

NEW ZEALAND COMMITTEE OF THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

RANZCOG NZ has joined the Choosing Wisely campaign and the list, with some items based on the RANZCOG list, has been adapted for New Zealand use. The following areas of practice have been identified because resource utilisation is greater than the evidence might indicate to be warranted.

MATERNITY

1. Do not routinely test the following biochemistry at 1st ANV

U&E, LFT, Cholesterol

TSH & Vitamin D

Iron studies (BUT continue to routinely test ferritin levels)

SUPPORTING EVIDENCE

- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine antenatal assessment in the absence of pregnancy complications. C-Obs 3(b) 2015.
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Vitamin and mineral supplementation and pregnancy. C-Obs 25 2015.
- Lazarus JH, Bestwick JP, Channon S, et al. Antenatal thyroid screening and childhood cognitive function. *N Engl J Med* 2012;366(6):493-501.
- The American College of Obstetricians and Gynecologists. Thyroid disease in pregnancy. Practice Bulletin Number 148. *Obstetrics & Gynecology* 2015;125(4):996-1005.
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Testing for hypothyroidism during pregnancy with serum TSH. C-Obs 46 2015.
- Pavord S, Myers B, Robinson S, et al. UK guidelines on the management of iron deficiency in pregnancy. British Committee for Standards in Haematology 2011.
- Rukuni R, Knight M, Murphy MF, et al. Screening for iron deficiency and iron deficiency anaemia in pregnancy: a structured review and gap analysis against UK national screening criteria. *BMC Pregnancy and Childbirth* 2015;15:269.
- Pasricha SS, Flecknoe-Brown SC, Allen KJ, et al. Diagnosis and management of iron deficiency anaemia: a clinical update. *MJA* 2010;193(9):525-32.

2. Do not perform more than three ultrasound scans during a normal pregnancy

SUPPORTING EVIDENCE

- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Routine antenatal assessment in the absence of pregnancy complications. C-Obs 3(b) 2015.
- Salomon LJ, Alfrevic Z, Bilardo CM, et al. ISUOG Practice Guidelines: performance of first-trimester fetal ultrasound scan. *Ultrasound Obstet Gynecol* 2013;41:102-13.

3. Do not repeat testing for proteinuria in established pre-eclampsia (see SOMANZ CW list number 3)

BRIEF DESCRIPTION:

Measuring proteinuria is useful as a diagnostic but not as a prognostic criterion for pre-eclampsia. This is because the level of proteinuria does not correlate with the severity of maternal complications in women with pre-eclampsia, nor are these levels useful in determining the timing of delivery. Thus, repeat testing for proteinuria in managing established pre-eclampsia is not recommended, particularly given the availability of superior prognostic models.

SUPPORTING EVIDENCE

- Lowe SA, Brown MA, Dekker G. et al. SOMANZ guidelines for the management of hypertensive disorders of pregnancy. 2014.
- Payne B, Magee LA, Côté AM, et al. PIERS proteinuria: relationship with adverse maternal and perinatal outcome. J Obstet Gynaecol Can. 2011;33(6):588–97.
- Thangaratinam S, Coomarasamy A, O'Mahony F, et al. Estimation of proteinuria as a predictor of complications of pre-eclampsia: a systematic review. BMC Med. 2009; 7:10.
- von Dadelszen P, Payne B, Li J, Ansermino JM, et al. Prediction of adverse maternal outcomes in preeclampsia: development and validations of the fullPIERS model. Lancet. 2011; 377(9761):219–27.

GYNAECOLOGY

4. Do not perform population screening of women for ovarian cancer

SUPPORTING EVIDENCE

- Jacobs IJ, Menon U, Ryan A, et al. Ovarian cancer screening and mortality in the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS): a randomised controlled trial. Lancet 2016;387:945-56.
- The American College of Obstetricians and Gynecologists. The role of the obstetrician-gynecologist in the early detection of epithelial ovarian cancer. Committee Opinion Number 477. Obstetrics & Gynecology 2011;117(3):742–6.
- Barton MB, Lin K. Screening for ovarian cancer: evidence update for the U.S. Preventive Services Task Force Reaffirmation Recommendation Statement. AHRQ Publication No 12-05165-EF3. Rockville, MD: Agency for Healthcare Research and Quality 2012.
- Buys SS, Partridge E, Black A, et al. Effect of screening on ovarian cancer mortality The Prostate, Lung, Colorectal and Ovarian (PLCO) cancer screening randomized controlled trial. JAMA 2011;305(22):2295-303.

5. Do not routinely test FSH levels to establish menopausal status

BRIEF DESCRIPTION:

The diagnosis of perimenopause and menopause does not require laboratory testing in the majority of cases.

The following conditions can be diagnosed without testing serum FSH in otherwise healthy women who are greater than 45 years of age with menopause symptoms.

- *Perimenopause based on vasomotor symptoms and irregular periods*
- *Menopause in women who have not had a period for greater than 12 months and are not using hormonal contraception*
- *Menopause based on symptoms in women without a uterus*

Do not use the following laboratory tests and imaging to diagnose perimenopause in women greater than 45 years:

- *Anti Mullerian hormone*
- *Inhibin A & B*
- *Oestradiol*
- *Antral follicle count*
- *Ovarian volume*

Do not use FSH if a woman is on the combined oestrogen or progestogen contraception or using high dose progestogen.

Consider using an FSH test to diagnose menopause only in the following situations:

- *In women 40 – 45 years with menopause symptoms including a change in their menstrual cycle*
- *Women less than 40 years where a premature menopause is suspected*

Reference:

- Diagnosis of perimenopause and menopause. Menopause: Full Guideline. NICE Guideline, No 23. National Collaborating Centre for Women's and children's health (UK); 2015 Nov 12.