

# PSN NEWS

Newsletter of the NSW Pregnancy and Newborn Services Network

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## WELCOME TO THE EIGHTH 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.

This issue will update you on and our recent attendance at the 2017 PSANZ congress in Canberra. We will also update you on the PAL and where we are up to in the final phases of the FONT program revision as well as research being undertaken by PSN.

For more information about PSN staff and our current projects visit: [www.psn.org.au](http://www.psn.org.au)

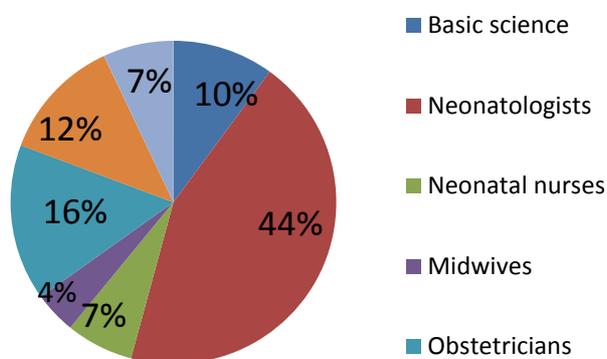
### PSANZ 2017 by Lyn Passant



This year the PSANZ congress was held in our national Capital, Canberra in a wonderful venue that catered for the 566 Registrants – 110 Exhibitors. A truly well organised thought provoking event.

There were 58 volunteers tasked with 930 abstract selections, including two from our PSN staff - Morwenna Williams and Barbara Bajuk. There were 358 abstracts received by seven disciplines as shown below.

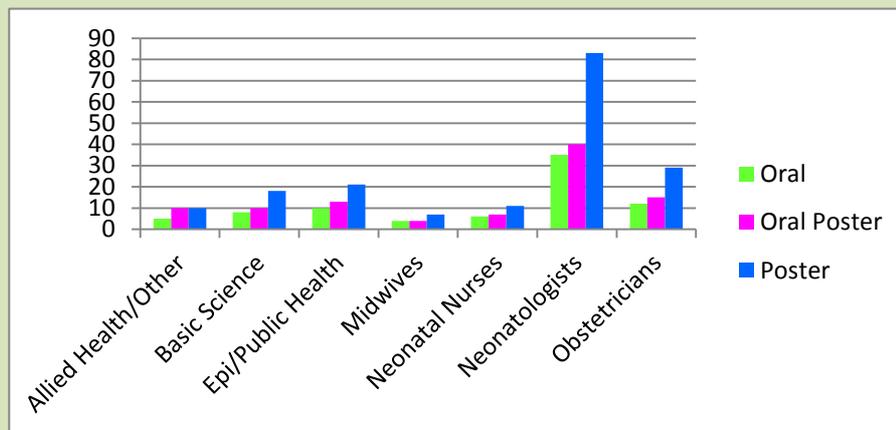
L-R Danny Challis, Morwenna Williams, Helen Cooke, Lyn Passant



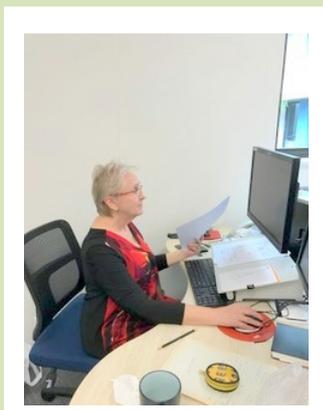
The PSANZ congress included:

- 25 concurrent plenary sessions
- 84 x 10 minute oral presentations
- 100 x 2 minute oral poster
- 143 posters

The number of attendees from each discipline are shown in the table below.



NB: Slides provided by Alison Kent, Organising Committee's Chair of abstract.



**Barbara Bajuk**  
busy at the NICUS  
data base

## PSN contributions to PSANZ

Oral presentations that come from the NICUS consortium included:

- *Is 10 perfect? The association between Apgar scores > 7 and school performance (linkage study)*
- *Childhood hospitalisation and mortality outcomes after neonatal supraventricular tachycardia*

Poster presentations included:

- *Neurodevelopmental outcomes of extreme preterm infants born 2007-2012, New South Wales and the Australia Capital territory*
- *Increased use of heated humidified high flow nasal cannula (HFNC) associated with retinopathy of prematurity (ROP) and chronic lung disease (CLD)*
- *Survival and neurodevelopmental outcomes of very preterm infants with protracted invasive and non-invasive ventilation: a population based study*

The opening ceremony was opened by Aunty Agnus who welcomed us to country, followed by the amazing vocals of Malia Barnes who sang two inspirational songs that lead us into 3 days of sharing knowledge, questioning what we do, exploring things we know and a bringing together a variety of disciplines to work together for the benefit of women and babies we care for.

The title of the congress was Policy and Controversy and one of the plenary sessions was a debate titled "Home and Away..... Place of Birth in 2017" with an overseas obstetrician, the president of RANZCOG and a midwifery academic debating best practice. The same arguments were heard for and against place of birth, what was heartening was that Australia and New Zealand agree that we need to work together to ensure safety for women no matter where birth occurs, this includes a collaborative service approach. This was not echoed however by the USA in the debate. The language that we use around birth can and does have negative connotations such as failed forceps, incompetent cervix etc. No longer should we use the term 'failed homebirth' when what has occurred is appropriate and timely escalation and transfer.

There were numerous breakfast workshops in addition to the congress program. It is very challenging to summarize all the wonderful presentations and posters so for this newsletter I will just provide some things I can recall. You will just have to attend the next congress in Auckland next year!

Did you know:

- Ordering Ferritin levels rather than iron studies could save \$100's of millions
- Women are happy to participate in stillbirth research in order to help others and find solutions
- Women's choices will always be met if we put the women first in any decision clinicians make
- Giving melatonin to mums with IUGR saw improvement placental blood flow, fewer IVH
- Watch out for Gene therapy 'Everest trail' it's very exciting work
- MCA Dopplers best to used after 34/40
- Christchurch transport team uses 11 NICU nurses who are rostered to work in the NICU with a patient load and then go out on transports, leaving their load to the other staff
- Prevalence of cerebral palsy was doubled after women falling pregnant with artificial reproductive technologies
- Omega 3 supplementation during pregnancy reduces early preterm birth (but can increase rates of prolonged pregnancies and ongoing research will explore timing and dosage comparisons and outcomes).



A conference is not a conference without a social event. Those of us that attended the event held at the National Parliament House, frocked up with tiaras and bow ties. We were greeted by opera singing in the reception hall that sounded amazing.

It was a great opportunity to meet new and old friends and colleagues. As usual it didn't take long for everyone to get up and dance the night away...a great night.

## FONT Update by Morwenna Williams

Development of the new and improved FONT program is well underway with the fetal physiology and antenatal fetal welfare components nearing completion, as well as the emergency drills. Work on redesigning the intrapartum fetal welfare assessment components has also begun.

The new program will consist of a one day face to face workshop (focusing on fetal physiology and antenatal and intrapartum fetal assessment and surveillance) whilst the traditional second day face to face workshop will be replaced with team training emergency drills run in the clinical setting.

The way in which this training will be delivered for the one day face to face program will promote :

- Improved environment for learning, sharing of clinical knowledge and experiences and;
- Team work and collaboration, through the use of clinical case discussions.

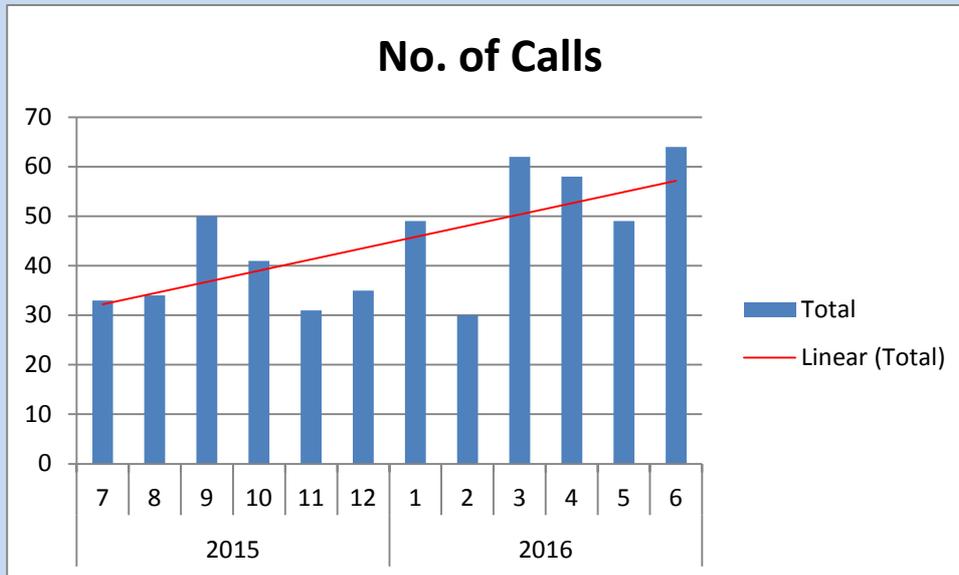
These case discussions have been designed around what contemporary best practice is, based on current evidence whilst being reflective of current national and state policies, guidelines and other resources that underpin clinical practices in NSW. The case discussions flow in such a way in which to reflect what is the most appropriate method of maternal and fetal welfare assessment and surveillance based on the stage of pregnancy the woman is at.

The overall aim of team training for the emergency drills is to improve clinical care and patient outcomes by learning how to work together better, improve team leadership and communication skills. Performing these in the clinical setting will refine clinical skills, and local processes to ensure each member of the health care team and the wider facility is prepared as best as possible to respond and react to an obstetric emergency.

The PSN CMC team and the FONT Expert Advisory Group (EAG) are very excited to see how the new FONT program is evolving and we look forward to sharing more insights into the new program soon.

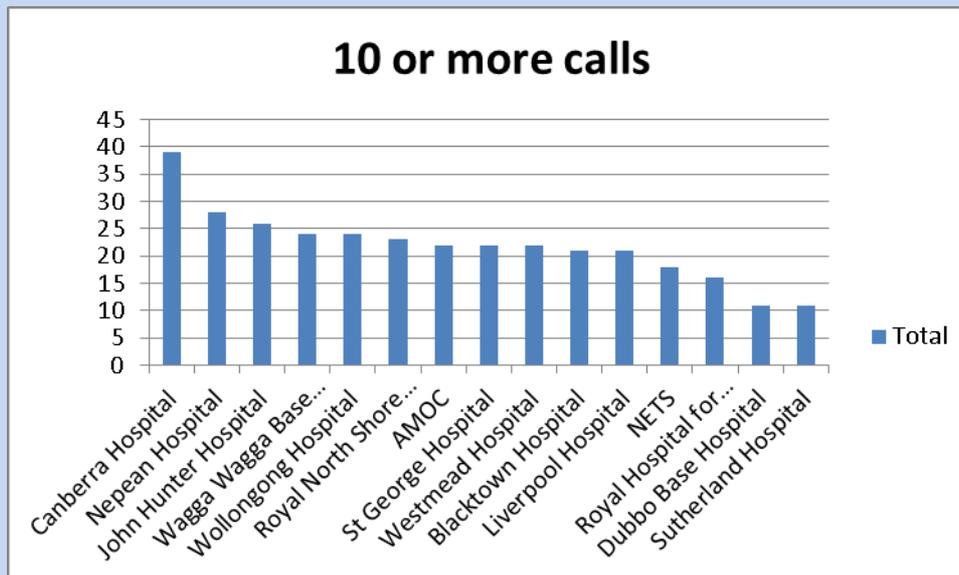
# PAL Update by Alison Goodfellow

The PAL has now been in operation for 3 years following its reintroduction in 2013. There continues to be an increase in the use of the PAL service. A recently reviewed 12 months of operation of the PAL service is the source of the data in this update.



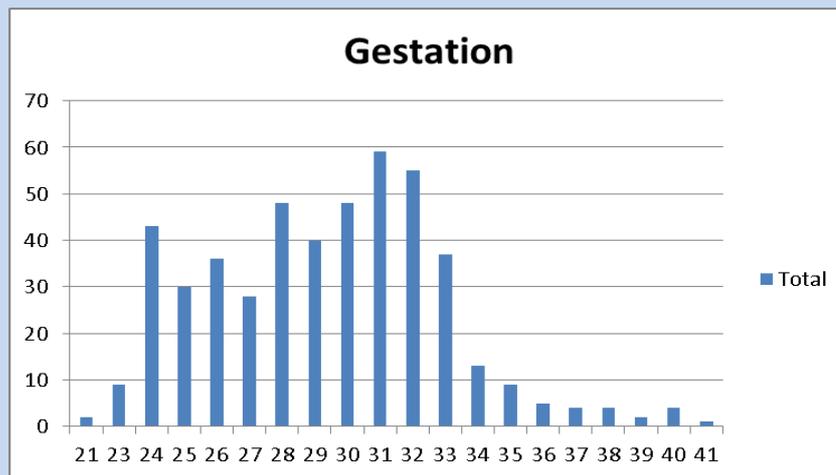
There were 536 calls received in the 12 months. No women or neonates have required interstate transfer outside of normal pathways.

## Where do PAL calls come from?



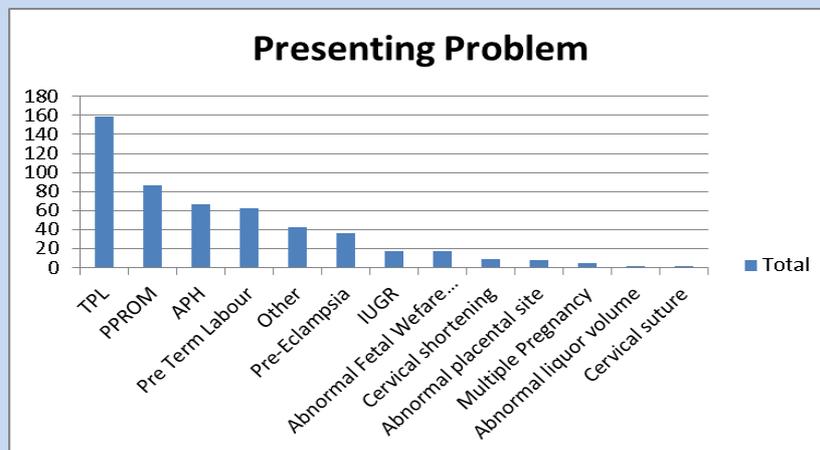
Calls were received from 79 different hospitals around NSW. The table above represents the services where there were 10 or more calls. The highest numbers of the calls were from Level 6 Hospitals (with the exception of one) followed by Level 5. Most often the Level 6 hospitals will be calling regarding a transfer they cannot accept from a service within their network. The air ambulance service has increased its use of PAL as a source of consultation for the midwives accompanying women across the state in transfers.

## Calls by gestation



The graph above demonstrates the calls by gestation. Approximately 83% of calls related to a gestation of 32 weeks or less. These gestations are indicative of the presenting problem.

As demonstrated in the table below threatened premature labour (TPL) is the leading reason for a PAL call followed by pre labour premature rupture of membranes (PPROM), antepartum haemorrhage (APH) and Pre term labour (PTL).



## Helpful Hints when making a call to PAL

Using the **ISBAR** framework relay the information slowly and clearly

**INTRODUCTION:** Name, role and facility

**IDENTIFY PATIENT:** Name, DOB

**SITUATION:** Main diagnosis/presenting problem ;other issues; reason for transfer

**BACKGROUND:** History of presenting complaint; medical history; medication; allergies; weight (this is needed for air transfers)

**ASSESSMENT:** Convey concerns, uncertainties; urgency. Describe your assessment and screening results

**RECOMMENDATIONS:** Consultation, bed finding, transfer required, other.

- The PAL midwife will always ask if you have spoken to your tertiary centre within your tiered maternity network and your local consultant as problem solving may be resolved without involving PAL
- The midwife is not located in an office with the sole duty of answering calls. They could be on the road travelling and during the night, sleeping.
- They manage all PAL calls through their mobile phones and this can lead to drop out of the calls and reception difficulties. If you drop out of a call or the midwife request you to phone back when it is safe to receive the call please phone back on the 1300 362 500.

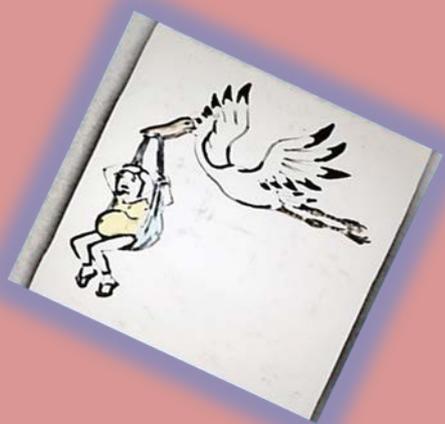
## Research Update – April 2017

By Mel Lewis

### The WANTe study: Women's Antenatal Transfer experience

In December 2016, PSN commenced research examining transfers within NSW and the ACT. The PSN-supported studies will use data collected through the Perinatal Advice Line (PAL) to look at aspects of maternal transfers for threatened preterm labour (TPL) in NSW / ACT.

TPL is the most common indication for in-utero transfer across NSW/ACT<sup>1,2</sup>, as well as the most common clinical indication for calls to the PAL service requesting transfer to higher level facilities since 2013<sup>3,4</sup>. A large proportion of women transferred across the state for suspected or threatened preterm labour do not birth before they are transferred back or discharged home. This large volume of unnecessary maternal transfers in NSW / ACT waste tertiary referral centres resources, and cause disruption for the women and her family.



The WANTe study is a qualitative research project that aims to understand the process and experience of antenatal transfer for NSW women with TPL who do NOT give birth during their transfer admission. Inspired by the recent work of Lyn Woodhart (RHW); the WANTe study will interview a cross-section of women transferred from metropolitan, regional and remote centres in NSW in semi-structured interviews pending HREA (ethics) approval. The WANTe study is particularly interested in:

- o Understanding what is important to women in the experience of in-utero transfer (IUT) and enablers of empowerment and wellbeing throughout IUT
- o Understanding women's perceptions of risk and the clinical decision-making process at the referring and receiving hospital
- o Describing the essential elements of the pregnancy journey for women in NSW who undergo an IUT for TPL
- o Exploring women's views on the 'ideal' elements and circumstances for an IUT in the NSW / ACT
- o Exploring the role (if any) of the physical journey; e.g. Ambulance ride

Insights gained from women's perspectives in the WANTe study will help support state-wide recommendations that aim to improve the experience and outcomes for women and families with regard to IUT. WANTe researchers will be coming to an LHD near you in the coming months.

## ***Time to transform the transfer: A 12 month review of NSW in-utero transfers for threatened pre-term labour by the Perinatal Advice Line (PAL).***

Dr Edwina Dorney, and supported by Dr Daniel Challis and Dr Jon Hyett.

This project will conduct a 12 month retrospective review of calls made to the PAL between 24-36 weeks gestation for threatened preterm labour (TPL) where maternal transfer is considered. The review will evaluate TPL assessment and transfer protocols for women presenting with symptoms of pre-term labour across NSW and the ACT. The reported use of predictive testing (such as fFN and cervical length measurements) among clinicians requesting transfer for TPL, as well as birth-timing outcomes will be quantified.

The PAL service supports requests from level 6 units to move antenatal women for bed management issues (e.g. no NICU beds). Preliminary PAL data indicates that the majority of level 6-to-6 in-utero transfers do not undergo predictive testing (fFN, Actim Partus) prior to request for transfer, and an unknown proportion of transfers do not birth within 24-72 hours.

*Time to transform the transfer* will highlight areas where the use of predictive testing may be underutilised across NSW and the ACT, and provide an opportunity to reduce the number of women being transferred unnecessarily for symptoms of pre-term labour.

For more information on PSN research projects contact: [Melanie.Lewis@health.nsw.gov.au](mailto:Melanie.Lewis@health.nsw.gov.au)



## Upcoming Events



The banner features the ACM logo on the left, a central green box with text, and a red ribbon on the right. The background is a scenic landscape with a road and hills.

**acm**  
Australian College of  
Midwives

ACM NSW Branch Annual State Conference  
*"Birthing in the Bush:  
What does the future hold?"*  
Tamworth, 18-19 August 2017  
[www.midwives.org.au](http://www.midwives.org.au)

Save  
the  
Date

### Women and Heart Disease Forum: Advances in understanding risk, diagnosis and management



A one day forum highlighting emerging research and clinical advances from across disciplines and shining a light on the lived experience of women with heart disease.

**When:** Wednesday 14 June 2017

**Where:** Qantas Centre of Service Excellence, 70-80 Euston Road, Alexandria NSW

**Cost:** \$100 for whole or part of the day

Join **Professor Garry Jennings**, the Heart Foundation's Chief Medical Advisor,

leading Australian researchers, clinicians and community health professionals in this inaugural cross-disciplinary Women and Heart Disease event.

Registrations open April 18. Book your ticket online

<https://www.trybooking.com/book/event?embed&eid=268084>

For more information contact Jayne Farley [jayne.farley@heartfoundation.org.au](mailto:jayne.farley@heartfoundation.org.au) or call 02 9219 2475