Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Operational Framework**

Supplement: Non-urgent referral for antenatal care

Queensland Government

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1 Introduction

This document is a supplement to *Non-urgent referral for antenatal care.* 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 Healthcare Improvement Unit, Queensland Health. 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 conflict of interest was 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

Publication date *Endorsed by*	**Identifier**	**Summary of major change**
September 2011	MN11.28-V1-R16	First publication
August 2012	MN11.28-V2-R16	Deleted: Appendix A: Obstetric risk score tool. Deleted: Appendix B: Antenatal referral and checklist form Updated: Section 3.2 with additional screening tools Updated: References
July 2016 *Queensland Clinical Guidelines Steering Committee*	MN16.28-V3-R21	Content endorsed as current with minor amendments Added Section 3.1 Use of telehealth services

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 framework	
Population	Pregnant women who need a referral to a higher level service
Intervention	Standardised assessment and referral pathways for pregnant women
Comparison	Women without standardised maternity care
Outcome	Better coordination of 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:
The following questions were generated to inform the framework scope and purpose:

- How is the need for consultation/referral identified?
- What are the mechanisms for consultation/referral?
- What is the process for communication?
- What are the psychosocial factors to consider?

2.4 Exclusions

The following exclusions were identified in the operational framework scope:

- The framework is confined to non–urgent referral and transfer of care for pregnant women and will not replace existing protocols for emergency transfer and retrieval.
- Emergency retrieval and transport of obstetric, neonatal and paediatric patients in Queensland and Northern New South Wales are dealt with by Retrieval Services Queensland (RSQ) Guidelines for the Transfer of Pregnant Women.
- This framework does not cover back transfer to a referring facility.

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	• This may include national and/or international guideline writers, professional organisations, government organisations, state based groups. • This assists the guideline writer to identify: o The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development o Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence o Identify common search and key terms o Identify common and key references
2.	Undertake a foundation search using key search terms	• Construct a search using common search and key terms identified during Step 1 above • Search the following databases o PubMed o CINAHL o Medline o Cochrane Central Register of Controlled Trials o EBSCO o Embase • 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 • Save and document the search • Add other databases as relevant to the clinical area
3.	Develop search word list for each clinical question.	• This may require the development of clinical sub-questions beyond those identified in the initial scope. • 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 • Save and document the search strategy undertaken for each clinical question
4.	Other search strategies	• Search the reference lists of reports and articles for additional studies • Access other sources for relevant literature o Known resource sites o Internet search engines o Relevant text books

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 care, collaborative care, antenatal care, models of antenatal care, referral, transfer of care, consultation, multi-disciplinary meeting, non-urgent transfer, antenatal risk assessment,

2.6 Consultation

Major consultative and development processes occurred between January 2010 and October 2010. These are outlined in Table 4.

Table 4. Major development processes

Process	Activity
Clinical lead	• The nominated Clinical Lead was approved by the Maternity Unit, Primary, community and Extended Care Branch
Consumer participation	• Consumer participation was invited from a range of consumer focused organisations
Working party	• An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders (~1000) in December 2009 • The working party was recruited from responses received • Working party members who participated in the working party consultation processes are acknowledged in the guideline • Working party consultation occurred in face-to-face meetings once a month from January to July 2010 and then by email.
Statewide consultation	• Consultation was invited from Queensland clinicians and stakeholders (~1000) during October 2010 • Feedback was received primarily via email • All feedback was compiled and provided to the clinical lead and working party members for review and comment

2.7 Endorsement

The operational framework was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in May 2011 and re-endorsed as current in July 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 July 2016

The operational framework can be cited as:

Queensland Clinical Guidelines. *Non-urgent referral for antenatal care operational framework.* No. MN 16.28-V3-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 Non-urgent referral for antenatal care operational framework.* No. MN 16.28-V3-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	**Consensus**
2.	Consider the use of telehealth services to facilitate discussion, planning and care provision	**Consensus**
3.	A multidisciplinary team approach is recommended for the care of pregnant women	**Consensus**
4.	Discuss with the woman reasons for referral and any possible issues with transport	**Consensus**
5.	Provide written referrals to accompany women referred for consultation or transfer of on-going care during pregnancy.	**Consensus**
6.	Ensure written communication is provided from the receiving service back to the referring Primary Maternity Carer	**Consensus**

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

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

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/.