive protein (CRP) level (including maternal history of sepsis or chorioamnionitis during this pregnancy and/or birth), and if neonate had a high NAS score

Withdrawn guidelines

1. **Readmission of a Baby / Babies to KEMH (from VMS/MGP/CMP)** [Dec 2023]- This content moved to the WNHS Admission procedure (readmission of an infant)
2. **Syntometrine: Labour and Birth Suite Quick reference guide** [Dec 2023]- Refer instead to Labour and Birth (Third Stage) guideline and pharmacy medication guidelines
3. **OPH: Neonatal Stabilisation, Interhospital Transfer, and Paediatrician Attendance (OPH)** [Dec 2023]- refer instead to 2 new OPH neonatal guidelines listed in OPH section above
4. **Transfer of Patient to Another Hospital (OPH)** [withdrawn by SCGOPHCG mid 2023]. Refer instead to 'SCGOPHCG Patient Transfers – To and From External Facilities'

Other departments- Updated procedures

Maternity Wards 3-5 KEMH

1. **Standard Operating Procedure (SOP): Boarders Procedure** [Dec 2023]
    - Update neonatal iCM handover prior to changing patient status to boarder

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.