Tests, treatments and procedures at risk of inappropriateness in Italy

that Health Professionals and Patients should talk about.

Five Recommendations from the Italian Association for the Promotion of appropriate care in Obstetrics, Gynaecology and Perinatal Medicine (ANDRIA)

1	**Don't clamp the umbilical cord before 1 minute in neonates that do not need immediate resuscitation manouvres.**
	In term and preterm neonates that don't need immediate resuscitation manouvres the umbilical cord should be clamped after 1 minute from birth or when it stops pulsating. Delayed cord clamping increases birth weight and haemoglobin levels in neonates. Iron deposits are increased up to 6 months after birth.
2	**Don't use continous cardiotocography (CTG) during labour of women at low risk for hypoxia.**
	Continous cardiotocography (CTG) during labour is commonly used in Italy; intermittent auscultation should be used instead unless risk factors for fetal hypoxia are identified. According to evidence its routine use could expose women to harmful effects, for example a higher rate of unnecessary cesarean sections.
3	**Don't routinely require general blood tests, general coagulation tests or tests for trombophylia to prescribe hormonal contraceptive medications.**
	When prescribing hormonal contraceptive medications and tests it is reccomended to get an accurate personal and family history, measure blood pressure. It is recommended to offer a choice between different contraceptive metods and a good quality counselling, that takes in consideration both clinical and personal needs or preferences of women and couples. When prescribing estro-progestinic methods prefer ones with lower thrombotic risk.
4	**Don't require a pelvic exam or other physical exam to prescribe oral contraceptive medications.**
	Hormonal contraceptives are safe, effective and well-tolerated for most women. Data do not support the necessity of performing a pelvic or breast examination to prescribe oral conraceptive medications. Hormonal contraception can be safely provided on the basis of medical history and blood pressure measurement
5	**Don't schedule elective, non medically indicated inductions of labour or Cesarean deliveries before 39 weeks 0 days gestational age.**
	Delivery prior to 39 weeks 0 days has been shown to be associated with an increased risk of learning disabilities and a potential increase in morbidity and mortality. There are clear medical indications for delivery prior to 39 weeks 0 days based on maternal and/or fetal conditions. A mature fetal lung test, in the absence of appropriate clinical criteria, is not an indication for delivery.

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

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How this list was created

ANDRIA – Italian Association for the Promotion of appropriate care in Obstetrics, Gynecology and Perinatal Medicine, according to the indications of the project of Slow Medicine "Doing more does not mean doing better", has chosen topics that met these criteria: interventions of documented low efficacy, risk of harm and of widespread use in Italy. For each topic a working team was instituted that presented and discussed the results during our annual national congress in 2014, entirely dedicated to the project (see www.associazioneandria.it), and these five recommendations were chosen thereafter.

Sources

1	1. McDonald SJ, Middleton P, Dowswell T, Morris PS. Effect of timing of umbilical cord clamping of term infants on maternal and neonatal outcomes. Cochrane Database of Systematic Reviews 2013, Issue 7. 2. Clamping of the umbilical cord and placental transfusion. RCOG Sc I Paper No.14, 2009. 3. Guidelines on Basic Newborn Resuscitation, World Health Organization 2012.
2	1. Alfirevic Z, Devane D, Gyte GM. Continuous cardiotocography (CTG) as a form of electronic fetal monitoring (EFM) for fetal assessment during labour. Cochrane Database of Systematic Reviews 2013, Issue 5. Art. No.: CD 006066. 2. David A. Grimes, MD, and Jeffrey F. Peipert, MD, PhD "Electronic Fetal Monitoring as a Public Health Screening Program The Arithmetic of Failure". Obstet Gynecol 2010;116:1397–1400.
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4	1. Stewart FH, Harper CC, Ellertson CE, Grimes DA, Sawaya GF, Trussell J. Clinical breast and pelvic examination requirements for hormonal contraception: current practice vs evidence. JAMA 2001 May 2;285(17):2232-9. 2. Henderson JT, Sawaya GF, Blum M, Stratton L, Harper CC. Pelvic examinations and access to oral hormonal contraception. Obstet Gynecol, 2010 Dec;116(6):1257-64. 3. Committee on Gynecologic Practice. Committee opinion no. 534: well-woman visit. Obstet Gynecol. 2012 Aug;120(2Pt1):421-4.
5	1. Elimination of non-medically indicated (elective) deliveries before 39 weeks gestational age. Main E, Oshiro B, Chagolla B, Bingham D, Dang-Kilduff L, Kowalewski L (California Maternal Quality Care Collaborative). California: March of Dimes; First edition July 2010. California Department of Public Health; Maternal, Child and Adolescent Health Division; Contract No: 08-85012.

Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign **"Doing more does not mean doing better-Choosing Wisely Italy"** in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

ANDRIA – Italian Association for the Promotion of appropriate care in Obstetrics, Gynecology and Perinatal Medicine was founded in the nineties as a cultural movement and after as a scientific society with the mission of promoting appropriate assistance in Obstetrics, Gynaecology and Perinatal Medicine. It is a multiprofessional health association principally of gynaecologists and midwifes, but also nurses, perinatal psycologists, neonatologists, ecc. Promoting Evidence Based Medine EBM and Evidence Based Obtetrics EBO has been the main goal of the Association since its constitution. From 2013 ANDRIA is partner of Slow Medicine in the promotion of a measured, respecttful and equitable medicine.

See: www.associazioneandria.it