

Analogous group	Recommendations
Process issues	RBWH Women's and Newborn services formalise and advertise Statewide Centre for Fetal Diagnosis referral process for complex/urgent cases.
	Current referral centre paediatric orientation booklet to be updated with correct procedure for dealing with neonatal emergency in an outlying facility.
Clinical handover issues	All maternity unit medical officer workplace protocols, emergency workplace protocols and the model of care documents to be reviewed and amended to reflect clear identification and delineation of medical officer and midwifery roles and responsibilities with particular reference as to when responsibility for clinical care is to be handed over from midwives to medical officers.
Clinical handover issues (continued)	O&G team standardise the telephone handover process to ensure that all relevant information is discussed. Ideally the RCA team feels that bedside clinical handover for patients in the labour ward should occur.
	Develop and implement of a "Rounding initiative" for senior clinical staff assessing compliance with policy/processes/documentation and parental understanding of safe infant care and sleeping.
Maternal obesity issues	That the equipment used for CTG monitoring be reviewed for accessory equipment requirements to suit bariatric patients.
	It is recommended that the district research the availability of CTG equipment specifically designed for bariatric patients.

Table 21 (continued): Recommendations from Root Cause Analyses (RCAs) and Human Error and Patient Safety (HEAPS) analyses, relating to PRIME CI reported incidents from maternity and neonatal services in 2008

4.0 Statewide Maternity and Neonatal Clinical Network

The Queensland Maternal and Perinatal Quality Council has a close working relationship with the Statewide Maternity and Neonatal Clinical Network (SMNCN) and views that body as the peak clinical body in Queensland for maternity and newborn care. The Queensland Maternity and Neonatal Clinical Guidelines Program (QMNCPG), established by Queensland clinicians, and working also in close partnership with both the SMNCN and the QMPQC, has an effective program of development of clinical guidelines with further work progressing on implementation and evaluation of health outcomes and healthcare research.

4.1 Queensland Maternity and Neonatal Clinical Guidelines Program

The Queensland (formerly Statewide) Maternity and Neonatal Clinical Guidelines Program (the Program) was established at the end of 2008 in response to clinician demand for a statewide approach to guideline development. Clinical guidelines improve patient outcomes by promoting evidence based clinical care and reducing inappropriate variation in clinical practice. As at June 2011, 18 clinical guidelines have been published, and a further 10 are currently in development.

(Refer to www.health.qld.gov.au/qcg/html/publications.asp).

Prioritisation of guideline development has been driven primarily by the Queensland Statewide Maternity and Neonatal Clinical Network. Additionally, emerging clinical issues have prompted requests for guideline development from other Queensland Health business units, including the Office of the Chief Nurse, Access Improvement Service, and Primary Community and Extended Care Branch.

Guideline development follows a robust methodology that has successfully engaged a large number of consumers and clinicians across the state. All guidelines are endorsed by the Statewide Maternity and Neonatal Clinical Network and the Patient Safety and Quality Executive Committee for use in Queensland Health facilities. The National Health and Medical Research Council (NHMRC) has listed all Program guidelines on its Guideline Portal.

The development of clinical guidelines is an essential first step toward translating evidence into best clinical practice. The Program recognises the requirement for implementation strategies and is currently piloting accompanying education and auditing tools at three sites in Queensland.

Guideline Title
Early onset Group B streptococcal disease
Intrapartum fetal surveillance
Hypertensive disorders of pregnancy
Obesity
Vaginal birth after caesarean section
Primary postpartum haemorrhage
Venous thromboembolism prophylaxis
Preterm labour
Breastfeeding initiation
Neonatal abstinence syndrome
Hypoxic ischaemic encephalopathy
Neonatal hypoglycaemia
Neonatal resuscitation
Neonatal jaundice
Neonatal respiratory distress and the administration of Continuous Positive Airway Pressure (CPAP)
Examination of the newborn
Term small for gestational age baby
Stillbirth care
Early pregnancy loss
Induction of labour

Table 22: Clinical Practice Guidelines published by Queensland Maternity and Neonatal Clinical Guidelines Program as at October 2011

