

**CIRCULAR**

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**Maternity Emergencies**

1. This circular supercedes Circular 94/66 issued on 1 August 1994.
2. Maternity emergencies by definition afford clinicians little or no warning and may occur at times when senior staff are not immediately available.  
All maternity facilities should have protocols in place for the immediate management of obstetric emergencies, including:
  - Hypertensive crisis / eclampsia
  - Antepartum haemorrhage
  - Postpartum haemorrhage of more than 600 mls
  - Tonic contractions
  - Umbilical cord prolapse
  - Neonate requiring resuscitation
  - Shoulder dystocia

Emergency protocols must be clearly labelled and immediately accessible in the delivery suite.
3. Mechanisms for continuing staff education for the above maternity emergencies should also be in place.
4. The protocols should state that in some emergencies it may be appropriate to transfer a pregnant woman or a neonate to a hospital with a higher level of care.
5. The protocols should include:
  - *Who to ring for obstetric emergencies:* phone numbers for district and tertiary obstetric referral hospitals. Tertiary perinatal centres have specialist obstetric consultants available to provide clinical management and maternal transfer advice. If the tertiary consultant is unable to assist a 24-hour feto-maternal specialist advice line exists (PAL).

Distributed in accordance with circular list(s):

**A**      **B**      **C** 74      **D**      **E**  
**F**      **G**      **H** 33      **I**      **J** 65a  
**K**      **L** 18      **M**      **N**      **P**      **Q**

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- *Who to ring for neonatal emergencies*: phone numbers for tertiary referral centres and NSW newborn and paediatric Emergency Transport Services (NETS). NETS provides triaging, clinical management and transfer advice and mobile intensive care services.
- the NETS and PAL emergency phone number (1 300 36 2500)

## 6. Resources for Protocol Development

6.1 The NSW Perinatal Services Network (PSN) can assist with protocol development or adaptation (phone 02 9351 7318 or facsimile 02 9351 7742).

### 6.2 Hospitals with tertiary referral services

The Departments of Obstetrics and Gynaecology of hospitals with tertiary referral services have also indicated that they are willing to provide copies of their protocols to other hospitals as a resource and/or assist with the development of hospital specific clinical protocols. Requests for copies of policies/procedures may be forwarded to the Director of Obstetrics at:

King George V Memorial Hospital, Missenden Road, Camperdown 2050  
 Royal North Shore Hospital, Pacific Highway, St Leonards 2065  
 Royal Hospital for Women, Barker Street, Randwick 2031  
 Liverpool Hospital, Elizabeth Street, Liverpool 2170  
 Westmead Hospital, Cnr Hawkesbury and Darcy Rds, Westmead 2145  
 Nepean Hospital, Somerset Street, Penrith 2751  
 John Hunter Hospital, Lookout Road, Newcastle 2305

While protocols may be a common resource to many hospitals, individual hospitals remain responsible for ensuring that their own protocols are up to date and staff are trained and able to implement them. Regions may wish to consult with their Area Managers on protocol development.

### 6.2 Other resources

The 'guiding principles' outlined in the *NHMRC Guidelines for the development and implementation of clinical practice guidelines* (1999) are the suggested framework for the development of policies addressing clinical emergencies<sup>1</sup>.

The NSW Guide to the Role Delineation of Health Care Services provides risk categories for maternity patients relating to appropriate level of care required for various maternal risk categories at the intended place of delivery.<sup>2</sup>

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<sup>1</sup> NHMRC Guidelines for the development and implementation of clinical practice guidelines (1999) available in full text at <http://www.health.gov.au/nhmrc/publicat/pdf/cp30.pdf>

<sup>2</sup> Guide to the role delineation of health services. Clinical Services Planning Unit. Statewide Services Development Branch. NSW Health Department.