



Notification of NEW and UPDATED Guidelines **December 2017**

Clinical Midwifery/Nurse Specialist – Guidelines and Quality

Obstetrics and Midwifery

HIV Positive : Management of a Woman and her Neonate

- Maternal HIV viral load and T-cell subsets are assessed every trimester for women with an undetectable viral load and at 36 weeks gestation. Testing is more frequent when maximal viral load suppression has not been achieved. The maternal HIV viral load at 36 weeks gestation has consistently been demonstrated to reflect the perinatal HIV transmission risk.
- NIPT more reasonable option for fetal assessment of chromosomal disorders and may be considered as first line screening test in HIV positive women given its lower false positive rate

Diabetes in Pregnancy

- New sections added: 'Screening for GDM following Bariatric Surgery' and 'GDM: MGP /CMP management'
- New Appendix added: Low Risk Models of Care Planner: GDM
- Added 'Fetal surveillance' section to table within 'Diabetes (GDM& type 2) not requiring insulin or OHA' on page 27
- HbA1c- Women with GDM who are NOT going through the Diabetes Service for their antenatal care (i.e. GDM diagnosed after 22 weeks) do not need HbA1c done each trimester. When the woman attends the diabetes education class, the Diabetes Educator decides if a HbA1c is required depending on factors including her GTT result.

Community Midwifery Program

Primary PPH at Home (CMP)

Perioperative Services

EXIT Procedure [NEW]

Anaesthetics

Epidural catheter removal

- Decision to remove epidural to be made in conjunction with Pain Service (key point 1 changed)
- If platelets less than 100,000 discuss with anaesthetist (key point 3 changed)
- Wait at least 6 hours after last dose of UFH before performing neuraxial blockade or removing epidural; and wait at least 2hrs after performing neuraxial blockade or removing epidural before giving a UFH dose.

Clinical handover of anaesthetised and pain medicine patients

WITHDRAWN

19 guidelines amalgamated into Diabetes in Pregnancy- (& withdrawn as separate documents)

(Diabetes: Referral; Diabetes Education; Diabetes: Admission Procedure; Diabetes: Antenatal Ward Care QRG; Diabetes: Blood Glucose Monitoring; Diabetes: Hypoglycaemia Management; Diabetes: Diabetic Ketoacidosis (DKA) Management; Diabetes: Gestational Diabetes Mellitus (GDM) and Type 2 Diabetes Not Requiring Insulin or Oral Hypoglycaemic Agents (OHA's) Management; Diabetes: Requiring Insulin or Oral Hypoglycaemic Agents; Diabetes: Antenatal Care / Tests Planner QRG; Diabetes: Antenatal Medication; Diabetes: Intrapartum Management of GDM (Includes Planning for Induction of Labour (IOL) / Caesarean Section); Diabetes: Intrapartum Management of Type 1 Diabetes Mellitus (Includes Planning for IOL / Caesarean Section); Diabetes: Intrapartum Management of Type 2 Diabetes Mellitus (Includes Planning for IOL / Caesarean Section); Diabetes: Blood Glucose Meter (Medisense Optium); Diabetes: Glucagon Education (Partners): Type 1 DM; Diabetes: Insulin Pen Devices; Diabetes: GDM Management in Team Obstetric Clinics)