



CONTENTS

IMPACT trial recognised by Australian Clinical Trials Alliance as winner of inaugural clinical trial of the year award.	2
Understanding Vasa Praevia	3
Branch 2016 Conference report	3
News from the ECR	3
Patient Blood Management Guidelines	4
EVOLVE	5
Australian Clinical Trials Alliance: Application for membership	5
PSANZ 2015 Nutrition Award Winner Article	5
NCA Journal	5
Improve	6
Monitoring the newborn brain	6
Inflammation in Reproduction, Pregnancy and Development conference	6
2nd European Spontaneous Preterm Birth Congress	6
The Lancet series on Ending Preventable Stillbirths	7
What is your opinion towards the controversial topic of Ankyloglossia and Frenotomy?	7
2016 International Conference on Stillbirth, SIDS and Baby Survival	7
May 5 was International Day of the Midwife	7
PSANZ 2016 - it's all about choices...	8



IMPACT TRIAL RECOGNISED BY AUSTRALIAN CLINICAL TRIALS ALLIANCE AS WINNER OF INAUGURAL CLINICAL TRIAL OF THE YEAR AWARD.

On International Clinical Trials day PSANZ was delighted that the PPROMT trial, facilitated through its own IMPACT network was awarded the prize for the best clinical trial award. Amongst a group of six finalists, all Australian investigator led clinical trials published in the New England Journal or Lancet, PPROMT was nominated as the winner. To be considered a trial had to meet the following criteria:

Trials considered for the award had to be collaboratively developed, multicenter, investigator-driven randomised controlled trials that were designed to improve patient-centered outcomes or healthcare delivery. Trials must have been designed and led by a network or investigator group that is a member of ACTA and the primary results of the trial must have been published in the

2015 calendar year (either electronically or in print).

A peer-led panel of senior trialists and consumer representatives reviewed nominations and determined the trial that best demonstrated the following standards:

- The trial addressed a critical gap in the evidence or a significant innovation in healthcare delivery.
- The quality of the research design, conduct and analysis of the trial were outstanding.
- There is a high likelihood that findings from the trial will significantly impact clinical practice and/or policy and improve outcomes for patients or healthcare delivery.

PPROMT lead investigator, Jonathan Morris, and trial manager Diana Bond received the award, on behalf of the study investigators and the IMPACT network, from Federal Health Minister The Honourable Sussan Ley at a ceremony on Friday 20th May.

PPROMT was a study that determined best practice for the management of pregnancies in which membranes rupture near term and concluded that expectant management was recommended best practice as it was associated with fewer short term neonatal complications.





➤ UNDERSTANDING VASA PRAEVIA FROM THE PERSPECTIVE OF OBSTETRICIANS, MATERNAL FETAL MEDICINE SPECIALISTS AND MIDWIVES

WE NEED YOUR HELP!

Vasa praevia is a rare, under-researched obstetric condition that is associated with high perinatal mortality, if not diagnosed during pregnancy and managed properly. Currently, there seems to be little consensus in the diagnosis and management of

women with vasa praevia. This study aims to explore the experience of Obstetricians, Maternal Fetal Medicine Specialists, and Midwives involved in the process of diagnosing vasa praevia or caring for women with this. If you have been involved in the diagnosis of vasa praevia or have cared for a woman with vasa praevia in the last five years (2010-2015), we would like

to talk to you (in confidence) about your experience.

For enquiries or to request more information, please contact Nasrin Javid on 0411 245 756, nasrin.zamanijavid@student.uts.edu.au

We look forward to hearing from you

➤ BRANCH 2016 CONFERENCE REPORT IMPROVING OUTCOMES FOR MOTHERS AND BABIES IN QUEENSLAND

FUTURE STRATEGIES – 4TH MARCH, 2016.

The theme of the event was Current Perinatal Outcomes and Future Strategies based on Queensland Maternal Perinatal Quality Council report of 2015. The day was held at the University of Queensland Centre for Clinical Research [UQCCR] auditorium at RBWH.

The conveners of the day were Prof David Tudehope, Assoc. Prof Vicki Flenady, and Andrea Chitakis.

The target audience was perinatal clinicians including Basic Scientists, Neonatologists, Neonatal Nurses, Midwives, Obstetricians and Allied Health professionals and consumers.

WHAT WERE THE EXPECTED BENEFITS TO ATTENDEES?

Education of participants about Queensland perinatal outcomes, strategies for improvements in practice and encouragement to undertake research.

SIX CONTENT MESSAGES:

1. Prof. David Ellwood, Chair of Queensland Maternal Perinatal Quality Council [QMPQC], presented the 2015 report for the years 2012&2013 which included indicators of care and highlighted clinical areas requiring practice review to improve outcomes for mothers and babies.

2. Assoc. Prof Vicki Flenady provided a compelling report on ending preventable still births based on The Lancet series January 2016.

3. All Sub-Committee Chairs of Maternal Mortality, Perinatal Mortality and Congenital

Anomaly and Chair of Statewide Clinical Guidelines presented reports.

4. Dr. Adrienne Gordon, Sydney Neonatologist, presented a report on implications from the task force investigating why Neonatal Mortality is apparently higher in Qld than other states.

5. A state of the art paper on Application of Whole Genome Sequencing to Perinatal Death was presented by A/Prof Jane Armes.

6. Vicki Masson and Dr Sue Belgrave from Auckland, NZ discussed improving practice and outcomes through Perinatal Mortality Audit using a validated tool to identify contributing factors and potential avoidability in morbidity and mortality.

The conference was well supported with 105 attendees including 6-8 from Interstate and was widely acclaimed for quality, educational value and relevance of presentations by attendees.

All presentations stimulated active discussion and interaction from the audience. The entire conference was video-recorded with recordings available to those unable to attend.

The conference evaluation forms have not yet been fully interpreted. A hard copy of Queensland Maternal and Perinatal Quality Council [QMPQC] Report was provided to every conference registrant.

In the conference wrap up the success of the day was attributed to the support of the secretariat of PSANZ Council, Queensland State branch of PSANZ and the secretariat of QMPQC.

NEWS FROM THE ECR

The 2015 ECR symposium was a huge success. This year, we're trying something different.

The 2015 ECR symposium was a huge success. We had a record number of delegates (72). The theme of the meeting was: Planning your career in perinatal research and included keynote presentations from 2 very successful PSANZ members: Prof. Mary Wlodek (Coordinator, Researcher Development at The University of Melbourne and Head, Fetal, postnatal and adult physiology and disease laboratory) and Dr Rose Boland (Postdoctoral Fellow in Neonatal Care). Mary and Rose each gave informative, insightful and entertaining presentations that included tips and tricks for transitioning from an early career researcher to principal investigator, managing a research team and work-life balance. The event finished with drinks and canapés, where attendees had the opportunity to mingle with invited perinatal research mentors from Australia and New Zealand, including Mary and Rose. A big thank you goes out to PSANZ for supporting the evening and the PSANZ secretariat (Corporate Communiqué) for their assistance in organizing the event.

This year, we're trying something different. We've organised several ECR workshops, titles include: Tips and tricks for improving your presentations, How to step up form ECR to CDF and The ethics of scientific publishing; each promises to be fantastic. We look forward to seeing you there.

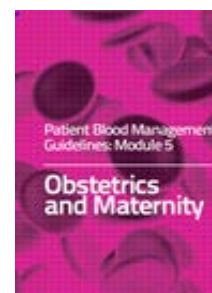
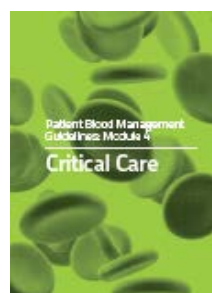
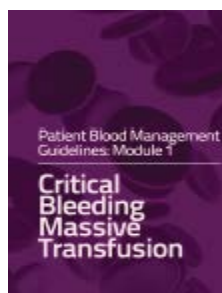
➤ **PATIENT BLOOD MANAGEMENT GUIDELINES**

MARCH 2016 UPDATE

Along with the National Blood Authority (NBA) presence at those events, a presentation on obstetric haemorrhage was delivered by Dr Helen Savoia, Chair of the Patient Blood Management Guidelines: Module 5 Obstetrics and Maternity Clinical Reference Group, at the Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) conference on 16 October 2015.

The PBM Guidelines will also be presented at the upcoming Perinatal Society of Australia and New Zealand (PSANZ) congress in May 2016. The Obstetrics and Maternity module will be presented by Dr Amanda Thomson and the Neonatal and Paediatrics module will be presented by A/Prof Helen Liley and Dr Michael Stark.

The NBA is also working with the Agency for Healthcare Research and Quality to include the PBM Guidelines on the National Guideline Clearinghouse website. They are expected to be available on that website in April 2016.



MODULE 6 – UNDER DEVELOPMENT

The Patient Blood Management Guidelines: Module 6 Neonatal and Paediatrics is nearing completion. Electronic and hard copies of the module and accompanying quick reference guide will be available from www.blood.gov.au/pbm-guidelines in May 2016.

PROMOTION

The Patient Blood Management (PBM) Guidelines and their accompanying tools and resources were promoted at a number of conferences and events in the final months of 2015. Along with the National Blood Authority (NBA) presence at those events, a presentation on obstetric haemorrhage was delivered by Dr Helen Savoia, Chair of the Patient Blood Management Guidelines: Module 5 Obstetrics and Maternity Clinical Reference Group, at the Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) conference on 16 October 2015.

The PBM Guidelines will also be presented at the upcoming Perinatal Society of Australia and New Zealand (PSANZ) congress in May 2016. The Obstetrics and Maternity module will be presented by Dr Amanda Thomson and the Neonatal and Paediatrics module will be presented by A/Prof Helen Liley and Dr Michael Stark.

The NBA is also working with the Agency for Healthcare Research and Quality to include the PBM Guidelines on the National Guideline Clearinghouse website. They are expected to be available on that website in April 2016.

EDUCATION

BloodSafe eLearning Australia (BEA) provides online courses relating to PBM and clinical transfusion practice for health professionals. The newest addition to the suite is Critical Care (based on the PBM Guidelines: Module 4 Critical Care). The new course is available free of charge on www.bloodsafelearning.org.au along with courses on Postpartum Haemorrhage, Patient Blood Management, Critical Bleeding, Perioperative, Medical and Specialties and Iron Deficiency Anaemia. The next course to be developed will be based on the PBM Guidelines: Module 5 Obstetrics and Maternity.

IMPLEMENTATION ACTIVITIES

To support the implementation of the PBM Guidelines, the NBA facilitates the development of tools and materials to support implementation at a health provider level. A range of tools and materials are available, free of charge, at www.blood.gov.au/implementing-pbm.

The most recent addition is a suite of resources to assist GPs in helping patients get fit for surgery.

PATIENT BLOOD MANAGEMENT GUIDELINES UPDATE

The National Blood Authority has commenced a review of the Patient Blood Management Guidelines: Module 1 – Critical Bleeding/Massive Transfusion (Module 1). This review is being conducted as a pilot to test various approaches to update the Patient Blood Management Guidelines. The aim is to use the lessons learned from the update of Module 1 to update the remaining modules using more efficient and cost-effective methodologies.

The Clinical Reference Group (CRG) is currently reviewing Module 1's research questions to determine which ones should be updated and the most appropriate strategy for each update. A review of evidence has commenced for two of the research questions.

The pilot project is expected to be completed in 2016-17.

If you would like to automatically receive updates on the PBM Guidelines, please

➤ PSANZ 2015 NUTRITION AWARD WINNER ARTICLE

GENEVIEVE TREMBLAY

Early growth impairment of preterms is associated with growth retardation and increased rate of neurodevelopmental impairment...

Tremblay Genevieve¹, Marc Isabelle², Belanger Sylvie², St-Onge Odette², Boudreau Christine² and Pronovost Etienne².

1 Neonatology, Princess Margaret Hospital for Children, Perth, Western Australia (6008), Australia
2 Centre Hospitalier Universitaire de Quebec, Quebec, Quebec (G1V 4G2), Canada.

BACKGROUND: Early growth impairment of preterms is associated with growth retardation and increased rate of neurodevelopmental impairment.

METHOD: Our objective were to compare fat % measured by Dual-Energy X-ray Absorptiometry (DXA) in extreme preterms at term corrected age (TCA) with those of terms and to assess weight gain velocity contribution during the neonatal period on preterm body composition at TCA. Preterms (GA≤29 wks) and terms (37-40 wks) were

prospectively enrolled in a longitudinal study from October 2012 to October 2013. Nutritional parameters, anthropometry and body composition were evaluated using DXA at TCA in preterms and before day 10 of life in terms. Group differences were assessed by Student t-test (Wilcoxon rank-sum test when appropriate) for continuous data and Chi-square (Fisher exact test when appropriate) for categorical. Multivariate general linear regression modelling was performed to determine the effects of studied factors on fat %. Statistical significance was p<0.05.

RESULTS: 68 infants (29 preterms, 39 terms) were included. Preterms at TCA were shorter, lighter with a smaller head circumference compared with similar age terms. Weight estimated by DXA was significantly lower in preterms at TCA (2960g±551.9 vs 3843g±377.1; p<0.01 for preterm and term respectively). Lean mass was reduced in preterms (2488g±370.8 vs 3207g±321.4; p<0.01 for preterm and term respectively). Fat mass was reduced

but not significantly in preterms at TCA compared to terms (430.3g±228.5 vs 567.6g±152.2). Fat % (14.0±5.4%) and lean mass % (84.7±5.6%) in preterms were similar to those of terms (14.7±3.5 and 83.5±3.6 for fat and lean % respectively). Triceps, biceps, suprailiac and subscapular skinfold thickness were significantly increased in preterms compared to terms. Preterm's weight gain speed from birth to DXA evaluation was 12.0±1.4g/kg/d and positively related to preterm fat % in a multivariate regression model (Reg coef=1.58, 95% CI 0.45-2.71).

CONCLUSIONS: Under our nutritional regimen, preterms at TCA had lean and fat mass in similar proportion than terms. However, fat distribution was different, as preterms had more subcutaneous fat than terms. Even if they have a growth velocity close to the intrauterine one, they do not achieve an extrauterine growth similar to terms. Therefore, there is a need to better understand fat deposition in preterms and its childhood impact.



The Royal Australasian
College of Physicians

evolve

evaluating evidence. enhancing efficiencies

EVOLVE is a programme to identify 5 low value practices and interventions in each speciality. The proposals should be judged on being unnecessary, inappropriate or ineffective. PSANZ is being asked to partner with the RACP to identify the low value interventions for pregnant women and newborn babies

RACP EVOLVE Programme
<http://evolve.edu.au>

THE FIRST STEP IS TO COME UP WITH A LIST OF "POTENTIAL SUSPECTS". SOME CANDIDATES INCLUDE:

- Pethidine for analgesia in Labour
- Induction for fetal macrosomia
- Routine ultrasound in third trimester
- Screening for CMV and Toxoplasma in pregnancy
- Vitamin D testing in pregnancy
- Routine administration of iron in pregnancy
- Hydrolysed Formula for Allergy prevention
- Nitric Oxide for babies <27 weeks
- Stopping feeds for large gastric aspirates
- Routine A or CBG for babies stable on nCPAP
- Routine blood cultures and antibiotics

for babies whose mothers received antibiotics in labour

- Ambient oxygen (Head Box or incubator) for Acute Respiratory Distress in the newborn
- Prophylactic Phototherapy
- Cardiac Compressions for <27 weeks
- Admission guidelines that routinely separate mothers and babies early after delivery

The list is not exhaustive. We need your help to ensure we have a list that reflects the multidisciplinary nature of our society. Once complete we'll review the evidence and vote on our Top 5

Please email robert.guaran@psn.health.nsw.gov.au with your suggestions. Contributors will go into the draw for two "Gold Class" movie tickets at the cinema of their choice. The prize is kindly sponsored by Fisher and Paykel.



Application for Membership 2015/16
AFFILIATE MEMBERS





➤ MONITORING THE NEWBORN BRAIN

- WHICH TECHNIQUE FOR WHICH QUESTION?



As survival of the high risk infants has continued to improve, greater emphasis has now been placed on improving neurological outcomes. The implementation of therapeutic hypothermia therapy in

the term infant is a compelling example of neuroprotective strategies that have reduced mortality and neurodevelopmental disability. Similar considerations are underway in randomized clinical trials in the preterm infant including erythropoietin and melatonin. In order to understand and impact the neurological outcomes of the high risk infant, monitoring of the neonatal brain will be essential. To apply monitoring successfully, one must consider three key elements - what, why and the nature of the abnormality that you may wish to monitor?

IMPROVE

The IMproving Perinatal and Review and Outcomes Via Education (IMPROVE) workshops aim to facilitate implementation of the Perinatal Society of Australia and New Zealand's (PSANZ) Perinatal Mortality Guidelines. This interactive, small group, multi professional skills training course is designed to address the educational needs of all health professionals involved with child birth and early newborn care. The principle of incorporating best evidence content and using best evidence teaching methods is fundamental to the course design. The IMPROVE workshop involves a short introductory lecture; six teaching stations (see below), and formative assessment

- Station One: Communication with families regarding autopsy
- Station Two: Autopsy and placental examination
- Station Three: Investigation of fetal deaths

- Station Four: Examination of babies who die in the perinatal period
- Station Five: Institutional perinatal mortality audit and classification
- Station Six: Psychological and social aspects of perinatal bereavement

Several workshops are planned for 2016 including in Hobart, Toowoomba, and Canberra. We aim to reach a number of regional centres across 2016. More locations will be announced soon.

If you would like PSANZ-SANDA to host an education session at your hospital please contact your relevant regional coordinator.

For more information about IMPROVE and for details about upcoming workshops, visit the ANZSA website or contact Eszter Katona (eszter.katona@mater.uq.edu.au).



espbc.eu

**2ND EUROPEAN
SPONTANEOUS
PRETERM BIRTH
CONGRESS**

26TH - 28TH MAY 2016

Join world leading experts
in Gothenburg, Sweden!

Inflammation in Reproduction, Pregnancy and Development

17th - 20th August 2016
Pullman Palm Cove Sea Temple Resort & Spa, QLD

<http://reproductiveimmunology2016.org/program/>

➤ THE LANCET SERIES ON ENDING PREVENTABLE STILLBIRTHS

The Lancet series on "Ending Preventable Stillbirths" launched on January 19th 2016. The series aims to maintain momentum and build on strategies to prevent stillbirths and provide better care to women and families following stillbirth.

The series includes five research papers:
Stillbirths: progress and unfinished business (Froen and colleagues)

Stillbirths: rates, risk factors, and acceleration towards 2030 (Lawn and colleagues)

Stillbirths: economic and psychosocial consequence (Heazell and colleagues)

Stillbirths: recall to action in high-income countries (Flenady and colleagues)

Stillbirths: ending preventable deaths by 2030 (de Burnis and colleagues)

The Australian Launch was held in Brisbane on January 19th 2016. A report of the launch can be found at the ISA website here.

The full series and accompanying Comments is available at The Lancet website here. You may need to register for an account to access the series, but registration is free for all.

ISA has developed a Lay Summary of the



Australian launch of the Lancet Ending Preventable Stillbirths series. From left:

David Ellwood, Fran Boyle, Aleena Wojcieszek, Vicki Flenady, Claire Foord, Caroline Homer, Philippa Middleton

series which has been translated into Arabic, Catalan, Chinese, French, Greek, Hindi, Portuguese, and Spanish. Translated copies of the series Executive Summary are also available. Please visit the ISA website for more.

Please spread the word and help to raise awareness of the series to prevent stillbirths and improve care for mothers, fathers and families. If using twitter please use the hashtag #endstillbirths

WHAT IS YOUR OPINION TOWARDS THE CONTROVERSIAL TOPIC OF ANKYLOGLOSSIA AND FRENOTOMY?

A medical student from Sydney, Australia currently working with the Royal Hospital for Women in Sydney is currently working on a research project on the opinions of clinician's attitudes towards the controversial topic of ankyloglossia and frenotomy. She has requested our members' input into a large scale, worldwide survey. The survey will be anonymous and voluntary, covering questions relating to their opinions on tongue tie, whether they perform frenotomies, and if so how the frenotomy is performed.

It will take less than 10 minutes to complete. [Survey Approval](#) [Survey Template](#)

**2016
INTERNATIONAL
CONFERENCE
ON STILLBIRTH,
SIDS AND BABY
SURVIVAL**
**MONTEVIDEO, URUGUAY
SEPTEMBER 7-10TH**

The importance of this Conference for Latin America lies in the fact that regional statistics and records of intrauterine death are poor, and public health policies do not include actions aimed towards generating strategic programs.

The main goal of this conference is to raise awareness about actions that can reduce the incidence of both stillbirths and sudden infant deaths. Such actions can directly reduce maternal, perinatal and post-neonatal mortality.

DATES: 8-10 September, 2016; Preconference: September 7, 2016

LOCATION: Radisson Victoria Plaza Hotel, Montevideo, Uruguay

For more information and to register visit the [conference website](#).

MAY 5 WAS INTERNATIONAL DAY OF THE MIDWIFE

May 5 was the internationally recognised day for highlighting the work of midwives. The International Confederation of Midwives (ICM) established the idea of the 'International Day of the Midwife' following suggestions and discussion among Midwives Associations in the late 1980s, then launched the initiative formally in 1992.

On May 5 each year we ask the world to focus on the role of midwives and midwifery. Each year ICM comes up with a campaign theme to provide motivating call to action for all of us to get involved and champion our work. The International Day of the Midwife is an occasion for every individual midwife to think about the many others in the profession, to make new contacts within and outside midwifery, and to widen the knowledge of what midwives do for the world.

The theme of IDM 2016 was 'Women and Newborns: The Heart of Midwifery'. Midwives around the world work hard every day to ensure women and newborns receive the quality care that they deserve.

The ICM are inviting midwives to share the work they do using the "I am a midwife, this is what I do" activity on social media as a celebration of midwifery around the world. Send ICM a photo which can be active, fun and interesting, and a few words about what you do - make sure you include #IDM2016 when posting your photos. <http://www.internationalmidwives.org/events/idothm/idm2016/>

The Australian College of Midwives celebrated by holding a Walk With Midwives. Registrations and donations for the walk will raise money for the Rhodanthe Lipsett Indigenous Midwifery Trust.



CHOICES

➤ PSANZ 2016 - IT'S ALL ABOUT CHOICES...

We are in the final planning stages for the 2016 Congress. And this year, the program is all about choices!

SO WHEN DO YOU MAKE THESE CHOICES?

THE BREAKFAST SESSIONS can be booked through the registration process.

If you haven't already booked, you can contact Corporate Communique and they can add this to your booking. The cost is \$35 per breakfast session which includes a delicious hot breakfast.

THE SYMPOSIA AND THE ABSTRACT SESSIONS can be decided upon 'on the day'. There will be plenty of space in each room so no need to pre-book these sessions.

THE HOT TOPICS IN THE TROPICS SESSIONS MUST be pre-booked. These innovative sessions will have limited numbers allowing for small group participation. These sessions will be available for booking through the congress website.

Our program is set to be our largest and greatest to date.

Our exhibition is set to be our largest and greatest to date.



Set at the Townsville Cruise Terminal on Tuesday 24th May, this is a night not to be missed!

Think Singapore Slings. Think Peanut Bar. Think 1940's.

Complimentary entry tickets will be a choice of white Panama Hat or Feather Boa...

If you haven't already booked for this fantastic night, you can do so by contacting Corporate Communique.

Tickets are \$135 for fine food, fine wine, fine networking and of course, fine dancing!

For more information on the congress visit our website
www.psanz2016.com.au

PSANZ 2016
Goin' Troppo
Progress through partnership

PERINATAL
SOCIETY
of Australia &
New Zealand
PSANZ

20th Annual Congress 22-25 May, 2016 Townsville QLD