

PSN NEWS

Newsletter of the NSW Pregnancy
and Newborn Services Network

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ISSUE 3

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WELCOME TO THE THIRD EDITION OF PSN NEWS

In this edition we hope to highlight some of the work that PSN does 'behind the scenes' to support the provision of safe and effective maternity care within NSW and the ACT.

The aim of PSN is to improve the quality and safety of maternal and neonatal care in NSW, by bringing 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 please visit our newly redeveloped website (tablet/iPad & mobile phone compatible) at www.psn.org.au

Report from the Level 6 Hospital Maternity Directors Group

by A/Prof Danny Challis – Obstetric Advisor PSN

The medical directors of the 8 Level 6 maternity units within NSW and the ACT meet via teleconference on a quarterly basis. This group also meets with the NICU managers biannually. Alison Goodfellow and I represent PSN and support the coordination of this important group.



The Level 6 Maternity Directors Group provides a forum for the Directors to discuss matters of common interest, including: staffing, clinical governance and network issues. Through this group, the Directors have been able to support each other regarding issues within their facilities and LHDs by providing benchmarking data, as well as sharing of guidelines and information. The group has also been able to advise PSN on issues of priority that require new guidelines or policies at the state-wide level. Recent areas of shared concern amongst the group have included the management of women who are asymptomatic with cervical shortening, equipment for fetal scalp lactate measurement, and maternal to neonatal bed ratios.

Clinicians should approach their tiered maternity network Level 6 facility medical director if they have issues which they feel should be discussed at this meeting.

'FONT' REMINDER

Completion of all components of the FONT program remains mandatory for all NSW Health maternity clinicians once every three years, according to NSW Health IB2012_O42 '*Fetal welfare assessment, Obstetric emergencies and Neonatal resuscitation Training (FONT) Program*'.

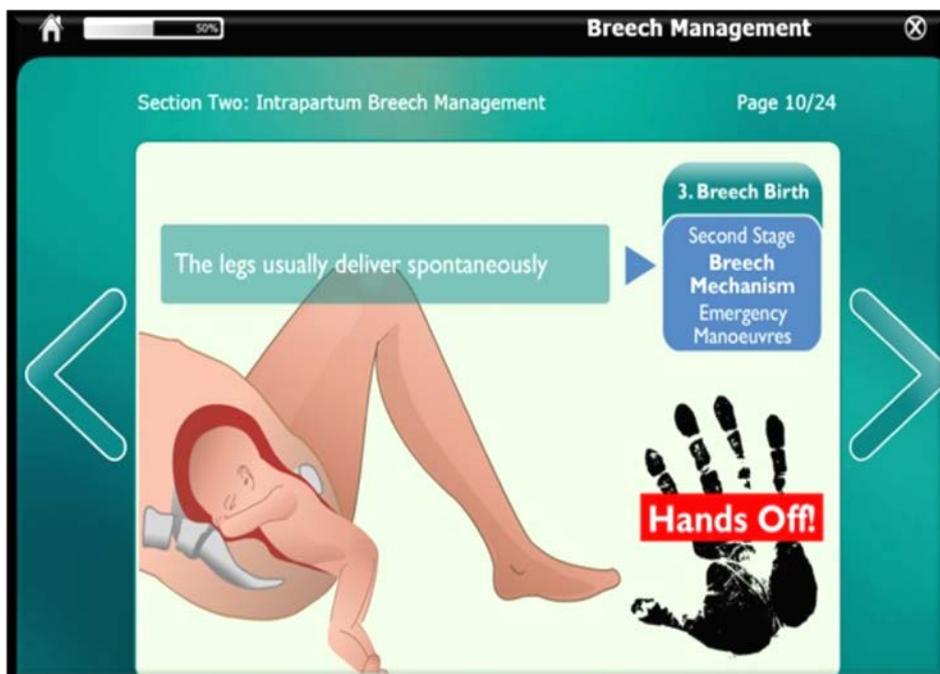




K2 Maternity Crisis Management Training

by Helen Cooke

PSN continues to work in collaboration with K2 Medical Systems (K2MS) to prepare and update the online maternity emergency training program. Due to be released soon, is the presentation for the management of an unanticipated breech presentation.



We are finalising the presentation on the prevention and management of a postpartum haemorrhage.

If you have any comments or feedback, please contact Helen Cooke, Clinical Midwifery Consultant at: helen.cooke@psn.health.nsw.gov.au

Neonatal Intensive Care Units' (NICUS) Data Collection

by Barbara Bajuk and Sara Sedgley

The NICUS database collects, collates and reports annual data from participating hospitals for neonates who are admitted to a NICU or Level 4 Special Care Nursery (SCN) in NSW and the ACT (SCN), with any of the following:

- 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

At present, all tertiary neonatal centres and six (out of 10) level 4 SCN services in NSW and the ACT submit data to the NICUS. As a result, the NICUS capture information about most but not all neonates who require intensive care. The information submitted to the NICUS database is used to inform research, practice, policy development, and service provision. Examples of this work include

“Preterm infant outcomes in New South Wales and the Australian Capital Territory”. Srinivas Bolisetty, Nele Legge, Barbara Bajuk and Kei Lui on behalf of the New South Wales and the Australian Capital Territory Neonatal Intensive Care Units' Data Collection

NICUS data from 2014 indicates that there were:

- During 2014, there were 3230 infants registered in NICUS
- Of these, 335/393 (85.2%) infants <29 weeks' gestation survived. Of the 503/531 (94.7%) infants 29-31 weeks' gestation who survived, 6 (1.2%) were registered to a Level 4 unit. Of the 1100/1148 (95.8%) infants 32-36 weeks' gestation who survived, 180 (16.4%) were registered to a Level 4 unit. Of the 1091/1158 (94.2%) infants 37 or more weeks' gestation who survived, 181 (16.6%) were registered to a Level 4 unit. Four infants >35 weeks' gestation, registered to a Level 4 unit, died
- The survival rate for infants <32 weeks' gestation who were born in a non-tertiary centre was 66/78 (84.6%) when compared to those born in a tertiary centre 772/846 (91.3%).

The PSN staff members who support and maintain the NICUS database are:



Barbara Bajuk,
Coordinator



Sara Sedgley
Clinical Nurse
Specialist



Mark Leckie
Database /
Reporting Analyst

Enquiries regarding the database should be directed to: nicus@psn.health.nsw.gov.au

Perinatal Advice Line (PAL) Update

by Tania Andrews



The role of the PAL is to support the transfer and care of women experiencing complications of pregnancy, to ensure they receive care in the most appropriate setting, with the most appropriate care provider, as close to home as possible, and within the most appropriate time frame.

PAL call statistics

The PAL has received almost 600 calls from clinicians within NSW and the ACT since it commenced in July 2013. Of these calls:

- Assistance with 'bed finding' remains the most common reason (>67%)
- Threatened preterm labour remains the main clinical situation/indication (approximately 40%)
- 31-33 weeks remains the leading gestation.

Due to the assistance of the PAL:

- There have been no interstate transfers
- Approximately 72 women (12%) were able to remain in the hospital where the call originated, instead of being transferred.



PAL call – Case Presentation

This call highlights the role that the PAL plays in supporting all clinicians in NSW and the ACT with the provision of safe and appropriate care for women experiencing complications of pregnancy. This call demonstrates that any clinician can and should call the PAL when the tiered maternity network is unable to assist and/or resolve the issue.

- A Registered Nurse (RN) working a night shift in a small rural facility (with no maternity service) called the PAL for advice, when the local tiered maternity network hospital was unable to assist.
- The PAL Clinical Midwifery Consultant (CMC) who took the call, provided advice to the RN and subsequently to GP on-call (who was on route to the hospital at the time of the RN's call). This advice ensured that appropriate assessment and first-line treatment occurred.
- Following initial discussions, the GP was supported with further obstetric advice via a teleconference with the on-call PAL Obstetric Consultant.
- With PAL support and negotiation, the woman was transferred to a local higher role delineated facility for further assessment and interim care until retrieval to the nearest tertiary referral centre could be initiated.

The advice and support of the PAL ensured that the clinicians involved were supported to provide the woman with appropriate care and assessment within the local tiered maternity network until the woman was retrieved to an appropriate tertiary centre. At all times, the PAL and the clinicians involved worked together to ensure that the woman received the most appropriate care, by the most appropriate care provider, as close to home as possible.

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



Celebrating International Nurses and Midwives Day 2015 AN EGGCITING DAY

Lynn Sinclair

PSN and NETS celebrated International Nurses and Midwives Day 2015 in style. As the day was funded in part from prize money awarded for the "Good Egg" Infant Resuscitation Pack initiative at the SCHN Quality and Innovation Awards 2014, the theme for the day was EGGS. And there were lots of them! The day began with an Egg, Bacon and Muesli Breakfast, followed by the Best Decorated Egg Competition and culminated in Egg and Spoon Races.



"Good Egg" Infant Resuscitation Packs are used by regional paediatricians who travel urgently to provide resuscitation and initiate critical care to a newborn or young infant in a rural hospital, in parallel with activation of a NETS team. Sponsors of the Humpty Dumpty Foundation generously donated funding for this initiative; hence the "Good Egg" Pack idea was hatched. This initiative acknowledges service capabilities and collaboration within tiered networks, enables a timely response and improves the quality and safety of resuscitation to infants in rural hospitals through the provision of age-specific and appropriate equipment.

Thanks to Tina Kendrick (NETS), everyone who contributed on the day, and the NETS' social committee for the additional funding that helped make the day a huge success

PRIZEWINNERS:

Best decorated egg (senior)

Lynn Sinclair (PSN)

Best decorated egg (junior)

The family of Trish Grant (NETS)

Egg and spoon race

Tania Andrews

Alison Goodfellow,

Lyn Passant

(PSN Midwives)

SAVE THE DATE!

NEOPAED 2015

CONFERENCE + SIMULATION

3-4 September

Conference Venue:
Crown Plaza, Coogee Beach

Intended audience: Paediatricians, Paediatric Residents and Registrars, Neonatal Nurses and Midwives who work in level 2, 3 and 4 neonatal care centres and maternity units

