

Closing the LOOP at National Women's

The Annual Clinical Report Day
2012

External commentators in 2011

- Professor Julie Quinlivan, University of Notre Dame, Australia
- Dr David Knight, Clinical Director Neonatology, Mater Health, Brisbane

Women's Health – J Quinlivan

- Episiotomy rates
- PPH rate: 50% above WHA
- IOL rates

- Urogynaecology Readmission rates
- Use of Mesh

Perineal care

- High rates of episiotomy, dysjunct between public and private rates
- Not apparently protective against 3rd and 4th degree tears – these rates also high
- Will be addressed in a presentation by Dr Tim Dawson
- National Maternity Clinical Indicators to be addressed via Maternity Clinical Governance group with representation from LMCs
- Indications for episiotomy added to Healthware L&B summary

PPH rate

- PPH rate above benchmark
 - Misoprostol
 - Carbetocin
 - Blood loss at CS
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- PPH Guidelines under review
 - Misoprostol now third line
 - Carbetocin audit completed and also audit of oxytocin infusion rates, decision to make carbetocin available
 - Agreement between Surgeon, Anaesthetist and Circulating OT staff on EBL
 - Research project regarding surgical technique and blood loss

IOL rates

- High rates especially for postdates and PROM
- Many “postdates” < 41 weeks!
- Virtual postdates clinics with mandatory dating information and referral not accepted before 40+5 if no risk factors
- Prospective audit under way, data collection at point of booking IOL
- IOL project looking at overall strategy
- Foley catheters now available for balloon method

Obesity

- High rates of obesity and GDM, can we do more?
- Education tool re GWG circulated to all staff and LMCs
- Guideline on customised growth charts updated to reflect advice re obesity
- Goal to develop guideline on Obesity in 2012

Safety of Mesh in Urogynaecology at NWH

- Refer to presentation by Dr Paul MacPherson

Points raised in other presentations

- Consistently low rates of hysterectomy (and especially vaginal and laparoscopic hysterectomy) at ADHB.
- Review of pathway of care for women referred to NW with abnormal bleeding. Results to be presented to service within next few months