



Notification of new, updated and withdrawn guidelines Feb 2022

Obstetrics & Gynaecology Directorate

Clinical Midwifery/Nurse Specialist – Guidelines and Quality

Anaesthesia and Pain Medicine

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Nil

Community Midwifery Program (CMP)

Nil

Obstetrics and Gynaecology

Bladder Management

- Minor amendment- OPH process added to postnatal flowchart

Central Venous Pressure (CVP) Measurement

- Content replaced with link to SCGH/OPH guideline on CVP

Female Genital Cutting / Mutilation

- Use the FGC/M Flip Chart to educate the patient about the type they experienced and for the clinician to cover all aspects of FGC/M with the patient.
- Offer support by WNHS Psychological Services.
- Offer referral to Physiotherapy to assist with voiding changes after de-infibulation. All postnatal women with FGC/M are seen by a Physiotherapist before discharge.

Haemoglobinopathy Screening in Pregnancy

- CNC Haematology is now CNC Patient Blood Management
- e-referral added as method of referring
- Background information about variant haemoglobins added, updated tables for effects of thalassaemia types and sickle cell
- Women at risk of haemoglobinopathy- changed assess ferritin to assess iron studies
- Refer to Haematology CNC PBM via e-referral-
 - All known, suspected, or being screened, haemoglobinopathies. The CNC PBM



will commence a Haemoglobinopathy Management Plan.

- When initiating partner screening or if partner testing declined, partner no longer in contact or unknown. Complete questionnaire and add additional details.
- All previously known and tested women must still be referred to the CNC PBM for the current pregnancy.
- If the fetus is identified as high risk for haemoglobin disease by the CNC PBM and Haematology department, an urgent e-referral is to be created and sent to MFM service via the Obstetric unit providing details of both the woman and her partner's results.
- In 'sign off by CNC PBM' table 'not a carrier' has changed to 'normal'

Ultrasound scheduling: Specific obstetric conditions- QRG [NEW]

- New quick reference guide showing changes to ordering ultrasounds in pregnancy

Vaginal Procedures

- Changes to CST screening:
 - If a 12 month follow-up CST is HPV (not-16/18) detected, with LBC prediction of negative, pLSIL or LSIL, the woman is regarded as still at intermediate risk and to have a second HPV follow-up test in a further 12 months' time (earlier if higher risk population- see below^).
 - ^Women at higher risk of high- grade abnormality should have referral to colposcopy if HPV (any type) is detected at 12 months, regardless of result of reflex cytology. This includes the following groups:
 - Women ≥ 2 years overdue at time of initial screen
 - Women who identify as Aboriginal and / or Torres Strait Islander
 - Women aged 50 years or older
 - All women 25 to 74 years should have transitioned to the renewed NCSP. If not, they are now overdue.
 - Women of any age who have symptoms suggestive of cervical cancer require diagnostic testing and should be managed in accordance with NCSP guidelines, regardless of their cervical screening history.
 - Add indigenous status, country of birth and language.
- Consider pathogen PCR testing of urine before discarding
- 'Vaginal Irrigation' removed- no longer performed
- 'Insertion of vaginal pack for uterine procidentia' procedure updated- read procedure. If pack falls out within 24 hours, it needs to be replaced but ovestin cream is only used once per day. For subsequent insertion of vaginal pack only clinigel should be used.

Perioperative Services

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Specimen Identification, Collection and Handling (Perioperative)

- Added forensic specimen section- read section
- Added placenta storage / disposal
- After hours specimen storage
- Content condensed- duplications removed



Nil

WNS Osborne Park Hospital

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OPH Unbooked Patient Flowchart

- Assess patient in Assessment Unit
- More details added, including considerations, referrals and FDV screening when presenting unbooked at any site / minimal antenatal care - read flowchart

OPH Caesarean Section: Non-Elective

- Reformatted into table layout, duplication removed, links added to relevant OPH policies
- Ensure Duty Anaesthetist on call between 0700-0800 is contacted if caesarean falls in this time frame
- Midwife- Details added for preparing the patient; Ensure clamps are returned to OT staff after C/S; Collects cord blood if mother is O positive
- Support persons- Required to follow local infection prevention policies

OPH Security of Admitted Babies

- Switchboard extension updated
- Link to WNHS Patient ID policy added; Clinical staff sight the two ID bands at every bedside clinical handover and sign the Clinical Handover Checklist MR(OPH) 135 form

Withdrawn guidelines

1. **Transfer of a Patient-** Refer instead to new Patient Flow Unit 'Transfer' [policy](#) and [procedure](#)
2. **OPH WNS Bladder Care Guidelines Flowchart-** Refer instead to [WNHS OGD Bladder Management guideline](#)
3. **OPH WNS Postnatal Ward Feeding Management of Infants at Risk of Hypoglycaemia ($\geq 35/40$ AND < 48 hrs Old)-** Refer instead to CAHS Neonatology Postnatal Ward Guideline: [Hypoglycaemia](#)



Relevant other departments / services- 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](#).

Note- In Feb 2022, any CAHS neonatal postnatal ward guidelines that were on the WNHS public internet site moved to CAHS website.

PathWest guideline updates

Note: In Feb 2022, PathWest added two new guideline resources for TORCH screening. See [PathWest Test Directory, Guides and Resources](#) for:

- [Maternal Perinatal Infection Screening](#)
- [Neonatal Congenital Infection Screening](#)

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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