Royal Hospital for Women (RHW) BUSINESS RULE COVER SHEET



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AUTHOR	Samantha Arbidans	
	Clinical Midwifery Consultant, Clinical Practice Development	
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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to guide consistent, routine attendance of a bedside presentation ultrasound scan (USS) at 36 weeks' gestation.

Definitions:

- Cephalic: the fetus is positioned in a longitudinal lie & head-first into the woman's pelvis
- Breech: the fetus is positioned in a longitudinal lie with their buttocks or feet & buttocks entering the woman's pelvis first
- Oblique: the fetus is positioned diagonally in the woman's uterus, with no particular part of their body entering the woman's pelvis
- Transverse: the fetus is positioned horizontally in the woman's uterus, with no particular part of their body entering the woman's pelvis

2 RESPONSIBILITIES

1. Midwifery/nursing & medical staff:

Credentialed staff to discuss and obtain the woman's consent for bedside USS at 36 weeks gestation. Identify cephalic presentation as "head" or "not a head" only. Escalate for formal imaging if cephalic presentation cannot be confirmed

2. Allied staff:

Provide formal ultrasound imaging as per escalation. Include fetal biometry, lie, presentation, estimated fetal weight, amniotic fluid levels and placental location

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3 PROCEDURE

3.1 Clinical Practice points

- Attend routine abdominal palpation with the woman's consent at each scheduled antenatal visit
- Recommend a bedside USS at the woman's 36-week gestation clinic visit for the sole purpose of confirming fetal presentation
- Obtain woman's consent and attend bedside scan for fetal presentation
- Arrange formal imaging if cephalic presentation cannot be confirmed
- Recommend appointment in RHW dedicated Breech clinic by 37 weeks gestation, if noncephalic presentation confirmed on formal scan
- Document USS findings and discussions in the woman's electronic medical record (eMR) and yellow card
- Ensure formal USS report available for breech clinic appointment

3.2 Documentation

- eMR
- · Antenatal yellow card

3.3 Education Notes

- Diagnostic ultrasound technology regarding pregnancy assessment provides greater opportunity for timely identification and planning with non-cephalic presentation¹
- Women with a suspected fetus in non-cephalic presentation should be recommended to have a detailed obstetric ultrasound²
- Unexpected non-cephalic presentation in labour can be overcome in a large number by a routine ultrasound examination at 35-36+6 weeks' gestation^{5, 6}
- For a select group of women, vaginal breech birth is considered safe and should be supported^{1,7}

3.4 Related Policies/procedures

- Breech presentation at term- antenatal and intrapartum management
- External Cephalic Version (ECV)- MoHGL2017-007

3.5 References

- Position statement on the appropriate use of diagnostic ultrasound [Internet]. 2006 [cited 2025 Mar 25]. Available from: https://ranzcog.edu.au/wp-content/uploads/Position-Statement-Appropriate-Use-of-Diagnostic-Ultrasound.pdf
- 2. Management of breech presentation [Internet]. Available from: https://ranzcog.edu.au/wp-content/uploads/Management-Breech-Presentation.pdf
- Maternity -Supporting Women Planning a Vaginal Breech Birth Policy manual Not applicable Status Review Functional group Clinical/Patient Services -Maternity [Internet].

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Available from:

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017_008.pdf

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- 5. <u>De</u> Castro H, Ciobanu A, Formuso C, Akolekar R, Nicolaides KH. Value of routine ultrasound examination at 35–37 weeks' gestation in diagnosis of non-cephalic presentation. Ultrasound in Obstetrics & Gynecology. 2020 Feb;55(2):248–56.
- 6. M. Fitiri, D. Papavasileiou, V. Mesaric, A. Syngelaki, R. Akolekar, Nicolaides KH. Routine 36-week scan: diagnosis and outcome of abnormal fetal presentation. Ultrasound in Obstetrics and Gynecology. 2024 Dec 2:
- NSW Health. Connecting, listening and responding: A Blueprint for Action -Maternity Care in NSW [Internet]. 2023. Available from: https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/professionals/Publications/maternity-care-in-nsw.pdf

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated crosscultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: <u>NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.</u>

6 NATIONAL STANDARDS

- Standard 1- Clinical Governance
- Standard 2- Partnering with consumers
- Standard 5- Comprehensive Care Plan

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7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
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6/05/25	Version 1.0	UAT accepted
26/05/25	V1	RHW BRGC

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