

# Queensland Clinical Guidelines

*Translating evidence into best clinical practice*

Maternity and Neonatal **Operational Framework**

## Supplement: Maternity shared care

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# 1 Introduction

This document is a supplement to *Maternity shared care operational framework*. It provides supplementary information regarding development, makes summary recommendations, suggests measures to assist implementation and quality activities and summarises changes (if any) to the document since original publication. Refer to the operational framework for abbreviations, acronyms, flow charts and acknowledgements.

## 1.1 Funding

The development of this operational framework was funded by Queensland Health, Healthcare Improvement Unit. The general practitioner and consumer representatives were paid a standard fee. Other working party members participated on a voluntary basis.

## 1.2 Conflict of interest

No conflicts of interest were identified

## 1.3 Framework review

Queensland clinical guidelines and operational frameworks are reviewed every 5 years or earlier if significant new evidence emerges. Table 1 provides a summary of changes made to the document since original publication.

Table 1. Summary of change

<b>Publication date</b> <i>Endorsed by:</i>	<b>Identifier</b>	<b>Summary of major change</b>
<b>August 2011</b>	MN11.27-V1-R16	First publication
<b>May 2016</b> <i>Queensland Clinical Guidelines Steering Committee</i>	MN16.27-V2-R21	Content endorsed as current with minor amendments and updates. Updates to format and presentation.

## 2 Methodology

Queensland Clinical Guidelines (QCG) follows a rigorous process of guideline development. This process was endorsed by the Queensland Health Patient Safety and Quality Executive Committee in December 2009. The guidelines and operational documents are best described as 'evidence informed consensus guidelines' and draw from the evidence base of existing national and international guidelines and the expert opinion of the working party.

### 2.1 Topic identification

The topic was identified as a priority in the Maternity and Newborn Services in Queensland Work Plan (2008–2012) as part of the Government response to Re-Birthing: Report of the Review of Maternity Services in Queensland.

### 2.2 Scope

The scope of the operational framework was determined using the PICO Framework (Population, Intervention, Comparison, and Outcome) as outlined in Table 2.

Table 2. PICO Framework

PICO	
<b>Population</b>	Pregnant women in shared care
<b>Intervention</b>	Shared antenatal care between a birthing facility and Primary Maternity Carer such as a General Practitioner, Private Practice Midwife
<b>Comparison</b>	Pregnant women not in shared care
<b>Outcome</b>	Better coordinated care and improved communication between care providers

### 2.3 Clinical questions

The following clinical questions were generated to inform the operational framework scope and purpose:

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- What is shared care?
- How do women access shared care?
- Who are partners in shared care?
- How does shared care work?
- How does shared care transition to on-going care?

### 2.4 Exclusions

The following exclusions were identified in the operational framework scope:

- The framework is not a clinical guideline to maternity care.
- It does not repeat or replace the Pregnancy Health Record information

## 2.5 Search strategy

A search of the literature was conducted during February 2010 and December 2010 and references updated in April 2016. The QCG search strategy is an iterative process that is repeated and amended as development evolves and the draft is refined, additional areas of interest emerge, areas of contention requiring more extensive review are identified or new evidence is identified. All guidelines and operational frameworks are developed using a basic search strategy. This involves both a formal and informal approach.

Table 3. Basic search strategy

Step		Consideration
1.	Review clinical guidelines developed by other reputable groups relevant to the clinical speciality	<ul style="list-style-type: none"> <li>• This may include national and/or international guideline writers, professional organisations, government organisations, state based groups.</li> <li>• This assists the guideline writer to identify:               <ul style="list-style-type: none"> <li>○ The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development</li> <li>○ Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence</li> <li>○ Identify common search and key terms</li> <li>○ Identify common and key references</li> </ul> </li> </ul>
2.	Undertake a foundation search using key search terms	<ul style="list-style-type: none"> <li>• Construct a search using common search and key terms identified during Step 1 above</li> <li>• Search the following databases               <ul style="list-style-type: none"> <li>○ PubMed</li> <li>○ CINAHL</li> <li>○ Medline</li> <li>○ Cochrane Central Register of Controlled Trials</li> <li>○ EBSCO</li> <li>○ Embase</li> </ul> </li> <li>• Studies published in English less than or equal to 5 years previous are reviewed in the first instance. Other years may be searched as are relevant to the topic</li> <li>• Save and document the search</li> <li>• Add other databases as relevant to the clinical area</li> </ul>
3.	Develop search word list for each clinical question.	<ul style="list-style-type: none"> <li>• This may require the development of clinical sub-questions beyond those identified in the initial scope.</li> <li>• Using the foundation search performed at Step 2 as the baseline search framework, refine the search using the specific terms developed for the clinical question</li> <li>• Save and document the search strategy undertaken for each clinical question</li> </ul>
4.	Other search strategies	<ul style="list-style-type: none"> <li>• Search the reference lists of reports and articles for additional studies</li> <li>• Access other sources for relevant literature               <ul style="list-style-type: none"> <li>○ Known resource sites</li> <li>○ Internet search engines</li> <li>○ Relevant text books</li> </ul> </li> </ul>

### 2.5.1 Keywords

The following keywords were used in the basic search strategy. Other keywords may have been used for specific aspects of the guideline:

Shared care, maternity shared care, collaborative care, antenatal care, models of antenatal care

## 2.6 Consultation

Major consultative and development processes occurred between February 2010 and December 2010. These are outlined in Table 4.

Table 4. Major development processes

Process	Activity
<b>Clinical lead</b>	<ul style="list-style-type: none"> <li>The nominated Clinical Lead was nominated by the Statewide Maternity and Neonatal Clinical Network</li> </ul>
<b>Consumer participation</b>	<ul style="list-style-type: none"> <li>Consumer participation was invited from a range of consumer focused organisations who had previously accepted an invitation for on-going involvement with QCG</li> </ul>
<b>Working party</b>	<ul style="list-style-type: none"> <li>An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders (~1000) in December 2009</li> <li>The working party was recruited from responses received</li> <li>Working party members who participated in the working party consultation processes are acknowledged in the framework</li> <li>Working party consultation occurred in a virtual group via email and several face to face meetings</li> </ul>
<b>Statewide consultation</b>	<ul style="list-style-type: none"> <li>Consultation was invited from Queensland clinicians and stakeholders (~1000) during November 2010</li> <li>Feedback was received primarily via email</li> <li>All feedback was compiled and provided to the clinical lead and working party members for review and comment</li> </ul>

## 2.7 Endorsement

The operational framework was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in May 2011 and re-endorsed as current in May 2016
- Statewide Maternity and Neonatal Clinical Network [Queensland] in May 2011

## 2.8 Publication

The operational framework and supplement were published on the QCG website in May 2016

The operational framework can be cited as:

Queensland Clinical Guidelines. *Maternity shared care operational framework*.

No. MN16.27-V2-R21. Queensland Health. 2016. Available from:

<http://www.health.qld.gov.au/qcg>

The operational framework supplement can be cited as:

Queensland Clinical Guidelines. Supplement: *Maternity shared care operational framework*. No. MN16.27-V2-R21. Queensland Health. 2016. Available from:

<http://www.health.qld.gov.au/qcg>

### 3 Levels of evidence

The framework is the consensus opinion of the working party.

#### 3.1 Summary recommendations

Summary recommendations and levels of evidence are outlined in Table 5.

Table 5. Summary recommendations

Recommendation		Grading of evidence
1	Consider the clinical service capabilities of the facility in determining care provision for pregnant women	<b>Consensus</b>
2	A multidisciplinary team approach is recommended for the care of pregnant women	<b>Consensus</b>
3	Birth facilities should provide an orientation program or resources for Primary Maternity Carers participating in shared care	<b>Consensus</b>
4	Primary Maternity Carers should, at a minimum have adequate knowledge and skill in obstetric care and be familiar with the policies of the participating hospital	<b>Consensus</b>
5	The Pregnancy Health Record is the recommended communication tool	<b>Consensus</b>

## 4 Implementation

This operational framework is applicable to all Queensland public and private maternity facilities. It can be downloaded in Portable Document Format (PDF) from [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)

### 4.1 Operational framework resources

There are no additional framework resources

### 4.2 Suggested resources

During the development process no additional resources with potential to complement and enhance implementation and application were identified.

### 4.3 Implementation measures

Suggested activities to assist implementation are outlined below.

#### 4.3.1 QCG measures

- Notify Chief Executive Officer and relevant stakeholders
- Monitor emerging new evidence to ensure the operational framework reflects contemporaneous practice
- Capture user feedback
- Record and manage change requests

#### 4.3.2 Hospital and Health Service measures

Initiate, promote and support local systems and processes to integrate the operational framework into clinical practice, including:

- Hospital and Health Service (HHS) Executive endorse the operational frameworks and their use in the HHS and communicate this to staff
- Promote the introduction of the operational framework to relevant health care professionals
- Support education and training opportunities relevant to the operational framework and service capabilities
- Align clinical care with operational framework recommendations
- Undertake relevant implementation activities as outlined in the *Guideline implementation checklist* available at [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)



## References

1. Australian Commission on Safety and Quality in Healthcare. National Safety and Quality Health Service Standards. 2012 [cited 2014, October 14]. Available from: <http://www.safetyandquality.gov.au/>.
2. The Australian Council on Healthcare Standards. EQUIPNational Guidelines. 2012 [cited 2014 October 20]. Available from: <http://www.achs.org.au/programs-services/>.