Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Women should talk about.

Five Recommendations from the Italian Hospital Obstetricians Gynecologists Association (AOGOI)

1	**Don't proceed to the early clamping (before 1 minute after birth) of the umbilical cord.**
	Delayed cord clamping (2-3 minutes after birth) allows the blood passage from the placenta to the fetus to prevent anemia and to reinforce the iron stocks of the newborn, it also reduces the risk of necrotizing colitis. The delayed clamping is advantageous also for high prematurity babies (less than 32 weeks) and reduces their mortality. Based on the scientific data available today there is no difference between delayed clamping and cord milking in terms of neonatal outcomes. The only adverse effect reported, not confirmed by all authors, is the possible slight increase of the risk of hyperbilirubinemia (jaundice) requiring phototherapy. The complex effects of the delayed cord clamping on neonatal cardiovascular system supporting the delay are analytically outlined in the SIN-SIMP-FNOC joint statement in which AOGOI participated as auditor.
2	**Don't perform routine episiotomy apart from when there are clear clinical indications.**
	Episiotomy was performed to avoid genital prolapse, urinary incontinence and perineal trauma. However recent studies have demonstrated that routine episiotomy involves several side effects like unpredictable extension of the surgical incision towards anus and rectum, narrowing of the vaginal introit, excessive blood loss, edema, pain, infection, diastasis and dyspareunia. Episiotomy may be indicated in the operative vaginal delivery (vacuum extractor or forceps), when it is necessary to accelerate the fetus expulsion in the presence of fetal distress and invasive maneuvers are needed to treat shoulder dystocia. In any case median episiotomies must be avoided because they are associated to an increased risk of extension to the rectum.
3	**Don't proceed to induction of labour before 39 weeks of gestation if appropriate maternal or fetal indications are lacking.**
	Induction of labour implies the medicalization of a physiological event and can cause some adverse effects as prolonged latent phase of labour and increased blood loss. Therefore induction is indicated only when the pregnancy continuation may involve a real danger to the fetus or to the mother. The term induction of labour does not increase the risk of cesarean section. In the prolonged pregnancies induction must not be offered before 41+3 weeks of gestation but within 42+0 weeks or in case of term pregnancy with isolated oligohydramnios if AFI (Amniotic Fluid Index) is less than 50 mm or maximum pocket less than 20 mm after oral hydration with 2000 ml.
4	**Don't schedule routine repeated cesarean section (CS) in all the pregnant women with a previous cesarean section.**
	The general rule "once a cesarean always cesarean" is not based on scientific evidence. Scientific societies suggest the admission to labour for pregnant women with a history of a previous CS if there are not contraindications and in the setting where emergency CS is available. Tolac (Trial Of Labour After Cesarean) is associated to a slight increased risk of uterine scar rupture (this risk is estimated to be approximately 47 cases over 10.000). Neonatal mortality following uterine rupture is a rare event in the reference centres (1:10.000) whereas in the birth settings not adequately equipped may reach 1.000- 2.500 cases over 10.000. Pregnant women with a previous CS admitted to labour of delivery have a lower mortality risk (3-4:100.000) than women undergoing a scheduled CS (13.4:100.000). Elective repeated cesarean section is associated to a higher blood loss, surgical complications and placental anomalies in the future pregnancies. Ultimately the available scientific studies consider the admission to a vaginal delivery for women with a previous CS to be advantageous if the selection criteria are met and the place of birth is equipped for a safe emergency cesarean section.
5	**Don't force to fasting and don't forbid fluid intake during labour.**
	Traditionally during labour it is not allowed to take liquid or food because it is believed that in the case of general anesthesia the gastric content may increase the risk of Mendelson syndrome (chemical pneumonia caused by gastric juice aspiration during anesthesia) whose incidence during cesarean section is estimated to be of 15:10.000. The Randomized Controlled Trials (RCT) comparing restriction vs feeding did not found differences in terms of neonatal outcomes neither in terms of harmful effects, included the Mendelson Syndrome, to support this restriction. Even the intake of a quantity of 10 tablespoons of carbohydrates has not negative effects. Thus, there is not good reason to fasting women during labour, especially in case of women with a low risk of obstetric complications.

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

In 2018 the WHO published the 56 Recommendations to allow the childbirth to be a positive and not only safe experience for mothers and neonates. Among these recommendations we started to analyze what we believe are to be implemented and consolidated more urgently in Italian obstetric practice. We therefore submitted to a group of obstetricians the request to indicate the first five recommendations of a subsequent series among things not to do in the context of birth attendance because not supported by evidence of effectiveness.

Sources

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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

AOGOI (Associazione Ostetrici Ginecologi Ospedalieri Italiani) is the scientific association that gathers the majority of the hospital obstetricians, the private, the territory and the Italian independent professionals. Members are about 5.000 and each Italian region is represented by a regional section. The aim of the association is to promote the members' professional growth, the scientific production, drafting of guidelines and recommendations, to organize regional and national meetings and congresses, to produce texts and updating reviews and also to support not only its members but the whole Italian obstetrical world in the daily clinical activity with all available means so that the birth event is not only safe but also a positive experience. www.aogoi.it /