

Changes to WBM 2022 edition



A full summary of changes with supporting justification and references for each protocol is located in the RPHCM Reference book.

New protocols

- Early recognition of sepsis
- Weight gain in pregnancy

Deleted protocols

- Kidney disease in pregnancy
- Episiotomy
- Manual removal of placenta
- APGAR score
- Birth registration forms
- Bimanual examination
- Coloscopy

Movement of protocols from one section to another

Protocol name	WBM 2017 edition	WBM 2022 edition
Secondary postpartum haemorrhage	Postnatal	Emergencies
Sexual assault	Gynaecology	Emergencies
Domestic and family violence	Gynaecology	Emergencies
Infections after childbirth Now Childbirth postpartum infections	Postnatal – Mother	Emergencies – After the birth
Birth and resuscitation equipment	Labour and birth	Emergencies – Resuscitation
Pregnancy testing	Gynaecology	Pregnancy
Unplanned pregnancy	Gynaecology	Pregnancy

Merged protocols

Stopping labour (tocolysis)	Merged	Preterm labour in Emergencies – Pregnancy related
Fetal distress in labour		
Care of normal newborn for first 24 hours	Merged	Newborn care in Labour and birth – Immediate postnatal care of baby
Newborn needing special care		
Mother's 6-8 week postnatal check	Incorporated into	Postnatal care of mother
Baby's 6-8 week postnatal check		Postnatal care of baby

Protocol name changes (below)

2017 edition name	Section	2022 edition name	Section
Heavy vaginal bleeding	Emergencies	Vaginal bleeding	General emergencies
Severe pre-eclampsia	Emergencies – during pregnancy	Preeclampsia	Emergencies – Pregnancy related
Birth of twins	Emergencies – during the birth	Twin birth	Emergencies – Birth related
Stopping labour (tocolysis)	Emergencies – during pregnancy	Preterm labour	Emergencies – Pregnancy related
Fetal distress in labour	Emergencies – during the birth		
Infections after childbirth	Postnatal – Mother	Childbirth postpartum infections	Emergencies – After the birth
Pre-pregnancy counselling	Pregnancy	Preconception care	Pregnancy
Antenatal education and birth planning	Pregnancy	Antenatal parent education	Pregnancy
Antenatal screening tests for the baby	Pregnancy	Antenatal genetic and ultrasound tests for baby	Pregnancy
Urine problems in pregnancy	Pregnancy	Urine infections in pregnancy	Pregnancy
Thromboembolism (blood clots) in pregnancy	Pregnancy – Medical problems	Thromboembolism (blood clots) during and after pregnancy	Pregnancy – Medical problems
Care of normal newborn for first 24 hours	Labour and birth – Baby	Newborn care	Labour and birth – Immediate postnatal care of baby
Newborn needing special care	Emergencies – After the birth – baby		
Mother's 6-8 week postnatal check	Postnatal – Mother	Merged with: Postnatal care of mother	Postnatal – Mother
Baby's 6-8 week postnatal check	Postnatal – baby	Merged with: Postnatal care of baby	Postnatal – Baby
Infant feeding guidelines	Postnatal – Baby	Postnatal nutrition for mother and baby (up to 6 months old)	Postnatal – Baby
Investigating breast problems	Gynaecology – Breast and cervical problems	Breast problems	Gynaecology – Breasts
Speculum examination and Cervical Screening Test	Gynaecology	Genital examination	Gynaecology – Screening for and preventing cervical and vaginal cancer
Naming contraceptives	Contraception	Contraceptives – names and abbreviations	Contraception

Summary of new and deleted medicines

Drugs in RED are new additions to the Manuals

Drugs in BLUE are existing drugs in the 2017 edition that have new indication(s)

Drug	Protocol(s)	Manual	Indications	Rationale
Cefalexin oral — adult 500mg, 4 times a day (qid) for 10 days	Breastfeeding- common issues	WBM	Breast abscess, febrile If doesn't need IV antibiotics — give cefalexin oral — adult 500mg, 4 times a day (qid) for 10 days	Recommended antibiotic management should align with Royal Women's Hospital or KEMH.
Clindamycin	Breastfeeding Breastfeeding- common issues	WBM	Mastitis and breast abscess	Was: If allergy to penicillin — medical consult Now: If allergy to penicillin — medical consult for Clindamycin
Clindamycin IV — 900mg, every 8 hours until birth	Premature rupture of membranes	WBM	If PPROM (less than 37 weeks) AND if allergic to penicillin	Ed 2017 recommended erythromycin oral — 250mg, 4 times a day (qid) for further 7 days
Domperidone	Breastfeeding Breastfeeding- common issues	WBM	Milk supply	Was: Sometimes domperidone tablets given to help with breast milk supply (eg if they have a growing preterm baby) Now: If growth or hydration concerns — medical consult to consider domperidone tablets
Doxycycline oral — adult 100gm, twice a day (bd) for 7 days	Vulval problems	WBM	Bartholin's cyst or abscess	Replaced by amoxicillin-clavulanic acid oral — adult 875+125mg, twice a day (bd) for 5 days AND doxycycline oral — adult 100gm, twice a day (bd) for 7 days Pathogens causing Bartholin's abscess are usually polymicrobial (could be strep / staph), gonorrhoea or chlamydia. Bactrim and Augmentin covers most causative pathogens except chlamydia. Majority of Staph aureus isolates in central Australia are sensitive to tetracycline. Doxycycline is not routine for uncomplicated staph aureus infection treatment but used quite successfully if the patient has adverse effects from Bactrim. Majority of our gonococcal isolates in Central Australia are susceptible to penicillin, so Amoxicillin/ Clavulanic acid will cover gonorrhoea.

Ibuprofen	Breastfeeding Breastfeeding- common issues	WBM	Pain relief for sore nipples breast engorgement blocked milk ducts mastitis breast abscess	Add option for Ibuprofen to paracetamol recommendation. More beneficial if inflammation or trauma and safe when breastfeeding Delete option for paracetamol-codeine (mastitis and breast abscess) and replaced with if not resolving- medical consult Especially as codeine can transfer into breastmilk and make baby drowsy.
Tranexamic acid loading dose 1g	Postpartum haemorrhage	WBM	Haemostatic. Reduction of peri/ postop blood loss	Add Tranexamic acid IV loading dose- 1g in 100mL of 0.9% sodium chloride over 10 minutes to Flowchart 2.2 in box "if bleeding not from tear" and flowchart 2.3 in box "if placenta delivered and bleeding continues". Emphasis on importance of medical consult with obstetric advice Tranexamic acid (TXA) can be given regardless of whether or not the placenta is delivered (and safely given concurrently with other uterotonics) Rationale: This is an easy intervention with minimal adverse effects and is associated with reduced deaths due to PPH.
Valaciclovir oral — adult 500mg, twice a day (bd) for 5–10 days	Genital ulcers and lumps	WBM	Genital herpes in pregnancy	Change from aciclovir to valaciclovir as recommended by EAG due to the dosing (twice rather than three times a day) and both being categorised by the eTG as B3. Give valaciclovir oral twice a day (bd) for 5 days – adult 500mg If recurrent episode — give valaciclovir oral twice a day (bd) for 3 days – adult 500mg

Medicines and/or indications in ORANGE are removed from the 2022 editions

Drug	Protocol(s)	Manual	Indications	Rationale
Pyridoxine (vitamin b6) oral 3 times a day (tds) – adult 25mg	Common discomforts of pregnancy	WBM	Nausea	Pyridoxine deleted as a recommended treatment for nausea and vomiting due to limited evidence to support its use and concerns about possible toxicity.
Amoxi/ampicillin IV single dose just before d&c – adult 2g	Rheumatic heart disease in pregnancy	WBM	prevention of endocarditis if miscarriage	Current guidelines do not recommend antibiotic prophylaxis for genito-urinary procedures. However, this is a complex decision to be made by specialists not primary care providers so removed. From RHD 2020 guideline: Routine antibiotic prophylaxis for bacterial endocarditis not recommended and antibiotics should be given as per local obstetric indications.
Amoxicillin oral single dose 1 hour before d&c – adult 2g	Rheumatic heart disease in pregnancy	WBM	prevention of endocarditis if miscarriage	Current guidelines do not recommend antibiotic prophylaxis for genito-urinary procedures. However, this is a complex decision to be made by specialists not primary care providers so removed. From RHD 2020 guideline: Routine antibiotic prophylaxis for bacterial endocarditis not recommended and antibiotics should be given as per local obstetric indications.
vancomycin IV single dose – adult 15mg/kg/dose (doses)	Rheumatic heart disease in pregnancy	WBM	Prevention of endocarditis if PROM	Current guidelines do not recommend antibiotic prophylaxis for genito-urinary procedures. However, this is a complex decision to be made by specialists not primary care providers so removed From RHD 2020 guideline: Routine antibiotic prophylaxis for bacterial endocarditis not recommended and antibiotics should be given as per local obstetric indications.
Tinidazole oral single dose – adult 2g	Abnormal vaginal discharge	WBM	Trichomonas	Discontinued metronidazole oral – adult 2g, single dose OR metronidazole oral – adult 400mg, twice a day (bd) for 7 days.
Paracetamol-codeine 500mg+30mg, 1 tablet up to 4 times a day (qid)	Breastfeeding Breastfeeding-common issues	WBM	Pain relief for sore nipples breast engorgement blocked milk ducts mastitis breast abscess	Delete option for paracetamol-codeine (mastitis and breast abscess) and replace with if not resolving- medical consult Especially as codeine can transfer into breastmilk and make baby drowsy.
Vitamin K oral once a day for last 4 weeks of pregnancy (from 36 weeks) – 20mg	Epilepsy in pregnancy	WBM	If taking enzyme-inducing antiepileptics	Deleted- If taking enzyme-inducing antiepileptics – give vitamin K oral once a day for last 4 weeks of pregnancy (from 36 weeks) – 20mg - no evidence for Vit K use, see AAN, RANZCOG and eTG guidelines Also delete from unplanned birth in community- If woman taking enzyme-inducing antiepileptics has not been taking oral vitamin K – give vitamin K IM/sub cut – 10mg

Aciclovir oral - 400mg, 3 times a day for 5-100 days	Genital ulcers and lumps	WBM	Genital herpes if pregnant	Changed in genital herpes if pregnant aciclovir to valaciclovir — as recommended by EAG due to the dosing (twice rather than three times a day) and both being categorised by the eTG as B3 (also supported by the SA perinatal guideline Genital Herpes Simplex (HSV) Infection in Pregnancy) endorsed by Megan Halliday (Director of Obstetrics and Gynaecology, Alice Springs Hospital)
Imiquod 5% cream	Genital ulcers and lumps	WBM/STM	Genital warts	Now considered not safe in pregnancy eTG categorises as B1 for pregnancy,
Erythromycin oral — 250mg, 4 times a day (qid) for further 7 days	Premature rupture of membranes	WBM	If PPROM (less than 37 weeks) AND if allergic to penicillin	Ed 2017 recommended erythromycin oral — 250mg, 4 times a day (qid) for further 7 days Now Ed 2022 recommends Clindamycin IV — 900mg, every 8 hours until birth
Azithromycin oral single dose - adult 1g	Vulval problems	WBM	Bartholin's cyst or abscess	Replaced by amoxicillin-clavulanic acid oral — adult 875+125mg, twice a day (bd) for 5 days AND doxycycline oral — adult 100gm, twice a day (bd) for 7 days Pathogens causing Bartholin's abscess are usually polymicrobial (could be strep / staph), gonorrhoea or chlamydia. Bactrim and Augmentin covers most causative pathogens except chlamydia. Majority of Staph aureus isolates in central Australia are sensitive to tetracycline. Doxycycline is not routine for uncomplicated staph aureus infection treatment but used quite successfully if the patient has adverse effects from Bactrim. Majority of our gonococcal isolates in Central Australia are susceptible to penicillin, so Amoxicillin/ Clavulanic acid will cover gonorrhoea.
Ceftriaxone IM single dose – 500mg mixed with 2mL of lignocaine	Vulval problems	WBM	Bartholin's cyst or abscess	Replaced by amoxicillin-clavulanic acid oral — adult 875+125mg, twice a day (bd) for 5 days AND doxycycline oral — adult 100gm, twice a day (bd) for 7 days Pathogens causing Bartholin's abscess are usually polymicrobial (could be strep / staph), gonorrhoea or chlamydia. Bactrim and Augmentin covers most causative pathogens except chlamydia. Majority of Staph aureus isolates in central Australia are sensitive to tetracycline. Doxycycline is not routine for uncomplicated staph aureus infection treatment but used quite successfully if the patient has adverse effects from Bactrim. Majority of our gonococcal isolates in Central Australia are susceptible to penicillin, so Amoxicillin/ Clavulanic acid will cover gonorrhoea.

Changes to medicines and other recommendations in established protocols

Resuscitation

Protocol name	Addition	Deletion	Medicines	Other
Birth and resuscitation equipment	Include umbilical vein catheter along with IV/IO access			
Resuscitation reference table	Defibrillation values to 6mth, O ₂ sats, maintenance rates	ETT tube LMA cuff volumes 50% glucose.		Age/weight and associated doses updated in line with RCH guidelines
Newborn resuscitation	Repeat adrenaline and flush every 3-5 minutes if heartrate less than 60.			Orogastric to nasogastric tube for ventilation Put O ₂ sats probe on baby's right hand or wrist (previously arm not wrist)
Newborn resuscitation flowchart				Replaced with ARC Newborn life support flowchart

General emergencies

Protocol name	Addition	Deletion	Medicines	Other
Domestic and family violence	Stalking and online/phone abuse. Added to groups at higher risk: gender and sexually diverse people			
Sexual assault	Strangulation given more prominence. Emphasis on following advice of sexual assault service and separating their role from the police.			

	Advice re Preliminary Forensic kits (PFK)			
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Pregnancy related

Protocol name	Addition	Deletion	Medicines	Other
Injuries in pregnancy	Put in IV cannula, if shock run fluids.	Check foetal heartrate. Assessment of abdomen, uterus and baby, vulva and perineum, urine		
Preeclampsia (was Severe preeclampsia)			Warning re nifedipine (if no IR), antihypertensive drug table added Hydralazine bolus dose specified as 5-10mg	
Fits in the second half of pregnancy			Detailed administration of magnesium sulphate – aligned with preeclampsia protocol	
Premature rupture of membranes		Check foetal heartrate	Antibiotics for chorioamnionitis same (amoxi/ampicillin + gentamicin + metronidazole) but removed follow up of amoxi/ampicillin and metronidazole	
Preterm labour – includes tocolysis	Check for and section on cervical stitch, includes tocolysis		Further nifedipine IR dose every 3-6 hours up to 48 hours (was every 6 hours for 24 hours)	

Birth related

Protocol name	Addition	Deletion	Medicines	Other
Quick guide to helping with a birth	Added not to clamp cord immediately		Added to give oxytocin after birth	
Shoulder dystocia (stuck shoulder)				Traction on baby's head changed from 'gentle downward pressure' to gentle axial traction; And from 'Do not use a lot of force' to 'Only use gentle traction'

After the birth

Protocol name	Addition	Deletion	Medicines	Other
Retained placenta	Instruction on what to do if cord snaps before delivery Instructions for ongoing monitoring of blood loss and check REWS		IV oxytocin, IM if not available TXA added for if bleeding persists	
Primary Postpartum haemorrhage	POCT Hb, Chem8/CG4 and INR added Non-pneumatic anti-shock garment added if available Medical consult re administration of IV fluid to minimize risks of dilutional coagulopathy	Deleted "delayed breastfeeding" Rationale: delayed breastfeeding is not a cause of atonic uterus. The most common physiological cause is an overdistended uterus: long labour, multiple pregnancy, also previous post-partum haemorrhage	Tranexamic acid IV administration added to flow chart	Procedure reorganised to be less confusing – improved flow of information
Uterine inversion			Added 'over 4 hrs' to oxytocin infusion. Deleted: Hydrostatic replacement	

Pregnancy

Protocol name	Addition	Deletion	Medicines	Other
Antenatal checklist	Iron studies at 36 weeks due to number of remote and Indigenous communities being high prevalence areas of Anaemia. BMI to allow for early identification of underweight or obesity and for management of gestational weight gain.			Updated timing of pertussis vaccine to single dose after 20 weeks of pregnancy, STI screening 5 times throughout pregnancy/postnatal period highlighted and clarification provided on timing of genetic testing.
Antenatal care	Protocol shortened and restructured to improve readability and linkage to antenatal checklist protocol. Normal ranges added to management of results table. Calculation of BMI at first visit added to improve management of gestational weight gain and pre-existing underweight or obesity		Folic acid recommendation for high-risk women updated to 5mg/d	
Unborn baby's growth		Checking foetal heart rate Palpating uterus Finger measurements for height of fundus		
Antenatal genetic and ultrasound tests for baby				Treatment actions (obstetric review, testing and planning for ongoing care) have been made generic to all conditions rather than specific conditions to align with knowledge and referral expectations of remote practice
Antenatal parent education	Red flags developed to highlight when woman needs to come to			Content refined to pregnancy specific education

	clinic for check-up. Added content on sleep positions and added supporting resources			
Perinatal depression and anxiety	Screening questions and warnings re risk to baby			
Common discomforts in pregnancy			Pyridoxine deleted as a recommended treatment for nausea and vomiting due to limited evidence to support its use and concerns about possible toxicity. Clarity provided about use of laxatives in constipation.	Protocol content reduced to conditions specific to pregnancy and referred to in National Pregnancy Care Guidelines
Preconception care			Added folic acid supplement	

Medical problems

Protocol name	Addition	Deletion	Medicines	Other
Anaemia (weak blood) in pregnancy			Daily dose iron reduced when Hb normal/ferritin low.	Changed risk factors
Diabetes in pregnancy	HbA1c as routine test		Added aspirin and calcium to help prevent preeclampsia if pre-existing diabetes	
Epilepsy in pregnancy			Removed oral vit K for last 4 weeks of pregnancy. Lamotrigine and levetiracetam recommended as safest antiepileptic medicine	
Group B Streptococcus infection			Medicines: GBS positive during pregnancy – amoxicillin 500mg for 3 times a day for 5 days (was 250mg 3 times a day for 3 days); in labour second 4 hourly dose of benzylpenicillin increased from 1.2g to 1.8g	
Hypertension (high BP) in pregnancy	New paternity as risk factor		Added for first antenatal visit (chronic hypertension) – stop ACE or ARB add methyldopa or clonidine and aspirin and calcium (includes doses).	
Rheumatic heart disease in pregnancy			Deleted prophylaxis antibiotics for miscarriage and PROM	
Urine infections in pregnancy			Nitrofurantoin first line over cefalexin (was vice versa) Nitrofurantoin 4 times a day (was 2) If lower UTI amoxicillin 500mg 3 times day for 5 days (was 250mg 3 times a day for 3 days)	

Labour and birth

Protocol name	Addition	Deletion	Medicines	Other
Keeping baby warm after birth	Thermoregulation assistance now applies to all babies thought to be low birth weight or preterm – further guidance provided on methods and rationale			
Labour and birth			Added betamethasone or dexamethasone if less than 37 weeks pregnant	

Postnatal

Protocol name	Addition	Deletion	Medicines	Other
Postpartum follow-up of medical conditions	<p>Red flags box to prompt recognition of the unwell patient requiring urgent escalation of care</p> <p>Heart disease recommendations relate to RHD clarified</p> <p>High BP - added preeclampsia</p> <p>Detail about importance of breastfeeding highlighting need for support</p> <p>More detail to GDM section</p> <p>Brief section on obesity as per request from feedback</p>	Urinary tract infections section	Changes to diabetes medications immediately postpartum require specialised input	<p>Renamed from follow-up of medical conditions in pregnancy</p> <p>Updated content under pre-existing diabetes to incorporate current evidence</p> <p>Follow up requirements for pre-existing diabetes updated</p>
Postnatal care of Baby	Check maternal syphilis status.			Protocol restructured to incorporate 6–8-week checks. Schedule of visits highlighted.
Postnatal nutrition for mother and baby	Additional guidance provided on infant formula feeding			Protocol was redesigned to focus on the immediate postnatal period (birth-6 weeks) with recommendations for ongoing nutrition provided in the child nutrition protocol.
Breastfeeding				Protocol restructured to better support breastfeeding assessment and support
Breastfeeding – common issues			Ibuprofen added to pain relief and clindamycin recommended when allergy to penicillin.	Protocol restructured in order of severity

Sexual health

Protocol name	Addition	Deletion	Medicines	Other
STI checks for young people	Sub dot points regarding Consent and healthy intimate relationships, and Protective behaviours			
STI checks for women	Information on POC Tests, POC test for Standard, Full and Pregnancy STI check, query non-consensual sex, medical consult for PrEP if behavioural risk factors for HIV	'First void' from urine collection		Changed highest risk group from sexually active under 19 to under 25.
Self-collected lower vaginal swabs (LVS)	POC test to table of sample and swab types (NAAT for chlamydia, gonorrhoea, trichomonas)			
STI management for women	Mycoplasma to list of conditions.		For chlamydia added to give doxycycline oral for anal infections. For gonorrhoea separated oral from anal (azithromycin oral 2g, anal 1g). Deleted tinidazole from trichomonas treatment (no longer available)	Updates to retesting times
Vaginal discharge Genital ulcers and lumps	'No follow up needed' (bacterial vaginosis) 'but if symptoms persist - medical consult'		Removed tinidazole as option for treatment of abnormal vaginal discharge as no longer available	
Genital ulcers and lumps			Valaciclovir replaces acyclovir for genital herpes if pregnant; deleted imiquimod as option for treatment genital wart	
Pelvic inflammatory disease	'Follow-up if ongoing symptoms' with medical consult about further testing including NAAT for mycoplasma genitalia			Syphilis and HIV serology to bloods taken if severe PID

Gynaecology

Protocol name	Addition	Deletion	Medicines	Other
Breast cancer-screening	Definition of high risk 'known predisposing gene mutation in family'			Updated replaced FRA-BOC with i-prevent (online tools available to assess breast cancer)
Genital examination-female	In asymptomatic patients, a self-collected or practitioner - collected swab for NAAT is sufficient, culture is not required unless symptomatic or discharge is present. 1st void urine only used if woman refuses self-obtained lower vaginal (SOLV) swab			
Vulval problems			Updated antibiotics for Bartholin's cyst from ceftriaxone and azithromycin then amoxicillin-clavulanic acid TO amoxicillin-clavulanic acid and doxycycline	Clarified description of lumps and Bartholin's cyst
Urinary incontinence	To obstetric history: BW, forceps, OASI; to do moderate exercise	Urodynamic studies		
Pelvic floor exercises	Added clarification in how to teach women to do pelvic floor muscle exercises			Resources added in languages and continence videos

Contraception

Protocol name	Addition	Deletion	Medicines	Other
Contraceptives- names and abbreviations				Divided table into hormones, emergency contraception, long acting, oral; updated common names and common brand names
Contraception — general principles	Clarified and updated list of Risk factors for clots (removed abnormal blood fats)		List of medicines that affect contraceptives. Updated contraception effectiveness (percentages), moved Depo from under LARC	
Emergency oral contraceptive pill (ECP)	Information regarding effectiveness if overweight or obese			Updated accuracy of information concerning timing, quick start, vomiting, breastmilk, anti-epileptic medicine.
Barrier contraception	Warnings re oil-based lubricant and removal of diaphragm (timing)			Updated: rates of effectiveness, updated terms.
Contraceptive pills and vaginal ring				Updates to effectiveness, side-effects, contraindications. More accuracy around descriptions
Long-acting reversible contraception (LARC)	Concerns if considering giving ENG to young girls; IUD not needing removal if patient responding to treatment for infection	Upper thigh or lower abdomen as option for ENG	Depo separated from this protocol (depo is not a LARC)	Updated contraindications, risks, side effects and effectiveness throughout
Permanent contraception	No major changes were made to the protocol this edition			

Minor/no changes

General emergencies

Vaginal bleeding - name change only from Heavy vaginal bleeding

Pregnancy related

Bleeding in pregnancy Updated risk factors

Medical problems

Hepatitis in pregnancy minor changes

Birth related

Breech birth Changed 'abnormalities' to 'anomalies'

Cord prolapse no changes

Twin birth no changes

After the birth

Secondary postpartum haemorrhage Added: take blood for serum beta hCG,

Bimanual and aortic compression no changes

Childbirth postpartum infections no changes

Pregnancy

Pregnancy testing no changes

Unplanned pregnancy changes for clarity only

Antenatal care in twin pregnancy no major changes

Hepatitis in pregnancy minor changes only

Thromboembolism (blood clots) during and after pregnancy –no changes

Labour and birth

Checking the placenta no major changes

Care of mother- first 24 hours after birth no major change

Tears of the birth canal no changes

Repairing a tear or episiotomy Medicines: added coloxyl

Newborn care Has been combined with newborn needing special care – no major changes

Stillborn no major changes

Postnatal

Postnatal care of mother Medicines: added if caesarean section give iodine

Newborn screening test no major changes

Gynaecology

Breast examination No updates

Breast problems Minimal changes - Referred to 'Biopsy' rather 'FAN biopsy'

Vaginal vault screening no updates

Abnormal vaginal bleeding in non-pregnant women no updates

Infertility no updates

Polycystic Ovary Syndrome (PCOS) General clarifications and updates – no major changes

Menopause updates to terminology, more medical consults – no major changes

Female catheterisation Added: positioning if obese, other tips and clarifications – no major updates