WELCOME TO THE DECEMBER EDITION OF PSN News

It's the end of another year. We would like to wish everyone a joyful Christmas and a happy new year.

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

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](http://www.psn.org.au)

NETS NSW ‘Good Egg’ Infant Resuscitation Packs acknowledged in the 2014 SCHN Quality and Innovation Symposium

The Newborn and paediatric Emergency Transport Service (NETS) NSW received a Highly Commended Award for their project titled ‘Good Egg Packs’: Innovation in resuscitation in rural NSW at the 2014 SCHN Quality and Innovation Symposium. This initiative aimed to improve the quality and safety of resuscitation and initial critical care provided to infants in rural hospitals while awaiting transport to a higher-level facility through the provision of age-specific and appropriate equipment.

Summary of project

Of the 123 hospitals with designated maternity services in rural and regional NSW, only 22 have specialist paediatricians. The birth of a sick baby or presentation of a young infant to these hospitals often relies on a NETS’ response for definitive resuscitation to commence. NETS sometimes ask regional paediatricians to travel urgently to nearby rural hospitals to provide resuscitation, in parallel with activation of a NETS’ team. While there is willingness to provide expertise, a timely response requires the necessary equipment be readily available to travel with the paediatrician. Experience has shown that time taken to gather equipment is longer than anticipated, with potential for adverse outcomes. The provision of dedicated resuscitation equipment packs seemed an obvious solution.
In collaboration with regional paediatricians, an equipment list was developed, items costed and funding options explored. Equipment for the resuscitation and short term critical care of newborn babies and infants up to about 10kg was selected, including an oximeter and NeoPuff™. Sponsors of the Humpty Dumpty Foundation provided the funding for 23 equipment packs (pictured adjacent). Acknowledging the Foundation and its sponsors, the ‘Good Egg’ Pack idea was hatched. Sponsors of the packs nominated their regional hospital and each plaque bears the sponsor’s name. The packs were delivered to regional hospitals in NSW in 2012. Currently 1-2 packs are used every month across NSW. The equipment has provided care for a range of patients – from extremely preterm infants (25 weeks gestation) to a two-year-old child with sepsis.

Perinatal Advice Line PAL Update

We recently reviewed 12 months of operation of the PAL whilst compiling a report of the service, the following information are extracts from that report.

*Where do PAL calls come from?*

Calls were received from 66 different hospitals around NSW. The highest numbers of the calls were from level 6 Hospitals (with the exception of one) followed by level 5.

*Calls by gestation*

Threatened premature labour (TPL) is the leading reason for a PAL call. The graph above demonstrates the calls by gestation. Approximately 62% of calls related to a gestation of 30 weeks or above. We have noted a tendency by lower delineated services to bypass level 5 units, but many level 5 units have the clinical expertise to care for these women and the capacity to provide care for selected preterm babies from 30 - 32 weeks gestation. The effect of this is that women may be moved further than they need to be. This may be due to unfamiliarity with transfers to level 5 units; a cultural where there is a preferred pathway of referral or, on occasion a reluctance of some level 5 units to accept transfers within their capability. It is hoped that the new Service Capability document with associated educational initiatives (this will involve the PSN CMC’s) will help with this issue.
The Clinical Meetings are attended by the PAL obstetricians, PSN CMCs, PSN Operational Manager, Executive Clinical Advisors for Neonatology and Obstetrics and the Director of NETS. There have been two meetings in 2013-14 with a review of 22 cases. The majority of these were level 6 to 6 transfers. The outcomes from these meetings have prompted a number of actions and recommendations: including feedback to hospitals; Medical retrieval units; LHDs; presentations to combined meetings of the NICU directors and managers and the obstetric level 6 directors and managers, and advice to NSW Kids and Families on specific risks and policy gaps. An example of an issue identified and the recommendation is below.

### PAL Governance

The following events were developed to trigger a case review at the 6monthly PAL Clinical Meetings:

- Baby born during transfer
- Interstate transfer outside usual referral pathway
- Unplanned diversion during transfer
- Significant delay in contacting PAL CMC or Obstetrician
- Refusal by networked centre to accept time critical transfer
- Transfer level 6 to level 6 (non-surgical)
- Significant deterioration during transfer
- Clinician disagreement impacting on process and/or outcome
- Significant clinical concerns about service provision including across public and private sectors

There is differing clinical management within services with regards to shortened cervical length at different pregnancy gestations. Women are transferred for a potential problem resulting in a woman being admitted to an antenatal ward in a level 6 unit for an extended period of time. The local individual responses to this issue will vary the obstetric management.

Level 6 Obstetric directors to reach a consensus on the management of a shortened cervix within the contexts of:
- No known risk factors
- Pre-existing risk factors
PSN to produce or endorse a clinical guideline on management of risk factors for preterm birth

The PAL has now been in operation for more than 12 months. Over this time the PAL CMCs spent a total of 227 hours on the phone assisting facilities with calls. Approximately 1100 women have their care transferred to higher level care each year within NSW and PAL has supported Local Health Districts to provide care to 320 of these women. There has been a rapid uptake in the use of the PAL service. There is case evidence of the effectiveness of the service in facilitating and promoting appropriate maternal transfers across NSW and the ACT. The reintroduction of PAL has prompted high level discussion between the obstetric and neonatal clinicians on better management of maternal and neonatal transfers on numerous occasions. No women or neonates have required interstate transfer outside of normal pathways since the reintroduction of the service.
ObstetriX (ObX) Update by Christine Marsh

eMaternity

Due to the limitations of the current ObX system and the need to work towards a full maternity eMR project work including data design work has already commenced for developing the new eMaternity. For the next two years as part of my CMC role at PSN I will be taking the lead on this major project. The preferred option for this is a centrally hosted single database that will form a consolidated record for all birthing women across NSW and the ACT. Updates on this development will continue to be provided in the PSN newsletter or by your local LHD Consortium Representative.

The last upgrade for ObX Version 1, which has been in operation since July 2005, is ready for distribution to LHD Maternity services. The majority of IT services have commenced this process. An updated user manual and educational resource have been distributed to your ObX Consortium representative.

The incorporated changes within the database and associated reports include:

- Modified help message at Pregnancy administration / gestation at first comprehensive antenatal assessment visit to indicate that this may be done by a GP or a private practitioner.
- A separate Immunization section in medical History to record history of a flu vaccine in this pregnancy and a previous pertussis vaccine.
- Hep B, Hep C and HIV questions: changes and alignment of the value responses throughout the database.

Baby Folder

- Hep B date administered added
- Hep B Immunoglobulin administered date and time added.

Instructions for babies born to Hep B surface antigen positive mothers

- When indicated a follow up letter attached to the maternal discharge summary (this is not generated when the baby is stillborn or a NND).

AMHIS Perinatal Data collection

- Incorporation of mandatory reporting items throughout the database and a new AMIHS reporting extract that is uploaded to the MOH quarterly.

Register of Congenital Conditions (ROCC).

- A separate folder that can be added to the pregnancy tree to collect and report on a congenital condition diagnosed on a foetus or a newborn.
- The ROCC replaces the tri copy NSW Register of Congenital Conditions reporting form that is currently in all maternity units.
- The addition of the ROCC extract that is uploaded to the MOH quarterly.
- Parents Information Summary: This 2 page report provides information when indicated on the Register of Congenital Conditions, a summary of what has been sent to the Register and a FAQ page.
Redesign of PSN Clinical Midwifery Consultant Local Health District (LHD) responsibilities.

The service has been redesigned following consultation and feedback from a group of maternity clinicians across the state: and replacement of two of the CMC positions. Vanessa Clements has taken a secondment with NSW Kids & Family, and Christine Marsh is working predominately with ObstetriX. This provided the opportunity to redesign the workflow boundaries of the CMC.

The service redesign and contact details of the CMCs are as follows:

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<tr>
<th>Name</th>
<th>Contact Information</th>
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<tr>
<td>Tania Andrews</td>
<td><a href="mailto:Tania.andrews@psn.health.nsw.gov.au">Tania.andrews@psn.health.nsw.gov.au</a></td>
<td>Mid North Coast,</td>
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<td>Helen Cooke</td>
<td><a href="mailto:Helen.cooke@psn.health.nsw.gov.au">Helen.cooke@psn.health.nsw.gov.au</a></td>
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<tr>
<td>Jane Griffith</td>
<td><a href="mailto:Jane.Griffith@psn.health.nsw.gov.au">Jane.Griffith@psn.health.nsw.gov.au</a></td>
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<tr>
<td>Alison Goodfellow</td>
<td><a href="mailto:Alison.goodfellow@psn.health.nsw.gov.au">Alison.goodfellow@psn.health.nsw.gov.au</a></td>
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<td>Lyn Passant</td>
<td><a href="mailto:Lyn.passant@psn.health.nsw.gov.au">Lyn.passant@psn.health.nsw.gov.au</a></td>
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<tr>
<td>Christine Marsh</td>
<td><a href="mailto:Christine.marsh@psn.health.nsw.gov.au">Christine.marsh@psn.health.nsw.gov.au</a></td>
<td>eMaternity</td>
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Would you like some support?

Just in case you didn’t know the PSN Clinical Midwifery Consultants can support facilities in numerous ways. If you would like to invite us, we can provide support by attending local management meetings to inform staff working in Local Health Districts of state level issues, policies and procedures, support implementation of new practices or models of care, clinical governance support, review services and support education and learning. As an example we can, when requested, run workshops specific for your needs.

Recently a group of midwives requested a day to address evidence based practice particularly in relation to protecting the perineum. The PSN CMC organised with the MUM and CME the content of the day. The midwives were asked to collate topics for discussion for the workshop.

The day was divided into two -four hour workshop as a way to allow as many midwives to attend as possible. We started the day by thinking about their ward philosophy. We did some interactive work including true or false exercises to dispel the myths about protecting the perineum. We also brainstormed ways to bring the Art of Midwifery back into the unit particularly improving the birthing environment making it her space not ours. We talked about strategies relating to ineffective support people and visitors, being the woman’s advocate and having courageous conversations.

All in all it was a great day and we met some really wonderful and passionate midwives. We also felt very honoured to be asked to help out.

It can be challenging out there with limited resources and we can help, just call our manager and we can set something up. Jenny.Elliott@psn.health.nsw.gov.au. Phone: (02) 9633-8855

UPCOMING EVENTS

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/

The Royal Hospital for Women Midwifery Conference Friday February 27th 2015

STRONG FUTURES
The Millennium Goals Perspectives from Australia and Beyond.

Where : Royal Hospital for women Lecture Theatre, Level 1 Barker St Randwick

To register. www.trybooking.com/GKJQ