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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Preterm prelabour rupture of membranes (PPROM)*. 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. No conflict of interest was identified.

1.3 Development process

This version of the guideline followed the QCG Peer review process.

1.4 Summary of changes

Queensland clinical guidelines are reviewed every 5 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

<table>
<thead>
<tr>
<th>Publication date</th>
<th>Identifier</th>
<th>Summary of major change</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2018</td>
<td>MN18-48-V1-R23</td>
<td>First publication</td>
</tr>
<tr>
<td><em>Statewide Maternity and Neonatal Clinical Network (QLD)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 2022</td>
<td>MN18.48-V2-R23</td>
<td>Prophylactic antibiotics updated to align with Therapeutic Guidelines recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Option for erythromycin monotherapy changed to ‘only if penicillin allergy’)</td>
</tr>
<tr>
<td>December 2023</td>
<td>MN23.48-V3-R28</td>
<td>Peer Review:</td>
</tr>
<tr>
<td><em>QLD Maternity and Neonatal Clinical Network</em></td>
<td></td>
<td>• Formatting updated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• References updated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Flow amended</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Flowcharts aligned with text</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Elements of Queensland Clinical Guidelines <em>Standard care</em> removed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prophylactic antibiotic regime updated to reflect current recommendations</td>
</tr>
</tbody>
</table>
2  Methodology

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 literature, 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 by the Queensland Maternity and Neonatal Clinical Network at a forum in 2009.

2.2  Scope

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

Table 2. Scope framework

<table>
<thead>
<tr>
<th>Scope framework</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td>Women with a live, singleton, cephalic fetus between 22+0 and 36+6 weeks gestation with suspected prelabour rupture of membranes (PPROM)</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Identify relevant evidence related to:</td>
</tr>
<tr>
<td></td>
<td>• Diagnosis, assessment and management of PPROM</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>Support:</td>
</tr>
<tr>
<td></td>
<td>• Early and accurate identification of pregnant women with PPROM</td>
</tr>
<tr>
<td></td>
<td>• Evidence informed management during pregnancy, labour and postpartum</td>
</tr>
<tr>
<td><strong>Exclusions</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Management of anaesthesia</td>
</tr>
<tr>
<td></td>
<td>• Routine antenatal, intrapartum, and postpartum care</td>
</tr>
<tr>
<td></td>
<td>• Risk factors for PPROM</td>
</tr>
<tr>
<td></td>
<td>• Management of:</td>
</tr>
<tr>
<td></td>
<td>o Chorioamnionitis</td>
</tr>
<tr>
<td></td>
<td>o Preterm neonate</td>
</tr>
<tr>
<td></td>
<td>• Women requesting termination of pregnancy following PPROM</td>
</tr>
<tr>
<td></td>
<td>• Aspects of care included in the Queensland Clinical Guidelines:</td>
</tr>
<tr>
<td></td>
<td>o Standard care</td>
</tr>
<tr>
<td></td>
<td>o Early onset Group B Streptococcal disease</td>
</tr>
<tr>
<td></td>
<td>o Preterm labour and birth</td>
</tr>
<tr>
<td></td>
<td>• Induction of labour</td>
</tr>
</tbody>
</table>

2.3  Clinical questions

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

- How is PPROM diagnosed?
- What is the recommended management following PPROM?
- How should ongoing maternal and fetal wellbeing be assessed?
- What supportive care should be offered to woman with PPROM?
- When is birth indicated following PPROM?
2.4 Search strategy

A search of the literature was conducted during April 2023–July 2023. A further search was conducted in August 2023. 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

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

2.4.1 Keywords

The following keywords were used in the basic search strategy: preterm prelabour rupture of membranes, fetal membranes, PPROM, chorioamnionitis, preterm labour, corticosteroids, magnesium sulfate, rupture of membranes

Other keywords may have been used for specific aspects of the guideline.
2.5 Consultation
Major consultative and development processes occurred between September and October 2023.

Table 4. Major guideline development processes

<table>
<thead>
<tr>
<th>Process</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision for peer review</td>
<td>• A review of the guideline scope, clinical questions and current literature was undertaken in May 2023. Areas of clinical practice change were identified</td>
</tr>
<tr>
<td></td>
<td>• Clinical leads</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation</td>
<td>• Expert clinicians and a consumer representative were identified by the clinical leads and invited to peer review the updated guideline in July 2023</td>
</tr>
<tr>
<td></td>
<td>• All invited members accepted</td>
</tr>
</tbody>
</table>

2.6 Endorsement
The guideline was endorsed by the:

• Queensland Clinical Guidelines Steering Committee in December 2023
• Queensland Maternity and Neonatal Clinical Network in December 2023

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


EXAMPLE:
3 Levels of evidence

Summary recommendations were informed by:
- Review of literature
- Expertise and experience of clinical leads and working party
- Statewide consultation
- Established Queensland Clinical Guidelines development process

3.1 Summary recommendations

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

Table 5. Summary recommendations

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Strength of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Avoid digital examination unless immediate induction is planned as this increases the rate of infection</td>
<td>Consensus</td>
</tr>
<tr>
<td>2. If there are no maternal or fetal contraindications, recommend expectant management to women with PPROM before 34+0 weeks gestation</td>
<td>Consensus</td>
</tr>
<tr>
<td>3. Recommend antibiotics (as identified in the guideline) to women with PPROM to reduce maternal and neonatal infection</td>
<td>Consensus</td>
</tr>
<tr>
<td>4. Recommend antenatal corticosteroids to women with PPROM less than 35+0 weeks gestation</td>
<td>Consensus</td>
</tr>
<tr>
<td>5. Recommend intrapartum antibiotic prophylaxis for early onset Group B Streptococcal disease (EOGBSD) to women with PPROM</td>
<td>Consensus</td>
</tr>
</tbody>
</table>
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:

- Education resource: Preterm prelabour rupture of membranes (PPROM)
- Knowledge assessment: Preterm prelabour rupture of membranes (PPROM)
- Parent information: Preterm prelabour rupture of membranes (PPROM)

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:

- Procedures supporting clinical examination of the woman with PPROM including, abdominal palpation, sterile speculum examination, collection of swabs
- Eligibility criteria for at home care in women with PPROM

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

4.3.3 Implications for implementation
The following areas may have implications for local implementation of the guideline recommendations. It is suggested they be considered for successful guideline implementation.

- Economic considerations including opportunity costs
- Human resource requirements including clinician skill mix and scope of practice
- Clinician education and training
- Equipment and consumables purchase and maintenance
- Consumer acceptance
- Model of care and service delivery
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) Standards [Refer to Table 6. NSQHS Standard 1]. Suggested audit and quality measures are identified in Table 7. Clinical quality measures.

Table 6. NSQHS Standard 1

<table>
<thead>
<tr>
<th>NSQHS Standard 1: Clinical governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical performance and effectiveness</td>
</tr>
<tr>
<td>Criterion 1.27:</td>
</tr>
<tr>
<td>Evidence based care</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

The following clinical quality measures are suggested:

Table 7. Clinical quality measures

<table>
<thead>
<tr>
<th>No</th>
<th>Audit criteria</th>
<th>Guideline section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Proportion of women with PPROM who have high vaginal swabs, low vaginal swabs, and urine testing at initial presentation</td>
<td>Assessment</td>
</tr>
<tr>
<td>2.</td>
<td>The proportion of expectantly management women with PPROM who receive antibiotic therapy</td>
<td>Initial management</td>
</tr>
<tr>
<td>3.</td>
<td>The proportion of women with PPROM who receive antenatal corticosteroids for fetal lung maturity</td>
<td>Prematurity</td>
</tr>
<tr>
<td>4.</td>
<td>The proportion of women with PPROM who receive intrapartum antibiotic prophylaxis</td>
<td>Prematurity</td>
</tr>
</tbody>
</table>

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.

- Is outpatient management safe for the woman with PPROM?
- At what gestation should active management be routinely recommended to women with PPROM?
- What is the optimal frequency and type of monitoring for women with PPROM?
- When should birth be expedited in women with PPROM between 34+0 and 36+6 weeks?
4.6 Safety and quality

In conjunction with the Queensland Clinical Guideline: Standard care, implementation of this guideline provides evidence of compliance with the National Safety and Quality Health Service Standards.¹

Table 8. NSQHS

<table>
<thead>
<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>✔ Evidence of compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NSQHS Standard 1: Clinical governance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient safety and quality systems</strong> Safety and quality systems are</td>
<td>Diversity and high risk groups</td>
<td>✔ Assessment and care appropriate to the cohort of patients is identified in the guideline</td>
</tr>
<tr>
<td>integrated with governance processes to enable organisations to actively</td>
<td>1.15 The health service organisation:</td>
<td>✔ High risk groups are identified in the guideline</td>
</tr>
<tr>
<td>manage and improve the safety and quality of health care for patients.</td>
<td>a. Identifies the diversity of the consumers using its services</td>
<td>✔ The guideline is based on the best available evidence</td>
</tr>
<tr>
<td></td>
<td>b. Identifies groups of patients using its services who are at higher risk of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Incorporates information on the diversity of its consumers and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>higher-risk groups into the planning and delivery of care</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical performance and effectiveness</strong> The workforce has the right</td>
<td>Evidence based care</td>
<td></td>
</tr>
<tr>
<td>qualifications, skills and supervision to provide safe, high-quality health</td>
<td>1.27 The health service organisation has processes that:</td>
<td></td>
</tr>
<tr>
<td>care to patients.</td>
<td>a. Provide clinicians with ready access to best-practice guidelines,</td>
<td>✔ Queensland Clinical Guidelines is funded by Queensland Health to develop clinical</td>
</tr>
<tr>
<td></td>
<td>integrated care pathways, clinical pathways and decision support tools relevant</td>
<td>guidelines relevant to the service line to guide safe patient care across Queensland</td>
</tr>
<tr>
<td></td>
<td>to their clinical practice</td>
<td>✔ The guideline provides evidence-based and best practice recommendations for care</td>
</tr>
<tr>
<td></td>
<td>b. Support clinicians to use the best available evidence, including relevant</td>
<td>✔ The guideline is endorsed for use in Queensland Health facilities.</td>
</tr>
<tr>
<td></td>
<td>clinical care standards developed by the Australian Commission on Safety and</td>
<td>✔ A desktop icon is available on every Queensland Health computer desktop to provide</td>
</tr>
<tr>
<td></td>
<td>Quality in Health Care</td>
<td>quick and easy access to the guideline</td>
</tr>
<tr>
<td></td>
<td>1.22 The health service organisation has valid and reliable performance review</td>
<td>✔ The guideline has accompanying educational resources to support ongoing safety and</td>
</tr>
<tr>
<td></td>
<td>processes that:</td>
<td>quality education for identified professional and personal development. The resources</td>
</tr>
<tr>
<td></td>
<td>a. Require members of the workforce to regularly take part in a review of their</td>
<td>are freely available on the internet <a href="http://www.health.qld.gov.au/qcg">http://www.health.qld.gov.au/qcg</a></td>
</tr>
<tr>
<td></td>
<td>performance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Identify needs for training and development in safety and quality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Incorporate information on training requirements into the organisation’s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>training system</td>
<td></td>
</tr>
</tbody>
</table>
### NSQHS Standard 1: Clinical governance

#### 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.

<table>
<thead>
<tr>
<th>Policies and procedures</th>
<th>Evidence of compliance</th>
</tr>
</thead>
</table>
| 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 | ☑ 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 |

#### 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

Answer: ☑ Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details

Answer: ☑ Consumer information is developed to align with the guideline and included consumer involvement during development and review

Answer: ☑ The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer

### NSQHS Standard 2: Partnering with Consumers

#### Health literacy
Health service organisations communicate with consumers in a way that supports effective partnerships.

**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

Answer: ☑ Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details

Answer: ☑ Consumer information is developed to align with the guideline and included consumer involvement during development and review

Answer: ☑ The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer

#### Partnering with consumers in organisational design and governance
Consumers are partners in the design and governance of the organisation.

**Partnerships in healthcare governance planning, design, measurement and evaluation**

2.11 The health service organisation:
  a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care
  b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community

2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce

Answer: ☑ Consumers are members of guideline working parties

Answer: ☑ The guideline is based on the best available evidence

Answer: ☑ The guidelines and consumer information are endorsed by the QCG and Queensland Statewide Maternity and Neonatal Clinical Network Steering Committees which includes consumer membership
### NSQHS Criteria

#### NSQHS Standard 2: Partnering with Consumers

**NSQHS Standard 2: Partnering with Consumers**

**Partnering with consumers in their own care**
Patients are partners in their own care to the extent that they choose

- **Healthcare rights and informed consent**
  2.4 The health service organisation ensures that its informed consent processes comply with legislation and best practice
  2.5 The health service organisation has processes to identify:
  a. The capacity of a patient to make decisions about their own care
  b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves

- **Shared decisions and planning care**
  2.6 The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care
  2.7 The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care

**Evidence of compliance**
- ☑️ This guideline and consumer information provides information for consumers to make informed decisions
- ☑️ This guideline promotes informed consent
- ☑️ Consumer information is available for this guideline
- ☑️ Consumers are members of guideline working parties

#### NSQHS Standard 3: Infection prevention and control systems

**Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship**
Systems are in place to support and promote prevention and control of healthcare-associated infections, and improve antimicrobial stewardship.

- **Integrating clinical governance**
  3.1 The workforce uses the safety and quality systems from the Clinical Governance Standard when:
  a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship
  b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship

- **Standard and transmission-based precautions**
  3.6 Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider:
  a. Patients’ risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required during care

- **Antimicrobial stewardship**
  3.15 The health service organisation has an antimicrobial stewardship program that:
  a. Includes an antimicrobial stewardship policy
  b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing

**Evidence of compliance**
- ☑️ The guideline provides evidence-based and best practice recommendations for care
- ☑️ Recommendations for use of antimicrobials are evidence based
- ☑️ Assessment and care appropriate to the cohort of patients is identified in the guideline
- ☑️ High risk groups are identified in the guideline if applicable
- ☑️ If applicable, Australian therapeutic guidelines and resources were used to develop guideline recommendations

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### NSQHS Criteria

#### NSQHS Standard 4: Medication safety

**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.

**Integrating clinical governance**

4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- Implementing policies and procedures for medication management
- Managing risks associated with medication management
- Identifying training requirements for medication management

**Evidence of compliance**

- The guideline provides current evidence based recommendations about medication

#### NSQHS Standard 5: Comprehensive care

**Clinical governance and quality improvement to support comprehensive care**

Systems are in place to support clinicians to deliver comprehensive care.

**Integrating clinical governance**

5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- Implementing policies and procedures for comprehensive care
- Managing risks associated with comprehensive care
- 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:

- Actively involve patients in their own care
- Meet the patient’s information needs
- Share decision-making

**Evidence of compliance**

- 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](http://www.health.qld.gov.au/qcg)
- The guideline provides evidence-based and best practice recommendations for care
- Consumer information is developed for the guideline

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<table>
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<tr>
<th>NSQHS Criteria</th>
<th>Actions required</th>
<th>Evidence of compliance</th>
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| **NSQHS Standard 6: Communicating for safety** | 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 | ✓ Requirements for effective clinical communication by clinicians are identified ✓ The guideline provides evidence-based and best practice recommendations for communication between clinicians ✓ The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families ✓ The guideline provides evidence-based and best practice recommendations for discharge planning and follow-up care |
| 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. |  |
| Communication of critical information | Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care. |  |
| 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 | ✓ Requirements for effective clinical communication of critical information are identified ✓ Requirements for escalation of care are identified |
### Correct identification and procedure matching

**Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.**

**Correct identification and procedure matching**

- 6.5 The health service organisation:
  - a. Defines approved identifiers for patients according to best-practice guidelines
  - b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated

**Evidence of compliance**

- Requirements for safe and for correct patient identification are identified

### Communicating at clinical handover

**Processes for structured clinical handover are used to effectively communicate about the health care of patients.**

**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

**Evidence of compliance**

- The guideline acknowledges the need for local protocols to support transfer of information, professional responsibility and accountability for some or all aspects of care
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<tr>
<th>NSQHS Criteria</th>
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<tbody>
<tr>
<td><strong>NSQHS Standard 7: Blood management</strong></td>
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<tr>
<td><strong>Clinical governance and quality improvement to support blood management</strong></td>
<td>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.</td>
<td>The guideline provides evidence-based and best practice recommendations for use of blood products</td>
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<tr>
<td><strong>Integrating clinical governance</strong></td>
<td>7.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</td>
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<tr>
<td></td>
<td>a. Implementing policies and procedures for blood management</td>
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<td></td>
<td>b. Managing risks associated with blood management</td>
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<td>c. Identifying training requirements for blood management</td>
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<tr>
<td><strong>Optimising and conserving patients’ own blood</strong></td>
<td>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:</td>
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<tr>
<td></td>
<td>a. Optimising patients’ own red cell mass, haemoglobin and iron stores</td>
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<td></td>
<td>b. Identifying and managing patients with, or at risk of, bleeding</td>
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<td>c. Determining the clinical need for blood and blood products, and related risks</td>
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<td><strong>Prescribing and administering blood and blood products</strong></td>
<td>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</td>
<td>The guideline provides evidence-based and best practice recommendations for use of blood products</td>
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<td>The guideline is consistent with recommendations of national guidelines</td>
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| NSQHS Standard 8: Recognising and responding to acute deterioration | **Integrating clinical governance** 8.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:  
a. Implementing policies and procedures for recognising and responding to acute deterioration  
b. Managing risks associated with recognising and responding to acute deterioration  
c. Identifying training requirements for recognising and responding to acute deterioration  
**Partnering with consumers** 8.3 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to:  
a. Actively involve patients in their own care  
b. Meet the patient's information needs  
c. Share decision-making  
**Recognising acute deterioration** 8.4 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to:  
a. Document individualised vital sign monitoring plans  
b. Monitor patients as required by their individualised monitoring plan  
c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient | ☑ The guideline is consistent with National Consensus statements recommendations  
☑ The guideline recommends use of tools consistent with the principles of recognising and responding to clinical deterioration  
☐ Consumer information is developed for the guideline |

Clinical governance and quality improvement to support recognition and response systems  
Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates.
References

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