



TOP-FIVE

RECOMMENDATIONS on low-value practices

Better care. **Better** decision-making. **Better** use of resources.

The Society of Obstetric Medicine of Australia and New Zealand (SOMANZ)

aims to advance clinical and scientific knowledge of hypertensive diseases and medical disorders in pregnancy. SOMANZ also fosters collaboration with other regional and international societies interested in hypertension in pregnancy and obstetric medicine. It is a specialty society affiliated with the Royal Australasian College of Physicians.

1

Do not test for inherited thrombophilia for placental mediated complications

2

Do not do repeat testing for proteinuria in established pre-eclampsia

3

Do not undertake methylenetetrahydrofolate reductase (MTHFR) polymorphism testing as part of a routine evaluation for thrombophilia in pregnancy

4

Do not measure erythrocyte sedimentation rate (ESR) in pregnancy

As evidence and clinical practice advances, Evolve recommendations will reflect these changes following a review process. The 5th SOMANZ Recommendation was removed in 2019 because of changes in available evidence.



1

Do not test for inherited thrombophilia for placental mediated complications

While older retrospective studies suggested that inherited thrombophilia is associated with adverse pregnancy outcomes such as stillbirth, recurrent miscarriage and placental abruption, more recent and more rigorous studies have either failed to find an association or have found only a weak association. Moreover, the association is a moot point as there is now good quality evidence from randomised controlled trials that low-molecular-weight heparin does not significantly reduce the rate of placental mediated complications.

2

Do not do repeat testing for proteinuria in established pre-eclampsia

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.





3

Do not undertake methylenetetrahydrofolate reductase (MTHFR) polymorphism testing as part of a routine evaluation for thrombophilia in pregnancy

Patients with the thermolabile variant of the methylenetetrahydrofolate reductase (MTHFR) polymorphism are at higher risk of hyperhomocysteinaemia which has been associated with venous thrombosis. However, these associations appear to hold only in countries lacking grain products nutritionally fortified as a public health measure. Moreover, homozygous variants are found in up to 15 per cent of some populations, so that detection of this variant would lead to many women undergoing complex counselling unnecessarily and may also be a cause of distress. Polymorphism is not more prevalent in women with pregnancy-associated venous thromboembolism and testing for this polymorphism is not recommended as part of a routine evaluation for thrombophilia in pregnancy.

4

Do not measure erythrocyte sedimentation rate (ESR) in pregnancy

Measuring the erythrocyte sedimentation rate (ESR) is a non-specific test to identify inflammation. An elevated result indicates inflammation but does not indicate where it is in the body or the cause. The normal range outside of pregnancy in women aged 18–50 is <20mm/h. One study found that levels varied from 4-70mm/hr and another found a range from 4-112mm/hr, with levels being affected by gestational age and haemoglobin concentration. This is likely to reflect normal changes in pregnancy, meaning that testing for an elevated ESR does not sufficiently differentiate between healthy pregnant women and those who may be suffering from inflammatory diseases.



For the list of references supporting these recommendations and further information on the development process, see evolve.edu.au/recommendations/somanz
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WHAT IS EVOLVE?

As part of a global movement, Evolve is a flagship initiative led by physicians, specialties and the Royal Australasian College of Physicians (RACP) to drive high-value, high-quality care in Australia and New Zealand.

Evolve aims to reduce low-value care by supporting physicians to:

- be leaders in changing clinical behaviour for better patient care
- make better decisions, and
- make better use of resources.

Evolve works with specialties to identify their 'Top-Five' clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm. Evolve 'Top-Five' recommendations on low-value practices are developed through a rigorous, peer-reviewed

process; led by clinical experts, informed by evidence and guided by consultation.

Evolve enables physicians to:

- safely and responsibly phase out low-value tests, treatments and procedures, where appropriate
- enhance the safety and quality of healthcare
- provide high-value care to patients based on evidence and expertise, and
- influence the best use of health resources, reducing wasted expenditure and the carbon footprint of the healthcare system.

The RACP, through Evolve is a founding member of Choosing Wisely Australia® and Choosing Wisely New Zealand, with all Evolve 'Top-Five' recommendations part of the Choosing Wisely campaign.

