

PSN NEWS

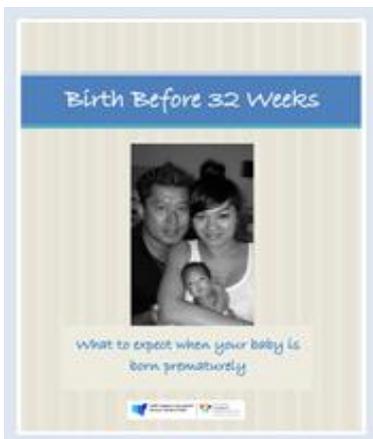
Newsletter of the NSW Pregnancy
and Newborn Services Network

SEPTEMBER 2014 ISSUE 1

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'FONT' UPDATE

PSN has pleasure in announcing that FONT (Fetal welfare, Obstetric emergency and Neonatal resuscitation Training) has been re-accredited for continuing professional development (CPD) points by all four professional colleges: RANZCOG, ACM, ACRRM and RACGP.



WELCOME TO THE FIRST EDITION OF PSN News

We hope that this regular newsletter provides you with useful information about the work of PSN and some interesting news and updates.

PSN was formed in 1991 in response to a number of Statewide reviews of maternity and perinatal services; specifically the 1989 Shearman Report, the 1990 Ministerial Working party on neonatal services and the Robinson, Roy et al 1991 External review of Perinatal Services.

The aim of PSN is to improve the quality and safety of maternal and neonatal care in NSW, through collaboration and continuation of care with service providers, especially to those women and their families at high risk of an adverse outcome due to prematurity and other contributing medical conditions.

PSN brings together clinicians in perinatal medicine to discuss issues of common interest, devise appropriate solutions and advise on policies, resources and research.

For more information about PSN staff and our current projects visit: <http://www.psn.org.au>

Birth before 32 weeks: Update on Outcomes for Premature Babies Booklet

by Lynn Sinclair

The update on the parent information booklet 'Outcomes for Premature Babies' (also known as the 'Green Book') is complete. The new look booklet now titled 'Birth before 32 weeks' was developed in consultation with clinicians and consumers and includes gestational age specific information sheets.

The booklet, written for parents, will not be printed in hard copy initially, but is available for download in PDF format from the PSN website. This will enable the addition of follow up data that will be available later in the year.

For further information about the booklet, please contact Lynn Sinclair, Clinical Nurse Consultant, at Lynn.Sinclair@psn.health.nsw.gov.au or call **0429 578 579**.

Supporting FONT locally

by Tania Andrews

The new FONT (Fetal welfare, Obstetric emergency and Neonatal resuscitation Training) program places greater emphasis on adult learning principles, increased participant interaction and practical scenario-based training. These changes promote a more systematic, collaborative, team approach to assessing, detecting, managing and escalating clinical deterioration of the woman, fetus or newborn.

FONT has been demonstrated to reduce the number of adverse events in fetal welfare assessment (Cooke, et.al. unpublished). Triennial completion of FONT remains a key strategy in preventing adverse events in maternity care.

To support the face-to-face and on-line components of FONT it is recommended that regular maternity drills and education sessions are run locally in the clinical environment. Evidence demonstrates that regular emergency drills are useful for identifying local systems issues including: communication, escalation and clarification of the roles/responsibilities of clinicians. Following feedback and evaluation of the emergency drills, local systems issues can be identified, and appropriate actions implemented, before a true emergency occurs.

To ensure consistent management of maternity emergencies and fetal welfare assessment, it is recommended that the scenarios, knowledge, and skills taught within FONT are used to support local skills drills and education sessions.



Happy 1st Birthday to the new Perinatal Advice Line

by Chris Marsh

The Perinatal Advice Line (PAL) is operated by the PSN Clinical Midwifery Consultants (CMC) rostered on an on-call basis 24 hours a day, seven days a week. In conjunction with the CMC's, there are 13 PAL consultants who provide consultation and clinical advice when needed for in-utero transfers of women with complex pregnancies.

From 1 July 2013 to 30 June 2014, a total of 342 calls were made to the PAL. The monthly distributions of calls in Graph 1 demonstrate the higher level of calls received in November and December 2013.

The call location varied from Role Delineation level 0 facilities, where no birthing services exist, to Level 6 Tertiary centres.

The distribution for each is illustrated below in Graph 2 and indicates 47% of the calls came from a Level 6 facility. As directed in PD 2010_069 Critical Care Tertiary Referral Networks (Perinatal), level six facilities take first line responsibility for their Tiered Maternity Network and therefore some of these calls at times were made on behalf of a maternity facility within their network.

Reasons for the PAL call

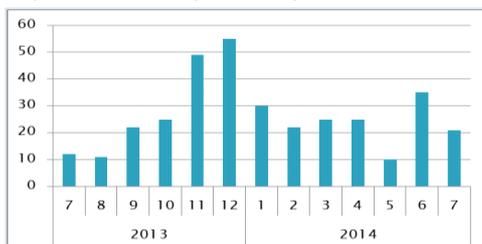
Bed finding was the most common reason for the calls to the PAL (62%). Threatened premature labour was the main indication (40%) followed by PPROM (14%).

Sixty-one or 18% of the clinically related calls were escalated to a PAL consultant for additional consultation. To date there have been no interstate transfers or births in transit.

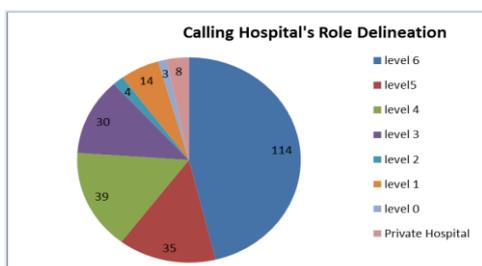
An antenatal or intrapartum transfer has substantial impact on the woman and her family and even more significantly when the transfer facility is outside the Local Health District's Tiered Maternity Network. Due to the assistance of the PAL, 12% of the transfer/ bed finding calls were able to remain in the hospital where the call originated.

The Perinatal Advice Line supports existing tiered maternity networks with the provision of expert clinical advice for the management of women with complications of pregnancy who may require transfer to higher role delineated hospitals.

Graph1: Calls to PAL by month July 2013 to June 2014



Graph2: Role delineation of the hospital who called PAL



The life of the PAL CMC

by Helen Cooke

The Perinatal Advice Line (PAL) provides advice and support for clinicians trying to transfer women to a higher level facility for maternity care. The aim is to facilitate a woman's transfer prior to the birth of the baby to ensure the most appropriate neonatal services are close at hand.

Over the past 12 months, the Clinical Midwifery Consultants (CMC) at PSN have been on-call for the PAL. Being on-call for PAL is a 24-hour a day workload that is done in and out of our routine work time. After-hours on-call happens while we are all trying to continue with our normal lives and in the middle of the night it might take a few seconds for us to actually wake up!!!

PAL calls come from all over the state and many come from the Level 6 units where beds are unavailable for women within the hospital's referral network.

Our role is to help the registrars find a bed for the mother with a matching NICU bed available. Sometimes this can be a complex process and many calls over a number of hours are needed to find an available bed. Often, if there is a NICU bed available, there is no bed for the woman and vice-versa. The work of the CMC's frees up the registrar to do their clinical work, rather than spend their time making phone calls.

As one of the CMCs on-call, I often feel at times I am one person's best friend as I help them out to find a bed and, on the other hand I am someone else's worst enemy as I need to increase their workload when I ask them to accept the transfer! It's swings and roundabouts and we all hope that we are able to offer assistance at times of need.

If higher level clinical advice is required there are a number of the state's obstetricians also on-call for PAL and the CMCs can call them at any time if needed. On these occasions we would organise a conference call and bring together the local clinicians, obstetrician and maybe a neonatologist to help plan the woman's ongoing care.

The work of being on call is interesting and we have got to know many of the maternity workforce across the state even if it is just your voice on the other end of the line.

On most weeks I do between 48 and 72 hours on-call with 16 to 24 of those hours during actual work time. Being on-call over the weekend makes the on-call hours even longer and I apologise to the person I spoke to the other week while I was shopping in Coles. Sometimes it's a juggling act, but a friendly voice on the other end of the phone and knowing we can be of assistance makes it all worthwhile.

Talk to some of you soon!

Helen

**You can reach the PAL on: 1300 362 500
and follow the prompts**

Neonatal Intensive Care Units' (NICUS) Data Collection

The Neonatal Intensive Care Units' (NICUS) data collection commenced in 1985. The data is reported by calendar year for neonatal patients who are admitted to a NICU or Level 4 Special Care Nursery, and who meet the following registration criteria:

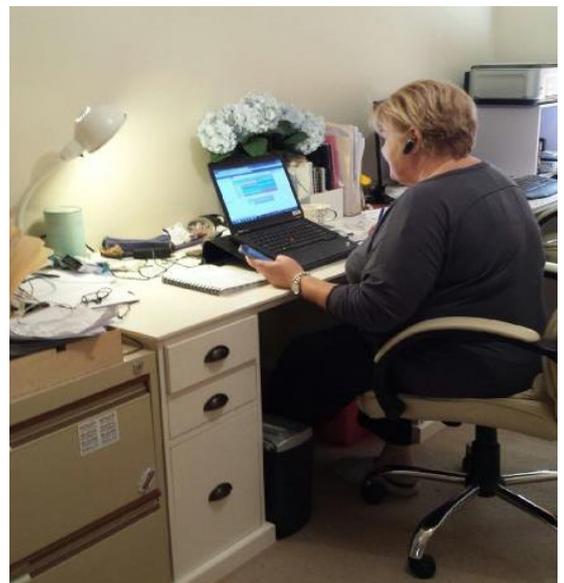
- Gestational age less than 32 weeks
- Birth weight less than or equal to 1,500 grams
- Mechanical ventilation for four hours or more
- Continuous Positive Airway Pressure (CPAP) for four hours or more
- High Flow Air/Oxygen for four hours or more
- Major surgery (opening of a body cavity)
- Insertion of a central venous line for 4 hours or more
- Intentional hypothermia
- Require Exchange Transfusion

The 2012 report from the Australian and New Zealand Neonatal Network (ANZNN) can be accessed via the ANZNN link:

<https://npesu.unsw.edu.au/data-collection/australian-new-zealand-neonatal-network-anznn>

The 2010 Mothers and babies can be accessed at the MoH via the link:

<http://www.health.nsw.gov.au/hsnsw/Pages/mothers-and-babies-2010.aspx>



From the Advisors...

by Robert Guaran

For the first time in living memory, perhaps ever, an obstetrician and a neonatologist are sharing an office!

This partnership has produced a number of innovations that have improved outcomes for women and babies in NSW. We are very reliant on our close partnerships – with neonatal nursing and midwifery colleagues, the NICUS and guideline teams at PSN, NETS and NSW Kids and Families.

Danny Challis, PSN Obstetric Advisor, has been central in re-establishing the PAL line – an essential service that aims to birth high risk pregnancies in the right place, at the right time and in the care of the right team. To support this service, in partnership with NSW Kids and Families, we are evolving the Tiered Perinatal Networks, the Role Delineation and Service Capability documents; to meet the challenges of population movement and the new health district structures.

The neonatology community has made great strides in the last five years. Innovations have included the NICUS Clinical Database, the success of the QI projects to reduce line associated infection, the care of extremely preterm infants and chronic lung disease. The NICUS Data collection is now supported by a NEAF and continues to support clinical and operational decision making throughout NSW.

The neonatal advisor has been supporting the functioning of the tiered networks; assisting, when requested, with the development of safe, current respiratory support guidelines for on-tertiary units, including guidelines and outreach education to support the replacement of supplementary oxygen therapy with humidified high flow oxygen.

The big tasks for tertiary neonatology over the next year is assisting with the Intensive Care Clinica Information System (ICCIS) programming and operationalizing a NICU Plan which has been gestating for a year now and will soon be available.

The best part of our job, aside from sharing the office is realising that the Perinatal Community, at all levels of role delineation and all craft groups is dedicated to best outcomes for all women and their babies.

UPCOMING EVENTS

ACM NSW State Conference 24 & 25 October 2014

The Australian College of Midwives NSW Branch will be hosting this year's State Conference at the Novotel Sydney Brighton Beach. The title of the conference is 'Midwifery: The sky's the limit' and the program certainly demonstrates the heights that midwifery can achieve. Key note speakers include Susan Pearce, NSW Chief Nursing and Midwifery Officer, Professor Sally Tracey and award winning actor, comedian and writer Mary Coustas. It is set to be an inspiring two days.

For more information visit:

<http://www.nswmidwives.com.au/events/stateconference.aspx>

Towards Normal Birth 14 November 2014

NSW Kids and Families is hosting the seventh Towards Normal Birth Workshop on Friday 14

Invitations for the workshop will be sent out via Local Health District Chief Executives shortly.

More information about NSW Kids and Families visit: www.kidsfamilies.health.nsw.gov.au

PSANZ Conference 19-22 April 2015

The Perinatal Society of Australia and New Zealand (PSANZ) 19th Annual Congress, will be held at the Crown Convention Centre in Melbourne from 19-22 April 2015.

The theme for the 2015 PSANZ Congress is 'Discoveries : Improving Perinatal Care', to highlight the translation of fundamental knowledge into improved perinatal care. The scientific program will highlight recent discoveries with the potential to revolutionise perinatal care and novel clinical approaches based on ingenuity and a firm scientific base. Local, national and international invited speakers will complement scientific presentations from PSANZ members.

For more information visit:

<http://www.psanz.com.au/>