

Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Supplement: Termination of pregnancy

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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Termination of pregnancy*. It provides supplementary information regarding guideline development, makes summary recommendations, suggests measures to assist implementation and quality activities and summarises changes (if any) to the guideline since original publication. Refer to the guideline for abbreviations, acronyms, flow charts and acknowledgements.

1.1 Funding

The development of this guideline was funded by Healthcare Improvement Unit, Queensland Health. Consumer representatives were paid a standard fee. Other working party members participated on a voluntary basis.

1.2 Conflict of interest

Declarations of conflict of interest were sought from working party members as per the Queensland Clinical Guidelines [Conflict of Interest](#) statement. Four conflicts of interest were noted and managed as per established processes.

1.3 Summary of changes

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

Table 1. Summary of change

| Publication date <i>Endorsed by:</i> | Identifier | Summary of major change |
|--|-------------------|---|
| February 2013 | MN13.21-V1-R18 | First publication |
| February 2018 <i>Queensland Clinical Guidelines Steering Committee</i> | MN13.21-V2-R19 | Review date extended to December 2019 to align with the work of the Queensland Law Reform Commission on termination of pregnancy Minor updates to branding and formatting |
| December 2018 | MN13.21-V3-R19 | Amendments initiated following enactment of the Queensland Termination of Pregnancy Act 2018 <ul style="list-style-type: none"> • Title amended from <i>Therapeutic termination of pregnancy</i> to <i>Termination of pregnancy</i> • Sections amended <ul style="list-style-type: none"> ○ References to Queensland law aligned with Termination of Pregnancy Act 2018 and Crown Law advice ○ Appendix B: Mifepristone and misoprostol protocol amended so applicable only after 63 days gestation ○ TGA approvals updated ○ Minor formatting and branding updates • Sections deleted <ul style="list-style-type: none"> ○ Facility level approvals ○ Indemnity ○ Legal test for each case • Section added <ul style="list-style-type: none"> ○ Definition of termination healthcare ○ Local service delivery at Section 3 Clinical standards ○ Flowchart Medical termination with MS-2 Step ○ Section 7.5 MS-2 Step (up to and including 63 days gestation) |

| Publication date <i>Endorsed by:</i> | Identifier | Summary of major change |
|---|-------------------|--|
| October 2019 <i>Statewide Maternity and Neonatal Clinical Network</i> | MN19.21-V4-R24 | Full review of clinical content <ul style="list-style-type: none"> • Medical practitioner responsibilities and gestational age requirements for ToP services added • Amended <ul style="list-style-type: none"> ○ Clinical standards updated ○ Appendices incorporated into text • Added <ul style="list-style-type: none"> ○ Performance of a termination definition ○ Assault and domestic violence ○ Memory creation and palliative care following live birth ○ Considerations for late termination ○ Prophylactic antibiotics for surgical termination ○ Discharge instructions and follow up ○ Contraception |
| August 2020 | MN19.21-V5-R24 | Amendments initiated by Clinical Lead, and request to include FGM <ul style="list-style-type: none"> • Added <ul style="list-style-type: none"> ○ Section 4.4. Special circumstances Female genital mutilation (FGM) • Amended <ul style="list-style-type: none"> ○ Section 7.2.2 removed recommendation for one hour of observation following administration of mifepristone ○ Added option for outpatient or at home administration following pre-termination assessment |
| March 2022 | MN19.21-V6-R24 | Initiated following legislation amendments <ul style="list-style-type: none"> • Added throughout <ul style="list-style-type: none"> ○ Reference to registered student health practitioner involvement in termination healthcare (assisting, conscientious objection, education) • Amended Section 4.3 Suspicion of child abuse <ul style="list-style-type: none"> ○ Additional criminal offenses as specified in Criminal Code Act 1899 • Minor formatting and references updated |

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 are best described as 'evidence informed consensus guidelines' and draw from the evidence base, existing national and international guidelines and the expert opinion of the working party.

2.1 Topic identification

The topic was identified as a priority by the Director General of Queensland Health in 2010. In February 2017 the Queensland Government announced it would refer the current laws on termination of pregnancy to the Queensland Law Reform Commission (QLRC) for review. On 3 December 2018 the Termination of Pregnancy Act 2018 was passed requiring the guideline to be updated to reflect this.

2.2 Scope

The scope of the guideline was determined using the following framework.

Table 2. Scope framework

| Scope framework | |
|-------------------|--|
| Population | <ul style="list-style-type: none"> Women requesting termination of pregnancy |
| Purpose | <ul style="list-style-type: none"> Identify relevant evidence related to: diagnosis, assessment and management of termination of pregnancy including surgical and medical options Update changes to align with the Termination of Pregnancy Act 2018 (implications for practitioner practice) |
| Outcome | Support: <ul style="list-style-type: none"> Appropriate assessment, treatment and management of women requesting termination of pregnancy Guideline alignment with the changes (if any) to the Termination of Pregnancy Act 2018 |
| Exclusions | <ul style="list-style-type: none"> Detailed health promotion Detailed prevention of unwanted pregnancies and long-term contraception options Standard post-surgical care Discussion of ethical, religious or spiritual views on termination of pregnancy, including reason for termination. This includes (but is not limited to), rape, abnormalities, anomalies or disability of mother or fetus Specific procedures of feticide Referral pathways of local HHS including management of conscientious objection, impact on service provision and individual management of wait lists Specific technical details of surgical procedures for termination of pregnancy |

2.3 Clinical questions

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

- What are the legal considerations for termination of pregnancy in Queensland?
- What clinical assessments of the woman should be undertaken when termination of pregnancy is being considered/has been agreed/requested?
- How is termination of pregnancy achieved safely?
- What care should be provided to the woman following a termination of pregnancy?

2.4 Search strategy

A search of the literature was conducted during September–December 2018. The QCG search strategy is an iterative process that is repeated and amended as guideline development occurs (e.g. if additional areas of interest emerge, areas of contention requiring more extensive review are identified or new evidence is identified). All guidelines 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"> • This may include national and/or international guideline writers, professional organisations, government organisations, state based groups • This assists the guideline writer to identify: <ul style="list-style-type: none"> ○ The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development ○ Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence ○ Identify common search and key terms ○ Identify common and key references |
| 2. | Undertake a foundation search using key search terms | <ul style="list-style-type: none"> • Construct a search using common search and key terms identified during Step 1 above • Search the following databases <ul style="list-style-type: none"> ○ PubMed ○ CINAHL ○ Medline ○ Cochrane Central Register of Controlled Trials ○ EBSCO ○ 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. | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Search the reference lists of reports and articles for additional studies • Access other sources for relevant literature <ul style="list-style-type: none"> ○ Known resource sites ○ Internet search engines ○ Relevant text books |

2.4.1 Keywords

The following keywords were used in the basic search strategy: termination, abortion, pregnan*, Rh, rhesus, follow up, feticide, ultrasound, practitioner, professional, mifepristone, misoprostol, complications, surgical, medical, Queensland Law Reform, first trimester, second trimester, prophylactic antibiotics,

Other keywords may have been used for specific aspects of the guideline.

2.5 Consultation

Major consultative and development processes occurred between January 2019 and May 2019. These are outlined in Table 4.

Table 4. Major guideline development processes

| Process | Activity |
|-------------------------------|---|
| Clinical lead/s | <ul style="list-style-type: none"> The nominated clinical leads were approved by QCG Steering Committee |
| Consumer participation | <ul style="list-style-type: none"> Consumer participation was invited from a range of consumer-focused organisations who had previously accepted an invitation for on-going involvement with QCG |
| Working party | <ul style="list-style-type: none"> An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders in February 2019 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 a virtual group via email |
| Statewide consultation | <ul style="list-style-type: none"> Consultation was invited from Queensland clinicians and stakeholders during March 2019–May 2019 Feedback was received primarily via email All feedback was compiled and provided to the clinical lead and working party members for review and comment |

2.6 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in October 2019
- Statewide Maternity and Neonatal Clinical Network [Queensland] in October 2019

2.7 Citation

The recommended citation of Queensland Clinical Guidelines is in the following format:

Queensland Clinical Guidelines. **[Insert Guideline Title]**. Guideline No. **[Insert Guideline Number]**. Queensland Health. **[Insert Year of Publication]**. Available from: www.health.qld.gov.au/qcg.

EXAMPLE:

Queensland Clinical Guidelines. Normal birth. Guideline No. MN17.25-V3-R22. Queensland Health 2017. Available from: www.health.qld.gov.au/qcg.

3 Levels of evidence

The levels of evidence as identified by the GRADE system were used to inform the summary recommendations. Levels of evidence are outlined in Table 5. Levels of evidence (GRADE).

Summary recommendations are outlined in Table 6. Summary recommendations

Table 5. Levels of evidence (GRADE)

| Grade Levels of evidence | |
|---------------------------------|--|
| 1++ | Evidence obtained from high quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias. |
| 1+ | Evidence obtained from well conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias. |
| 1 | Evidence obtained from meta-analyses, systematic reviews or RCTs, or RCTs with a high risk of bias. |
| 2++ | Evidence obtained from high quality systematic reviews of case-control or cohort studies or high quality case-control or cohort studies with a very low risk of confounding, bias, or chance and a high probability that the relationship is causal. |
| 2+ | Evidence obtained from well conducted case-control or cohort studies with a low risk of confounding, bias, or chance and a moderate probability that the relationship is causal. |
| 2- | Evidence obtained from case-control or cohort studies with a high risk of confounding, bias, or chance and a significant risk that the relationship is not causal. |
| 3 | Evidence obtained from non-analytic studies, e.g. case reports, case series. |
| 4 | Expert opinion. |

3.1 Summary recommendations

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

Table 6. Summary recommendations

| | Recommendation | Grading of evidence |
|---|---|---------------------|
| 1 | Healthcare providers who have a conscientious objection to the performance of a termination of pregnancy must refer the woman to alternate services/providers without delay | 4 |
| 2 | <p>The recommended method for medical termination of pregnancy, at less than 63 days gestation, is mifepristone followed by misoprostol¹⁻⁴:</p> <ul style="list-style-type: none"> • Mifepristone 200 mg orally • Misoprostol 800 microgram buccal or sublingual 36–48 hours post mifepristone | 1++ |
| 3 | <p>Prior to surgical termination of pregnancy, cervical priming is recommended for^{1,2,4,5}:</p> <ul style="list-style-type: none"> • Women with gestations greater than 12–14 weeks • Nulliparous women • Women less than 18 years of age | 1++ |
| 4 | Discuss contraception during the provision of termination healthcare | 4 |
| 5 | Prophylactic antibiotics are recommended for women prior to, or during, surgical termination of pregnancy ^{1,2} | 1++ |
| 6 | Recommend women have follow-up 14–21 days post procedure (medical or surgical) | 4 |
| 7 | Routinely offer pain medication, or a prescription for pain medication (if outpatient setting) after both medical and surgical terminations of pregnancy | 4 |

4 Implementation

This guideline 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 Guideline resources

The following guideline components are provided on the website as separate resources:

- Flowchart: Summary of termination of pregnancy
- Flowchart: Medical termination with MS-2 Step
- Education resource: Termination of pregnancy
- Knowledge assessment: Termination of pregnancy
- Patient information: Care after your termination
- Patient information: Termination of pregnancy

4.2 Suggested resources

During the development process stakeholders identified additional resources with potential to complement and enhance guideline implementation and application. The following resources have not been sourced or developed by QCG but are suggested as complimentary to the guideline:

- Identification of local access and referral pathways and processes
- Education for health professionals providing termination of pregnancy services

4.3 Implementation measures

Suggested activities to assist implementation of the guideline are outlined below.

4.3.1 QCG measures

- Notify Chief Executive Officer and relevant stakeholders
- Monitor emerging new evidence to ensure guideline 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 guideline into clinical practice, including:

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

4.4 Quality measures

Auditing of guideline recommendations and content assists with identifying quality of care issues and provides evidence of compliance with the National Safety and Quality Health Service (NSQHS) Standards⁶ [Refer to Table 7. NSQHS Standard 1]. Suggested audit and quality measures are identified in Table 8. Clinical quality measures.

Table 7. NSQHS Standard 1

| NSQHS Standard 1: Clinical governance | |
|--|--|
| Clinical performance and effectiveness | |
| Criterion 1.27: | Actions required: |
| Evidence based care | a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice |
| | b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care |

The following clinical quality measures are suggested:

Table 8. Clinical quality measures

| No | Audit criteria | Guideline Section |
|----|---|--|
| 1. | What proportion of women had a surgical termination of pregnancy? | 5.2 Method Selection 7 Surgical Termination |
| 2. | What proportion of women had a medical termination of pregnancy? | 5.2 Method Selection 6 Medical Termination |
| 3. | What proportion of women who had a surgical termination of pregnancy are prescribed cervical ripening agents? | 7.2 Cervical priming for SToP |
| 4. | What proportion of women who had a surgical termination of pregnancy received prophylactic antibiotics? | 7.3 Surgical Curettage |
| 5. | What proportion of women having a termination of pregnancy were offered pain relief? | 8 MToP and SToP post-termination care |
| 6. | What proportion of women were offered counselling? | 5.1 Psychosocial support |
| 7. | What proportion of eligible health practitioners are registered prescribers of mifepristone/misoprostol? | 6.1 Practitioner Requirements |

4.5 Areas for future research

During development the following areas were identified as having limited or poor quality evidence to inform clinical decision making. Further research in these areas may be useful.

- Comparison of satisfaction levels for women related to surgical and medical termination of pregnancy
- Australian mortality and morbidity rates relating to termination of pregnancy
- Proportion of healthcare providers who exercise a conscientious objection to termination healthcare

4.6 Safety and quality

In conjunction with the Queensland Clinical Guideline *Standard care*⁷, implementation of this guideline provides evidence of compliance with the National Safety and Quality Health Service Standards.⁶

Table 9. NSQHS/EQUIPNational Criteria

| NSQHS/EQUIPNational Criteria | Actions required | ☑ Evidence of compliance |
|---|---|---|
| NSQHS Standard 1: Clinical governance | | |
| <p>Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.</p> | <p>Diversity and high risk groups 1.15 The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care</p> | <ul style="list-style-type: none"> ☑ Assessment and care appropriate to the cohort of patients is identified in the guideline ☑ High risk groups are identified in the guideline ☑ The guideline is based on the best available evidence |
| <p>Clinical performance and effectiveness The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.</p> | <p>Evidence based care 1.27 The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care</p> | <ul style="list-style-type: none"> ☑ Queensland Clinical Guidelines is funded by Queensland Health to develop clinical guidelines relevant to the service line to guide safe patient care across Queensland ☑ The guideline provides evidence-based and best practice recommendations for care ☑ The guideline is endorsed for use in Queensland Health facilities. ☑ A desktop icon is available on every Queensland Health computer desktop to provide quick and easy access to the guideline |
| | <p>Performance management 1.22 The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system</p> | <ul style="list-style-type: none"> ☑ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg |
| <p>Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.</p> | <p>Policies and procedures 1.7 The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements</p> | <ul style="list-style-type: none"> ☑ QCG has established processes to review and maintain all guidelines and associated resources ☑ Change requests are managed to ensure currency of published guidelines ☑ Implementation tools and checklist are provided to assist with adherence to guidelines ☑ Suggested audit criteria are provided in guideline supplement ☑ The guidelines comply with legislation, regulation and jurisdictional requirements |

| NSQHS/EQUIPNational Criteria | Actions required | <input checked="" type="checkbox"/> Evidence of compliance |
|---|---|---|
| NSQHS Standard 2: Partnering with Consumers | | |
| <p>Health literacy Health service organisations communicate with consumers in a way that supports effective partnerships.</p> | <p>Communication that supports effective partnerships 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge</p> | <p><input checked="" type="checkbox"/> Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details <input checked="" type="checkbox"/> Consumer information is developed to align with the guideline and included consumer involvement during development and review <input checked="" type="checkbox"/> The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer</p> |
| NSQHS Standard 4: Medication safety | | |
| <p>Clinical governance and quality improvement to support medication management Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines</p> | <p>Integrating clinical governance 4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management</p> | <p><input checked="" type="checkbox"/> The guideline provides current evidence based recommendations about medication</p> |

| NSQHS/EQUIPNational Criteria | Actions required | <input checked="" type="checkbox"/> Evidence of compliance |
|--|--|---|
| NSQHS Standard 5: Comprehensive care | | |
| <p>Clinical governance and quality improvement to support comprehensive care Systems are in place to support clinicians to deliver comprehensive care</p> | <p>Integrating clinical governance 5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care Partnering with consumers 5.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making</p> | <p><input checked="" type="checkbox"/> The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/gcg</p> <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for care</p> <p><input checked="" type="checkbox"/> Consumer information is developed for the guideline</p> |
| NSQHS Standard 6: Communicating for safety | | |
| <p>Clinical governance and quality improvement to support effective communication Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients.</p> | <p>Integrating clinical governance 6.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication Partnering with consumers 6.3 Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making Organisational processes to support effective communication 6.4 The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes</p> | <p><input checked="" type="checkbox"/> Requirements for effective clinical communication by clinicians are identified</p> <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for communication between clinicians</p> <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families</p> <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for discharge planning and follow –up care</p> |

| NSQHS/EQUIPNational Criteria | Actions required | <input checked="" type="checkbox"/> Evidence of compliance |
|--|--|--|
| NSQHS Standard 6: Communicating for safety (continued) | | |
| <p>Communication of critical information Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.</p> | <p>Communicating critical information 6.9 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient 6.10 The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians</p> | <p><input checked="" type="checkbox"/> Requirements for effective clinical communication of critical information are identified <input checked="" type="checkbox"/> Requirements for escalation of care are identified</p> |
| <p>Communicating at clinical handover Processes for structured clinical handover are used to effectively communicate about the health care of patients.</p> | <p>Clinical handover 6.7 The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover 6.8 Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care</p> | <p><input checked="" type="checkbox"/> The guideline acknowledges the need for local protocols to support transfer of information, professional responsibility and accountability for some or all aspects of care</p> |

| NSQHS/EQUIPNational Criteria | Actions required | <input checked="" type="checkbox"/> Evidence of compliance |
|--|---|---|
| NSQHS Standard 7: Blood management | | |
| <p>Clinical governance and quality improvement to support blood management Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met.</p> | <p>Integrating clinical governance 7.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management</p> | <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for use of blood products</p> |
| <p>Prescribing and clinical use of blood and blood products The clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion.</p> | <p>Optimising and conserving patients' own blood 7.4 Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks Prescribing and administering blood and blood products 7.6 The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria</p> | <p><input checked="" type="checkbox"/> The guideline provides evidence-based and best practice recommendations for use of blood products <input checked="" type="checkbox"/> The guideline is consistent with recommendations of national guidelines</p> |

5 References

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