

SAPPG Upload to SA Health Website and Practice Guidelines Web-Based App Summary

Date uploaded: 30/05/2024

Title of Document (previous title if applicable)	Revised or New	Summary of key points / changes	Risk management concerns +/- budget implications
Cervical length (short) and cerclage	Revised (version 6)	<ul style="list-style-type: none"> • Cervical length surveillance and management flowcharts updated. • Decision for cerclage algorithm updated. <ul style="list-style-type: none"> ○ All women should have an appropriately performed cervical length at the mid-trimester morphology scan, at 18–20 weeks gestation. ○ Women with moderate risk factors for spontaneous preterm birth, should undergo an additional transvaginal cervical length measurement at 16 weeks. • Cervical length ultrasound consumer factsheet added. • Women at high risk of spontaneous preterm birth should have serial transvaginal cervical length monitoring from 16–24 weeks under supervision of a preterm birth clinic or high-risk obstetric care service. • Asymptomatic women found to have a short cervix on transvaginal cervical length assessment in the mid-trimester to commence vaginal Progesterone. 	<p>Nil significant risks or budget implications.</p> <p>Distribution of information to clinicians across SA Health, via notification of upload.</p>
Preterm labour and birth	Revised (version 8)	<ul style="list-style-type: none"> • Inclusion of new cervical length screening recommendations. • Measurement of cervical length is recommended at all mid-trimester morphology scans. A transabdominal cervical length of ≥ 35 mm is adequate. <ul style="list-style-type: none"> ○ If < 35 mm found in a transabdominal ultrasound, proceed to check cervical length with a transvaginal ultrasound. ○ A cervical length of < 25 mm is considered shortened and must be immediately referred to a preterm birth clinic/high-risk Obstetric care. • Flowcharts 1-3 updated with current evidence. • Risk factors for preterm birth and recommended actions table updated: <ul style="list-style-type: none"> ○ cervical surgery (cone biopsy, \geq Two LLETZ, One LLETZ > 10 mm depth) ○ Previous preterm birth > 34 weeks ○ Previous preterm birth or PPRM < 34 weeks ○ Mid-trimester loss (16-24 weeks) ○ Shortened cervix < 25 mm on TVUS, in particularly < 15 mm or funnelling. • Consumer factsheet on Vaginal Progesterone added • References updated. 	<p>Nil significant risks or budget implications.</p> <p>Distribution of information to clinicians across SA Health, via notification of upload.</p>
Shoulder Dystocia	Revised (version 6)	<ul style="list-style-type: none"> • Cultural statements added • Resources list added • Addition of shared decision-making principles to create individualised management plans • Updated evidence/references • Updated the flowchart to current PPG formatting 	<p>Nil significant risks or budget implications.</p> <p>Distribution of information to clinicians across SA Health, via notification of upload.</p>

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Subgaleal Haemorrhage	Revised (version 2)	<ul style="list-style-type: none">• Risk factors for SGH clarified.<ul style="list-style-type: none">○ Nulliparity removed.• Flowcharts 1 and 2 updated to clarify criteria for surveillance.• References updated.	Nil significant risks or budget implications. Distribution of information to clinicians across SA Health, via notification of upload.
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