

# SA PPG upload to SA Health Website and Practice Guidelines Web-Based App

Date uploaded: 19/12/17

Title of PPG (previous title if applicable)	Revised or New	Summary of key points / changes	Risk management concerns +/- budget implications
Analgesia for Labour and Birth (Pharmacological)	New	<p>New PPG with individual sections. Each section includes background, procedural and management implications for the specific type of analgesia:</p> <ul style="list-style-type: none"> <li>• Nitrous oxide with oxygen</li> <li>• Intradermal sterile water injections</li> <li>• Subcutaneous Fentanyl</li> <li>• Epidural analgesia (includes a patient information brochure detailing benefits and risks)</li> <li>• Epidural morphine</li> <li>• Intrathecal morphine</li> <li>• Patient controlled analgesia</li> </ul>	<p>Nil budgetary</p> <p>Both subcutaneous fentanyl and intradermal sterile water injections may be 'new' practices for some sites. Individual sites may need to undertake their own education in relation to this.</p>
Cervical Insufficiency and Cerclage	Revised	<p>Improved flowcharts</p> <p>Nil other significant.</p> <p>Note: The PROGRESS trial results have not yet impacted this PPG. A decision was made to await a Cochrane Review that incorporates this trial.</p>	Nil
Fetal Acid Base Balance Assessment (also incorporating Umbilical Cord Blood Gas Sampling)	Revised	<p>Major change is that <b>2 x PPGs have been combined</b> to form 1.</p> <p>Process added for the collection of cord blood gases and suggested ranges included that require reporting to MO. Recommended that cord blood samples are transported on ice for processing.</p>	Nil
Post Dural Puncture Headache	New	<p>This is a new PPG developed to assist in the detection and management of post dural puncture headache after a neuraxial technique. It details the following management options:</p> <ul style="list-style-type: none"> <li>• Conservative</li> <li>• Pharmacological</li> <li>• Invasive</li> <li>• Nerve blocks</li> <li>• Surgical</li> </ul>	Nil

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Shoulder Dystocia	Revised	<ol style="list-style-type: none"> <li>1. Management of shoulder dystocia flow chart amended so that it is more in line with PROMPT. Clinicians are now able to choose the manoeuvre that they feel more comfortable with rather than following the prescribed path. Management is staged into First, second and third line responses. Clinical roles are more clearly defined i.e. Zavanelli manoeuvre is a MO decision and procedure only</li> <li>2. The Shoulder Dystocia management form has been redesigned</li> <li>3. Stated that a shoulder dystocia can also occur when the posterior shoulder becomes trapped behind the sacral promontory</li> <li>4. Risk factors have been sectioned into antenatal and intrapartum</li> <li>5. A Patient Information Sheet as also been developed that can be used in combination with antenatal counselling or used in debriefing post the event</li> <li>6. Fetal macrosomia is defined as a weight &gt; 4500kgs</li> <li>7. Women with a suspected macrosomic baby are to be reviewed by a senior obstetric registrar or consultant obstetrician</li> <li>8. All of the names such as Rubin 1, Rubin 2, Woodscrew and reverse Woodscrew have been removed</li> <li>9. Episiotomy is discussed in the body of the guideline</li> <li>10. A picture of the correct hand position has been included</li> <li>11. Tocolytics have been updated for Zavanelli so that Salbutamol, Terbutaline and GTN are all included as options</li> <li>12. Posterior Axilla Sling Traction has been included in the guideline and briefly discussed in terms of risks and benefits</li> <li>13. Symphysiotomy has been discussed and not recommended</li> <li>14. A section about management of the umbilical cord has been included, including collection of paired cord blood gases</li> <li>15. A section on preparation for PPH has been included</li> <li>16. A section for Neonatal resuscitation/assessment has been included</li> <li>17. The counselling section has been extended and includes staff</li> </ol> <p>A section relating to staff training has been included</p>	Nil