

PSN NEWS

Newsletter of the NSW Pregnancy
and Newborn Services Network

DECEMBER 2016
ISSUE 7

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Welcome to the Seventh Edition of PSN News

We are at the end of another year and the staff from PSN would like to wish everyone a happy Christmas and a safe New Year and look forward to supporting NSW maternal and newborn services in 2017.

This edition covers a sad farewell to a much respected staff member and the welcoming of a new staff member, as well as news of our move to Sydney Children's Randwick campus.

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



Lynn Sinclair

This is both a sad and exciting time for me. Sad because I have just resigned from my position as CNC at PSN and excited because I am moving to a new phase of my nursing career as a fulltime academic at the University of Technology Sydney.

I feel proud and honoured to have been a neonatal CNC at PSN. The experience has been unique and more rewarding and multifaceted than I could have ever imagined. This leadership role has enabled me to contribute to neonatal care provision at local, state and national levels through practice change, education, research, quality improvement initiatives and policymaking.

I have met so many amazing people from all walks of life who have shared their stories, experiences and expertise and enriched my life immeasurably in so many ways; many are treasured colleagues, some have become very dear friends. They have taught me so much and inspired me to be the best I can be. I thank them all.

So, four years and a PhD later and as the current President-Elect of the Perinatal Society of Australia and New Zealand (PSANZ) it is now time for me to write a new chapter in my life story. Moving into the university environment feels like the logical next step in my career, a wonderful opportunity to enhance my own learning. My one wish is that I can share my knowledge, skills and stories and truly touch the lives of nursing and midwifery students in a positive way, as I know they will mine. Wish me luck!

I look forward to our ongoing collaboration and wish each of you continued success in all that you do. Our voice needs to be loud and strong if we are to improve the quality and safety of maternity and newborn care. We need to stay motivated, positive and focused in our desire to achieve this goal.

Be awesome every day and please keep in touch.

Email: Lynn.Sinclair@uts.edu.au

A Fond Farewell

Introducing Morwenna Williams



We are pleased to introduce Morwenna to the PSN team.

Morwenna joined PSN in November this year as one of our Clinical Midwifery Consultants. Morwenna is on secondment from Western NSW LHD where she has been one of the District Clinical Midwifery Consultants for the past 4 years. Morwenna has a variety of experience working in both tertiary and regional maternity services across both public and private sectors. As well as previous experience in neonatal intensive care nursing. Morwenna has a particular interest in complex maternity care and how midwives play a vital role in supporting women through this journey. She is passionate about supporting, promoting and sustaining regional and rural midwifery services, supporting women's choice when it comes to maternity care, and reflective clinical supervision for midwives.

In her role as PSN CMC Morwenna will be providing support along with Helen Cooke to Sydney West, Nepean Blue Mountains, Western NSW and Far West Local Health Districts. Please don't hesitate to contact Morwenna if she can be of any assistance.

Email: morwenna.williams@health.nsw.gov.au

Ph. 0491 224 733

PSN has Moved

With the redevelopment of the Westmead Precinct it became necessary for the Precinct Team to find new accommodation for both NETS and PSN.

On 17th October PSN moved to new premises on the Randwick campus of the Sydney Children's Hospitals Network. We are located in Sydney Children's Hospital on Level 1 in C1 East.

We have new phone numbers and a new PO Box address – see our website for the new information at <http://www.psn.org.au/contact-us>

We are very happy with our new digs

NETS will be moving to the Bankstown Airport Precinct on Tower Rd sometime early 2017



FONT Update

It was anticipated the alterations and update of FONT would be completed by the middle or end of 2016. Unfortunately, due to many factors this has not occurred. The redevelopment work of FONT as mandated maternity education is important to ensure the educational requirements of all members of the maternity team are well represented and delivered in an acceptable educational format.

The FONT advisory group have had many discussions on what this format would be and how the education can be enhanced to meet the growing educational requirements of maternity clinicians. It is anticipated the new FONT program will be ready for comment and instructor training in the second half of 2017 ready for implementation to clinicians in 2018.

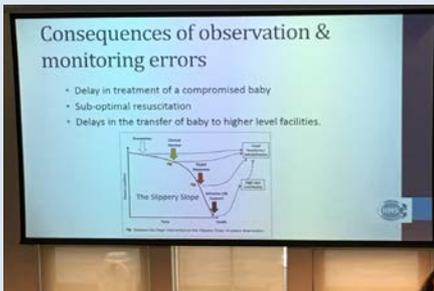
In the meantime, FONT can continue to be delivered as normal and the next 12 months can be spent planning for the new implementation. The new format will be ready for discussion early in 2017

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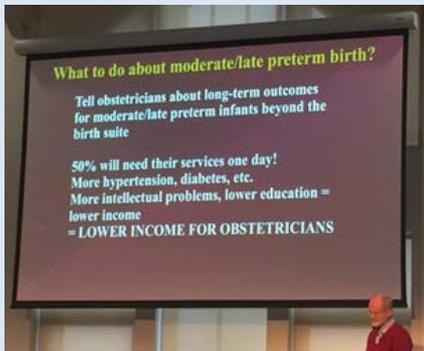
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NeoPaed

On Friday 2nd September the 3rd Annual NeoPaed Conference was held at the Crystal Palace, Luna Park. The Conference had over 250 participants with a great program that included obstetric and newborn presentations.



Melanie Lewis, Research Officer, PSN seen in the picture (Left) presenting her paper "Four Year Review of IIMS reports in non-tertiary neonatal care centres: What lesson can we learn?"



There were two great presentations from Profession Lex Doyle, a neonatologist from Melbourne. The first called "Changing outcomes for extremely preterm children in the era of modern neonatal intensive care" and the second, pictured here called "Outcomes of moderate and late preterm infants"

The 2017 conference will be held on 1st September at ICC Sydney.

ACM Conference

The Australian College of Midwives NSW Branch Annual Conference was held at Leura, in July "Together we can climb mountains: Supporting women with complexities".

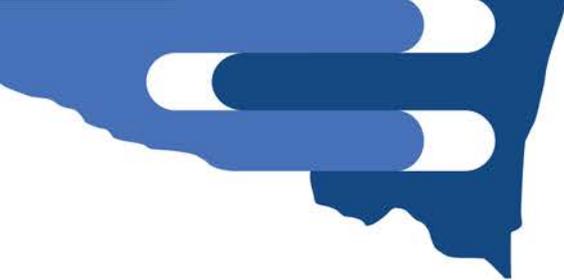
On behalf of PSN and the Perinatal Advice Line, Lyn Passant provided a presentation on the work of the PAL midwives.

Following Lyn's talk was a presentation by Air Ambulance where Chis Wildey discussed the air transport issues surrounding the transport of women with pregnancy complications.

The information provided an overview of maternal transfers from a midwifery/medical perspective for both co-ordination and transport. The PAL statistics demonstrate that approximately 70% of the women transferred back to the original hospital of booking or home.

The urgency for the majority of cases needs to be considered when organising a maternal transfer. For Air Ambulance any maternal transfer is categorised as a code 1, the most urgent category for transfer. Chris urged us all to be clear about the urgency of the transfer and how important it is to communicate this urgency to support Ambulance with the prioritisation of their workload across NSW.

Together these presentations highlighted the complexity of maternal transfer and the need to consider the safety of women and staff by endeavouring to transfer women as often as possible in daylight or early evening hours. The winning presentation at the conference was a wonderful demonstration of midwifery and neonatal teamwork. Jo Hunter presented the story of baby Willow and the amazing teamwork and co-ordination between the maternity and neonatal unit at Nepean who helped to facilitate the mothers wish that her baby die at home. Together the team facilitated the safe transfer of a ventilated baby home to then cease ventilation and offer this family the opportunity to support their baby gently at her home to her final resting place.



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2016 Perinatal Advise Line User Survey

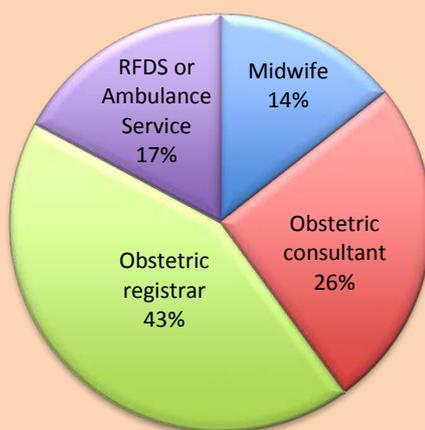
It is everyone's aim to ensure babies are being born in the right place (i.e. a tertiary perinatal centre) and in the best possible condition, as well as having received a course of antenatal corticosteroids. Managing this can be challenging.

Following the re-establishment of the perinatal advice line (PAL) in 2013, it was timely and necessary to evaluate the service in order to gain an understanding of its usefulness and develop strategies to improve the service. A short ten question survey was developed in June 2016, taking approximately 2-5 minutes to complete (with additional free text options). All responses are de-identified, and data security is maintained via a password protected log-in access to preserve the confidentiality of respondents.

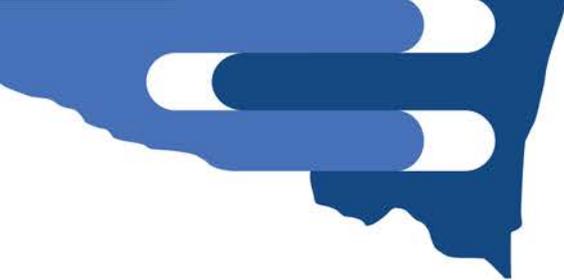
This supplement for PSN December newsletter presents a snap shot of the service. PAL receives about 400 calls per year, and about 10% of callers have participated in the survey since July this year. The survey is still available on the PSN website <http://www.psn.org.au/pal/pal-user-survey> if you have something to add please get on line and complete this short survey.

Description of users (roles and facilities)

The survey has been completed by a variety of clinicians across NSW and ACT including; O&G consultants and registrars, flight nurses and hospital midwives as shown below.



The clinicians place of work was well represented with 37% from level 6 facilities; 28% level 5; 6% level 4; 14% level 3 and 14% other (private maternity and aeromedical).

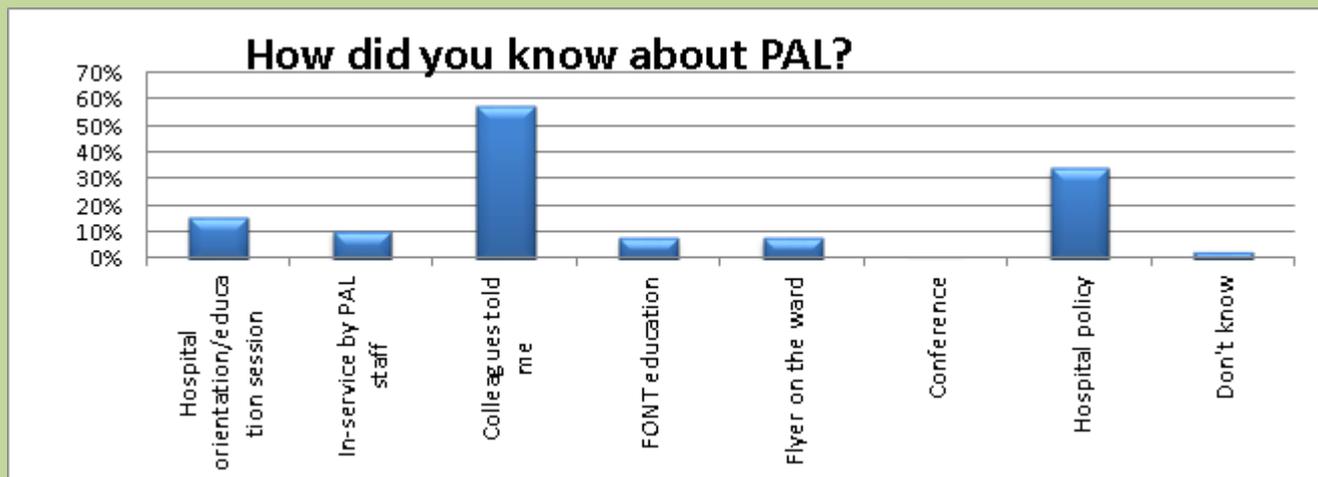


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Knowing about PAL service

We asked how the clinicians knew about PAL to examine the effectiveness of communication strategies between PSN and the Local Health Districts, regarding the PAL service across NSW and ACT. The Chart below illustrates the majority of clinicians knowledge about PAL came from word of mouth from a colleague.



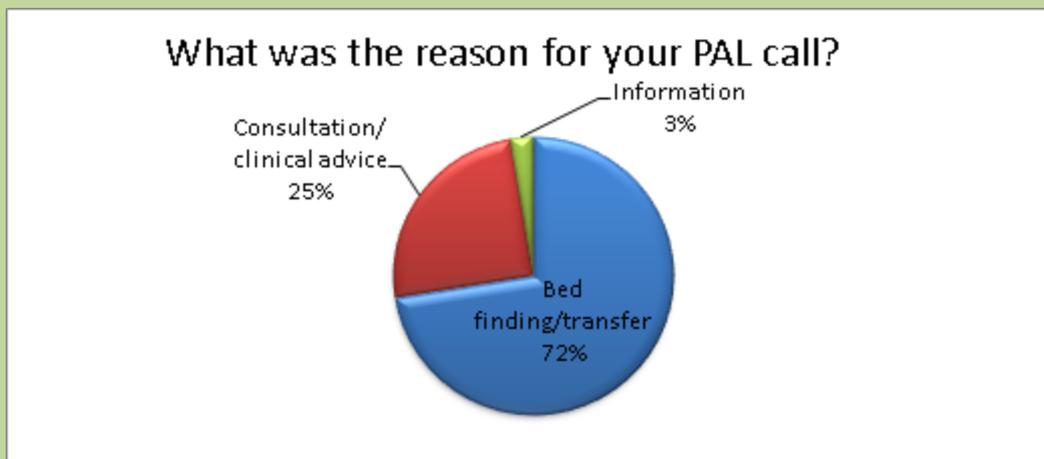
Process for calling PAL

We wished to explore clinician's understanding of the processes involved prior to calling PAL. In particular, knowing about the local Tiered Maternity Network (TMN) referral process for maternal transfers, and how transfers should occur within the TMN in the first instance.

A question relating to **calling their own TMN prior to calling PAL** was included. 76% of clinicians were aware they needed to call their TMN prior to calling PAL. 21% were not aware, and the others said they were working outside a TMN. Comments volunteered by clinicians related to a lack of support within their TMN in accepting transfers when there is limited neonatal bed capacity.

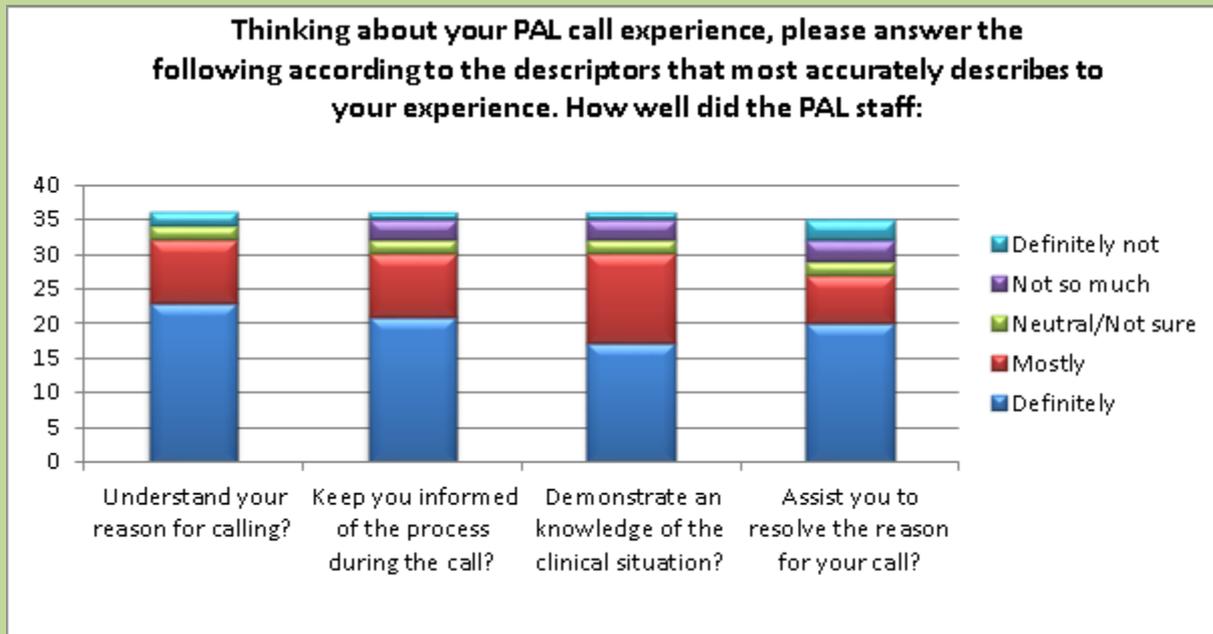
Reasons for calls to PAL

One of the aims of PAL service is to avoid an ex-utero transfer. It was reassuring to note clinicians called PAL for "maternal bed finding" (72%). Just under a third of calls were for clinical consultation as shown in the graph below.



Experiences with PAL

The survey aimed to explore the expertise and support provided by PAL staff and asked clinicians to score five questions as shown below. Overall the clinicians were satisfied with the support they received.



Summary of comments from the users

Issues identified from the clinician's comments included; positive and negative experiences, and themes relating to risky business and systems issues.

A selection of some quotes from the feedback received:

I have found PAL staff to be very helpful in all respects and have been able to facilitate timely transfers as required/clinically indicated.

Communication has been quite straightforward and prompt.

Ability to text CTG images has also been beneficial. I find this to be a valuable service.

I can say it is a fabulous service that is accessible and well supported. I believe it prevents unnecessary transfers (with senior obstetrician phone advice and reassurance provided) and also helps expedite the transfer process of women in urgent need of transfer.

I still think it takes too long for someone to accept the transfer.

When a decision has been made on safety and best practice grounds, it's frustrating that it still can take hours for someone to accept a transfer.

PAL should be able to have a state-wide perspective and force a hospital to have a transfer.

Found the person I spoke to be friendly understood situation and was willing to talk to tertiary hospital on our behalf.

Great experience, polite, helpful, short time to wait to speak with someone.

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Despite the majority of positive experiences expressed by clinicians in this survey, there were a number who were dissatisfied with some aspects of PAL. Some clinicians described the process of bed finding as taking 'too long and wasting time', and felt that the TMN should provide more support. One clinician from a Level 6 tertiary centre said they felt bullied into taking in-utero transfers when they had no capacity, and others felt it was unsafe to transfer yet there was pressure to move the woman who was not stable.

Pressure for Level 6 facilities to accept where this is no capacity is an ongoing issue for clinicians and this is reflected in some survey responses. It is very challenging at times to weigh up what is best for everyone, and at these times additional support and escalation to the PAL consultant or NETS team is often activated and very helpful.

Points for consideration

- Feed-back results to the PAL consultants and Level 6 Directors
- Develop strategies to improve service
- Explore flight nurses concerns with time critical transfers
- Consider qualitative data via focus groups with clinicians to explore in further detail

Coming Events



The theme of this congress is *Policy & Controversy – from Research to Reality*

For more information about PSANZ please visit our new website at <https://www.psanz.com.au/>

Keep updated on the progress of the Canberra congress at <http://www.cvent.com/events/2017-psanz/event-summary-c78e251dbede417ebc14c007c91e713a.aspx>