

## LMC Liaison Update – 22<sup>nd</sup> Feb 2023

Hi everyone, I hope that you all have managed to get some time off over the Christmas period and settling back into midwifery life.

- The Birth After Thoughts Clinic has started. The clinic will provide a safe and confidential space for women to debrief/discuss aspects of their care that they may have unanswered questions about or need support with. The clinic will be run by 2 experienced midwives – Julie Edlin and Heidi Goebbels. Clinics will be run on a Friday.  
Self-referrals are welcomed for women/mama birthing after July 2022 or hapū mama.  
The contact telephone number is (03) 364 4787 where a message can be left or alternatively the email is [birthafterthoughts@cdhb.health.nz](mailto:birthafterthoughts@cdhb.health.nz) The messages and emails will be cleared regularly and contact will be made with women/mama as soon as possible. Appointments will be available face-to-face, via zoom or telephone. [www.cdhb.health.nz/BAC](http://www.cdhb.health.nz/BAC) is how women are able to refer themselves.
- Celia Grigg has undertaken a review of the IOL process. This was done in December 2022. The process of the review included observation of a TOBA meeting, meeting with midwifery and obstetric leadership, seeking input from core and LMC midwives and review of forms  
The National Guideline has not been used consistently but needs to be the basis for change. The working group when we reviewed the issues identified that there are three categories that women fall into when being assessed for an IOL
  1. Acute – this is when women have an acute concern and will be induced sometime within 24hr of being assessed
  2. TOBA – there are significant health concerns of the woman or her baby and will need an IOL
  3. Postdates – women who have passed their due date and will be induced between 40-42 weeks if they choose.

There are large volumes of women needing induction and this number keeps increasing. There is still a lot of work to be done while trying to streamline the induction process, this is to make it safe for women being induced and staff providing care for these women.  
LGA is not a reason for induction and is not in the guideline.  
A new IOL form that has been developed already and it will encourage the LMC to provide more information as to what birth plans they have discussed with women i.e. pain relief, when LMC's would like to be updated etc.
- For women who have had Covid in pregnancy they now only require a 37/40 scan if they were hospitalised for Covid while pregnant. There is no need to do routine 37/40 scan for all women who have had Covid in pregnancy. Dr Jo Gullum will be speaking to all the SMOs about this and it will be passed onto Registrars.

- There is work currently being done on amending the Anti-D guideline. This is to offer routine Anti-D prophylaxis administration during pregnancy (RAADP). There are still many logistics to work out for this to be put into practice and I will keep you updated. St George's do currently have stores of the Anti-D for use prophylactically
- A reminder for all who have not completed the Abortion Law Reform on the Council website here is a link to the page. This must be completed to be able to apply for your new practicing certificate.  
[www.midwiferycouncil.health.nz/public/06.-i-am-a-registered-midwife/midwifery-led-abortion-care-consultation/abortion-law-reform.aspx](http://www.midwiferycouncil.health.nz/public/06.-i-am-a-registered-midwife/midwifery-led-abortion-care-consultation/abortion-law-reform.aspx)