



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

**Guidelines development, implementation,
evaluation and review processes:
Obstetrics and Gynaecology Directorate**

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	Obstetrics and Gynaecology Directorate clinical areas at KEMH, OPH and home visiting (e.g. Visiting Midwifery Services, Community Midwifery Program and Midwifery Group Practice)
This document should be read in conjunction with this Disclaimer	

Aim

To provide a clear, accessible guide for identification, development, implementation and review of Obstetrics and Gynaecology Directorate (OGD) evidence-based clinical guidelines.

Key points

WNHS evidence-based clinical guidelines:

1. Are based on the best available scientific evidence, if not available they are based on current best clinical practice
2. Identify and list the literature used in their development and review
3. Are guides to appropriate care at the tertiary level (KEMH) and secondary level (OPH) of health service
4. Are developed following the relevant principles within the [NMHS Policy Document Governance Policy](#) and the [NMHS Policy Document Development Guideline](#).



Clinical guideline review process

Procedure	Additional information
New guideline	
<ol style="list-style-type: none"> 1. Identify an issue/topic for guideline construction 2. Identify key stakeholders and discuss issue/topic with them. If supported by key stakeholders, contact OGD Clinical Guidelines Coordinator 3. Guideline Coordinator reviews if existing guidelines could incorporate the proposed content. If new guideline required, sends request to OGD Co-Directors for decision 4. If guideline issue/topic accepted by Co-directors, form project team as required 5. Follow steps below 	<p>Does the issue/topic require a guideline? Determine need for and scope of the guideline, define purpose of new guideline and the target audience</p> <p>Consider other options- e.g. is there already a pre-existing Department of Health, NMHS or WNHS policy or guideline on this topic that could have extra details added; or creation of a local Procedural document instead.</p> <p>All new guidelines require OGD Co-Director approval. Each guideline to have an owner / pod lead who is determined by the OGD Medical and Nurse Midwife Co-Directors</p>
Review of existing or new guideline content	
<ol style="list-style-type: none"> 1. Formulate a draft document through: <ul style="list-style-type: none"> • a review of the scientific literature • consultation with experts • an assessment of current practice 2. Develop the DRAFT 	<p>Clinical guidelines based on the findings of rigorous research increases the likelihood of providing the best possible care for women and neonates. Ongoing assessment of the literature, expert opinion and review of current practice ensures this.</p>
<ol style="list-style-type: none"> 3. Distribute DRAFT to key stakeholders and project team members for review and critical appraisal 	<p>Ensures key clinical experts can review the literature and current best clinical practice and make consensus decisions</p>
<ol style="list-style-type: none"> 4. Receive feedback and complete the FINAL DRAFT. Complete the Cover Sheet (key stakeholders, history, reviewers, and feedback) 	<p>The author/ pod lead is to collate all feedback and produces the final draft. A final review and ratification process ensures clinical consensus.</p> <p>No reply from clinicians is deemed to confirm the party has no comment</p>
<ol style="list-style-type: none"> 5. Send FINAL DRAFT (with completed cover sheet) to Clinical Guidelines Co-ordinator 	<p>The cover sheet is to be used for information of WNHS staff only and should be removed prior to uploading on the internet</p>
<ol style="list-style-type: none"> 6. Final guideline added to the next relevant committee meeting agenda 	<p>Out of session guideline approval (e.g. RCA, urgent, or minor guideline changes) requires</p>

Procedure	Additional information
<p>for ratification</p> <ul style="list-style-type: none"> • If ratified- document prepared for uploading to intranet/ internet • If not ratified, sent back to author with feedback; author to amend, then see step 5 	<p>guideline approval by either the committee out of session or the OGD Medical and Nurse Midwife Co-Directors</p>
<p>7. Disseminate the new/reviewed guideline via:</p> <ul style="list-style-type: none"> • Publishing of the new/reviewed guideline on the intranet/internet* • Publishing a summary of the guideline changes on intranet and internet for WNHS and state-wide contacts to access • Informing the target audience (WNHS clinicians) of the guideline's changes/ availability by <ul style="list-style-type: none"> ➤ email distribution of the summary of guideline changes ('New and Updated Guidelines' list) to KEMH OGD clinical areas- nursing, midwifery & medical staff ➤ advertising OGD guideline updates on the side of the OGD guideline HealthPoint hub pages 	<p>Active dissemination of guidelines to all relevant areas and to clinicians is a prerequisite for effective implementation.</p> <p>*Local (unit / department) procedures and Restricted Area Guidelines may be uploaded to the intranet (HealthPoint) only</p>
<p>8. Review the guideline:</p> <ul style="list-style-type: none"> • Three years from last review date or • In response to new evidence <p>Review processes to be coordinated by the Clinical Nurse /Midwife Specialist for Guidelines and Quality.</p>	<p>In order for guidelines to remain current they must undergo regular review and updating.</p> <p>Ensures clinical guidelines are reviewed and/or developed adhering to the processes of the Health Service policies</p>
<p>9. Compliance and evaluation:</p> <p>Guidelines that are determined 'high risk' by the Obstetrics and Gynaecology Directorate (OGD) are to be regularly audited for compliance.</p>	<p>An audit tool may be attached as an appendix to the relevant guideline where available</p> <p>Audit measures the effectiveness of the guideline and evaluates if the key intended guideline outcomes are being achieved</p>

References and resources

National Health and Medical Research Council [NHMRC]. [2016 NHMRC Standards for Guidelines](#). [website].
 NHMRC. **A guide to the development, implementation and evaluation of clinical practice guidelines**. Canberra: Australian Government Publishing Service; 1999. Accessed 27/09/2023 from <https://www.nhmrc.gov.au/sites/default/files/images/a-guide-to-the-development-and-evaluation-of-clinical-practice-guidelines.pdf>

Related legislation and policies

NMHS Policies

- [NMHS Policy Document Governance Policy](#)
- [NMHS Policy Document Development Guideline](#)

Related WNHS policies, procedures and guidelines

- See also WNHS HealthPoint pages – Policy [Governance](#) ; [Policy Development](#); [Policy and Guideline Updates](#)

Keywords:	Guideline development, guideline review, guideline process		
Document owner:	Obstetrics and Gynaecology Directorate		
Author / Reviewer:	Obstetrics and Gynaecology Directorate Evidence Based Clinical Guidelines		
Date first issued:	Sep 2002(v1)		
Reviewed dates:	Mar 2008(v2); Apr 2013(v3) ; Feb 2017(v4); April 2020(v5); Oct 2023(v6)	Next review date:	Oct 2026
Endorsed by:	Obstetrics and Gynaecology Directorate Management Committee	Date:	04/10/2023
NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  4: Medication Safety	<input type="checkbox"/>  5: Comprehensive Care <input type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input type="checkbox"/>  8: Recognising and Responding to Acute Deterioration	
Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from WNHS HealthPoint.			

Version history

Version number	Date	Summary
1	Sep 2002	First version. Previously known as (WCHS: (v): Clinical Guidelines Development): '(a) Implementation, Evaluation and Review Process' (DPMS Ref: 3388)
2-4	Prior to Apr 2020	Archived- contact OGD Guideline Coordinator for previous versions. Title changed: Mar 2008: Retitled to (WNHS: Section A: Preface): '(a) Development, Implementation, Evaluation and Review Processes'. Apr 2013: Retitled to (Section A: Preface): '(II) Development, Implementation, Evaluation and Review' Processes'
5	Apr 2020	Updated review and dissemination processes
6	Oct 2023	Routine 3 yearly review. Removed PR e-newsletter. Links to NMHS policy documents.

This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2023

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

www.nmhs.health.wa.gov.au