LEAPP
Living Evidence for Australian Pregnancy and Postnatal care

Living Evidence for Australian Pregnancy and Postnatal care (LEAPP) Guidelines

Terms of Reference

Version 05, May 2024

Living Evidence for Australian Pregnancy and Postnatal care (LEAPP) Guidelines Group
Australian Living Evidence Collaboration
School of Public Health and Preventive Medicine
Monash University
Level 4, 553 St Kilda Road, Melbourne VIC 3004
admin.alec@monash.edu

Australian Living Evidence Collaboration
Powered by Monash University

Contents

Living Evidence for Australian Pregnancy and Postnatal care (LEAPP) Guidelines group

The role of the Living Evidence for Australian Pregnancy and Postnatal care (LEAPP) Guidelines group is to support Australia's healthcare professionals caring for healthy women throughout the pregnancy and postnatal periods, by providing continually updated, evidence-based clinical guidelines. The LEAPP Guidelines group undertake continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, evidence-based guidelines for the clinical care of healthy women (i.e. those who do not have identified pre-existing conditions or are at higher risk of complications such as in multiple pregnancy) during their pregnancies and throughout the postnatal period.

These are 'living' guidelines, updated with new research in near real-time in order to give reliable, current advice to clinicians providing frontline care for people during and after pregnancy.
The development of these living guidelines is split into two projects that are being completed concurrently.

- **Project 1:** update the Clinical Practice Guidelines: Pregnancy Care to reflect current evidence and best practice in maternity care, transform the guidelines into living guidelines with ongoing reviews and updates for the next 5 years, and

- **Project 2:** develop new Clinical Practice Guidelines for the provision of postnatal care, as Living Guidelines with ongoing reviews and updates for the next 5 years.

Governance of the LEAPP Guidelines group

A combined governance structure for Project 1 and Project 2 enables the development of recommendations that support the continuum of care for women through antenatal and postnatal care, to enable consistency in messaging and the linking of concepts and cross-checking between the Pregnancy Care Guidelines and the Postnatal Guidelines and recommendations as they are developed.

The Australian Living Evidence Collaboration (ALEC) partners with the Australian College of Midwives (ACM) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to lead delivery of the guidelines.

On an ongoing basis, the group identifies, evaluates and synthesises evidence to be used as the basis of new recommendations for the clinical care of women throughout their pregnancies and during the postnatal period. The group also identifies and includes any new research evidence that might influence our existing recommendations. Our clinical experts meet quarterly or as needed to review the evidence and make new and updated recommendations, which are endorsed by our members and immediately published online.

The LEAPP Guidelines have the following governance structure:

- National Steering Committee
- National Guidelines Leadership Group
- Expert Guideline Panels to cover the scope of the guidelines
- Consumer Panel
- Policy Liaison Group

The LEAPP Guidelines governance is supported by the following:

- ALEC Academic Director
- ALEC Clinical Director
- ALEC Guidelines Program Manager
- ALEC Communications Manager
- ALEC Director of Evidence and Methods
- ALEC Research Fellows
- ALEC Evidence Team
- Senior Clinical Fellows
- Project staff to support the Executive Team
- Expert Advisory Group with topic-specific expertise that can be called on as required to support the work of the LEAPP Guidelines group
- Independent Conflicts of Interest Committee

The membership and responsibilities for each entity/group within the LEAPP Guidelines group are described below. The relationships between the different entities/groups within the LEAPP Guidelines group are shown at **Appendix A**.

Membership of the LEAPP Guidelines group

The LEAPP Guidelines group brings together the peak health professional bodies across Australia whose members are providing clinical care to women during their pregnancies and throughout the postnatal period. Membership of the group is open to organisations who represent healthcare professionals and consumers. A list of organisations that are members is provided at **Appendix B**.

Partners and Funders

The LEAPP Guidelines group is funded by the Australian Government Department of Health and Aged Care.

Organisations that are involved in the work of the LEAPP Guidelines group through collaborative research arrangements or other delivery partnerships will be identified as Delivery Partners, subject to the approval of the Executive Team.

Standard Operating Procedures

National Steering Committee

Who

The guidelines are overseen by a national Steering Committee (SteerCo) which is composed of a representative from each of the member organisations. Members are nominated to the Steering Committee by their respective organisations. Each organisation undertakes their nomination process independently of the guidelines.

SteerCo is Co-chaired by the ALEC Clinical and Academic Directors. The Steering Committee is governed by a consensus based decision-making process where all recommendations must receive 100% endorsement from all member organisations before publication.

Responsibilities

The responsibilities of the Steering Committee are to:

- communicate with member networks regarding the work of the LEAPP Guidelines group
- approve recommendations for publication on behalf of the member organisation represented **see approval process below**

- discuss strategic issues related to the work of the LEAPP Guidelines group
- determine changes to the scope of work of the LEAPP Guidelines group as guidance evolves and new evidence and clinical issues emerge

It is generally not the responsibility of the Steering Committee to revise the clinical content of the recommendations, as responsibility for final clinical sign-off sits with the GLG, although the Steering Committee will consider issues around the interpretation and implementation of the recommendations.

Attendance at Steering Committee Meetings

The time and contribution of Steering Committee Members is highly valued. Members who are unable to attend are asked to provide a nominated proxy to attend in their place.

All proxies must complete a Declaration of Interest form prior to attending the relevant meeting. Proxies attending without submitting a Declaration of Interest Form do so as an observer and are not permitted to participate in recommendation development.

Approval of recommendations

For a recommendation to be published, it must be approved by all Steering Committee members on behalf of their member organisations. Following a Steering Committee meeting at which draft recommendations are discussed, members are given a period of one week to indicate any objection to the recommendations (silence is considered approval if no response is received before the specified date), to allow for consultation within each organisation if needed.

Alternatively, draft recommendations may be circulated for consideration via email out of session, in which case approval must expressly be given by each member.

If 100% consensus is not reached by the specified date, the reasons for an organisation's concerns will be summarised in writing (either based on discussion in the meeting or submitted during the post-meeting period). The reasons will be communicated to the Co-Chairs of the Steering Committee, the Guidelines Leadership Group and the Clinical Expert panels, as well as any member organisations with specific topic expertise relevant to the recommendation. If there is agreement that a change can be made to the recommendation to achieve consensus without affecting the intent of the recommendation, this will be done at the discretion of the GLG Co-Chairs. If not, a discussion will be held between the Co-Chairs, representatives of the topic expert organisations, and the representative and leadership of the objecting organisation, presenting all views. Where consensus cannot be reached following this discussion, the draft recommendations will be returned to the appropriate Expert Guideline Panel for reconsideration and possible revision.

National Guidelines Leadership Group

Who

The national Guidelines Leadership Group (GLG) is comprised of the Clinical Chairs from the two Guideline Panels, four Consumer representatives (Chairs/ Deputy Chairs of the Consumer Panel), senior clinical representatives nominated by partner organisations, and individual representatives who successfully apply to join through a publicly advertised expression of interest process.

All partner organisations may nominate a clinical representative to the GLG if they wish, although they may elect not to do so. Each organisation undertakes their nomination process independently of the guidelines. The selection process for the members who apply to join the GLG through the expression of interest process involves two stages of review:

1) Four LEAPP team members independently assess each application and consider professional experience and diversity characteristics.
2) Shortlisted candidates are reviewed and approved by LEAPP Chairs and Clinical Fellows.

The GLG is Co-Chaired by representatives of ACM and RANZCOG. The two Senior Clinical Fellow representatives of ACM and RANZCOG function as the Deputy Co-Chairs to provide support to the Chairs and enable capacity development.

Responsibilities

The responsibilities of the GLG are to:

- provide clinical governance through review of all new or revised recommendations drafted by the Expert Guideline Panels, checking for consistency in guidance within and between Panels
- agree on the new or revised recommendations to be submitted to the Steering Committee for approval
- prioritise new topics for evidence review, based on feedback received from the clinical community, Guideline Panels, National Steering Committee and/or surveillance undertaken by the Evidence Team
- oversee the appropriate constitution of Expert Guideline Panels and approve the establishment of new sub-panels as required

- provide advice to the Steering Committee on any emerging clinical research, or strategic issues that may impact the work of the guideline

All decisions made by the GLG must be confirmed by greater than 50% of members. GLG members are asked to approve recommendations at scheduled GLG meetings where the recommendations have been discussed. If approval by greater than 50% is not reached, the draft proposal will be revised by the relevant Panel or Group, or Chairs thereof, at the Guidelines Program Manager's discretion. If approval is not possible at any one meeting due to a lack of attendance, the 'out of session' decision process will be followed.

An 'out of session' decision may be required from time to time. In which case, the members will be presented with draft recommendations via email and approval will be sought by a specified date. 'Out of session' meetings require explicit approval of greater than 50% of confirmed members.

Members of the GLG who are representing a partner organisation are permitted to nominate a proxy. All proxies must complete a Declaration of Interest form prior to attending the relevant meeting. Proxies attending without submitting a Declaration of Interest form do so as an observer and are not permitted to participate in recommendation development.

Expert Guideline Panels

Who

There are two primary Expert Guideline Panels (one each for Pregnancy and Postnatal). Both Panels are Co-Chaired by the relevant Senior Clinical Fellow from RANZCOG and ACM. Other Guideline Panel members include individuals with diverse clinical expertise relevant to the specific aspect(s) of care covered by the Guideline Panel who successfully apply to join through a publicly advertised expression of interest process. Each Panel also includes one of the Chairs and Deputy Chairs of the Consumer Panel.

Additional Panels or 'Sub-Panels' may be established as needed to manage workload in areas of focus, and may draw from members of the Guideline Panels or additional new members.

Panel members are appointed on the basis of their individual expertise, and are not representatives of any organisation. In selecting members, consideration is given to ensuring a diverse membership for each Panel, including representation of Aboriginal and Torres Strait Islanders, clinical expertise, gender, diverse cultural backgrounds, and geographic locations within Australia.

Responsibilities

The responsibilities of each Expert Guideline Panel are to:

- assist the Evidence Review Team to develop PICO (Population, Intervention, Comparator, Outcomes) criteria for prioritised clinical questions within their focus area
- review Evidence Profile tables and Summary of Findings tables for living recommendations, as they are prepared or updated by the Evidence Review Team

- consider draft new or revised recommendations developed according to GRADE methods and according to NHMRC requirements, or adopted or adapted from existing guidelines
- identify aspects of care not addressed by existing recommendations
- assist in drafting additional information to be published alongside the recommendations

All decisions made by the Guideline Panels must be confirmed by greater than 50% of Panel members. Draft recommendations and other text approved by the Expert Guideline Panels are submitted for consideration and approval to the GLG.

Consumer Panel

Consumers are involved in all aspects of development of the Guidelines, through:

- membership of the Steering Committee
- membership of the GLG
- membership of each of the Expert Guideline Panels, and
- a Consumer Panel.

Who

The Consumer Panel consists of up to 17 experienced consumer representatives who advise the GLG and Expert Guideline Panels, supported by a dedicated Senior Research Fellow with expertise in consumer engagement. Members are appointed via an Expression of Interest process run in collaboration with the Maternity Consumer Network. Selection criteria to select members (co-developed with the Maternity Consumer Network) include having lived experience of pregnancy within the last five years, and considers different dimensions of diversity, such as

cultural and gender/sexual diversity, Aboriginal and Torres Strait Islander representation, geographic locations within Australia and members with and without consumer advocacy experience.

Consumer Panel Co-Chairs and Deputy Chairs are appointed by the LEAPP team following expressions of interest. Members are offered reimbursement for their time.

Responsibilities

The consumer representatives:

- provide strategic consumer input into the guideline development program
- consider the scope of the guideline and specific topics and clinical questions to be addressed
- consider draft recommendations and additional information developed by the Evidence Review Team
- contribute to the consideration of patient preferences and values, acceptability and feasibility of proposed interventions to inform decisions about appropriate recommendations.

Consumer Panel members who are also members of consumer organisations may consult with their networks and provide this input into discussions of the Panel, although this is not required, and non-confidential summaries of proposed recommendations will be provided for this purpose.

Policy Liaison Group

The Policy Liaison Group exists to ensure that the LEAPP Guidelines group considers implications of existing and forthcoming public policy, in order to facilitate implementation of the guideline recommendations, and that, where appropriate, public policy is informed by the living guidelines.

Who

Members are invited to the Policy Liaison Group and supported by a dedicated policy methods chair. This group includes representatives from Commonwealth and jurisdictions, peak bodies, and healthcare advocacy from across the country, including those who can provide advice on policy issues relating to Aboriginal and Torres Strait Islander healthcare, migrant and refugee healthcare, and rural and remote healthcare. Proxy nominations are permitted.

Responsibilities

The responsibilities of the Policy Liaison Group are to:

- identify existing or forthcoming policy initiatives related to the work of the LEAPP Guidelines group.
- provide strategic policy advice into the guideline development program, including nominating priority clinical questions to be addressed and identifying opportunities to align with existing or in-progress policy initiatives, strategic conversations about the focus of guideline development activity and other aligned topics
- review and provide feedback on policy and implementation implications of guideline recommendations
- identify advocacy opportunities to support the implementation of the guidelines

Ceasing Membership

Members who wish to step down should advise LEAPP project staff as soon as possible. Members who are formally representing a partner organisation are encouraged to nominate a new representative to take their place.

Members who do not attend three consecutive meetings, and do not communicate with any LEAPP project staff in that time, may be deemed as having stepped down. LEAPP project staff will attempt to reach any member who has not made contact within a 6 month period before deeming them to have stepped down. If the person is a representative of a partner organisation, the leadership of the partner organisation will be approached to nominate an alternative representative.

Additional Groups

From time to time other working groups may be formed to advise the LEAPP Guidelines group on specific issues. These groups do not make formal decisions, and will have TORs drafted to describe their scope of work.

Declaration of Interest

All Specified Personnel, Steering Committee, Guidelines Leadership Group, Expert Guideline Panel or Sub-Panel, Consumer Panel, Policy Liaison Group, Expert Advisory Group members, LEAPP staff and others involved in the development of the guidelines are required to declare to

the Executive Team (upon appointment) any perceived, potential or actual conflicts of interest that may arise and/or impact on their decision-making in this regard. This declaration is to be updated annually, or more frequently if circumstances change. Conflicts of interest will be managed in accordance with the LEAPP Conflicts of Interest Procedure.

Conflicts of Interest Committee

Who

The Conflicts of Interest Committee (COIC) is composed of four members with experience in the assessment and management of conflicts of interest. All members of the COIC are appointed by the Executive Team, but their deliberations and advice are independent of the LEAPP Guidelines group. The COIC is to be chaired by one member of the COIC, nominated by the Executive Team.

Responsibilities

The responsibilities of the COIC are to:

- advise on the format and content of the Declarations of Interest form to be completed by individuals appointed to the Steering Committee, GLG, Policy Liaison Group or Panels
- advise on the development of the LEAPP Guidelines group's Conflict of Interest Policy
- assess the Declarations of Interest form to be completed by individuals appointed to the Steering Committee, GLG, Policy Liaison Group or Guideline Panels
- advise on the outcomes of the assessment of DOIs to the Guidelines Program Manager, who will then communicate decisions to the Executive Team and the Chair of the respective committee, panel or group

Executive Team

Who

The Executive Team provides strategic direction to and operational oversight of the day-to-day activities of the LEAPP Guidelines group. The Executive Team consists of:

- ALEC Clinical Director
- ALEC Academic Director
- ALEC Operations Manager
- ALEC Guidelines Program Manager
- ALEC Director of Evidence and Methods
- ALEC Director of Communications

Responsibilities

The responsibilities of the Executive Team are to:

- develop and maintain the Terms of Reference for all members of the LEAPP Guidelines group (this document)
- establish and maintain Expert Guideline Panels, a National Guidelines Leadership Group, and a National Steering Committee
- make recommendations to the National Steering Committee for new organisations to join the LEAPP Guidelines group as Members or Partners
- engage with and invite peak bodies as member organisations
- develop and maintain relationships with key policy stakeholders and other organisations external to the LEAPP guidelines, and contribute to policy and other external conversations on behalf of the LEAPP Guidelines group
- manage the budget of the LEAPP Guidelines group
- provide reporting on general performance and strategic governance matters to the Steering Committee

- provide finance acquittal and reporting
- develop communications and engagement strategies with Members, Partners, Commonwealth, State and Territory governments, and other relevant stakeholders
- coordinate national and international strategic partnerships
- coordinate partnerships with technology providers and oversee delivery of technology development components of living guideline projects
- develop a series of Policies and Standard Operating Procedures (SOPs) to guide the work of the LEAPP Guidelines group
- oversee the work of LEAPP staff

Evidence Team

Who

The Evidence Team is comprised of individuals experienced in defining questions for systematic review, literature searching, critical appraisal of clinical evidence from a range of study designs according to international best practice, and processes for clinical practice guideline development using GRADE methodology and in accordance with NHMRC requirements.

Responsibilities

The responsibilities of the Evidence Team are to:

- engage with members of the Panels to define questions for systematic review according to PICO (Population, Intervention, Comparator, Outcomes) criteria
- undertake frequent, regular literature searches to address agreed questions

- apply agreed inclusion and exclusion criteria to the identified literature/study data, and use GRADE methods to critically appraise, synthesise, and present relevant findings
- engage with relevant Panel(s) to interpret the identified evidence and develop draft recommendations according to an agreed evidence-to-decision framework
- keep all data fields up to date in MAGICapp (the online publication platform used for the living recommendations)
- develop and maintain an internal evidence review work plan to guide the work of the LEAPP Guidelines group
- co-ordinate the evidence review work of the LEAPP Guidelines group with other national and international evidence review teams to minimise duplication of effort and expedite the development of evidence-based recommendations
- prepare and maintain Technical Reports of the methods used by the LEAPP Guidelines group to develop guidance

Expert Advisory Group

Who

The Expert Advisory Group (EAG) is composed of professionals with specific expertise that can be called on as required by the Evidence Review Team (e.g. methodological expertise, statistical expertise, and specific areas of clinical expertise such as psychology, working with culturally diverse groups, etc).

As the EAG is not a decision-making body it does not have a chair. Input will be requested of specific members of the EAG as deemed appropriate to the query.

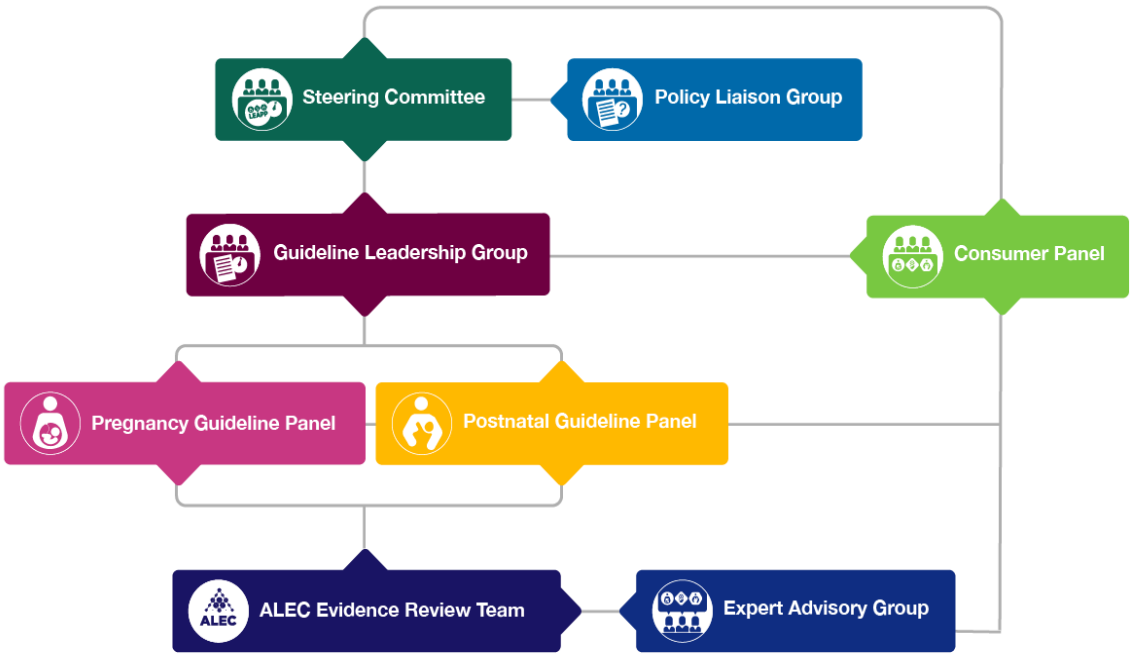
Responsibilities

The responsibilities of the Expert Advisory Group members are to:

- provide expert advice directly to the Evidence Review Team, as required, to guide the work of the Evidence Review Team and Panels

Appendix A

Organisational relationships within the LEAPP Guidelines group



Appendix B

Organisations that have agreed to participate in the Steering committee for the development and support of the LEAPP Guidelines (as at May 2024)

Australasian Birth Trauma Association

Australian Breastfeeding Association

Australian College of Midwives

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

Australiasian Society for Infectious Diseases

Australian College of Neonatal Nurses

Australian College of Nursing

Australian College of Rural and Remote Medicine

Australian Primary Health Care Nurses Association

Australian Society of Anaesthetists

Centre of Perinatal Excellence

Centre of Research Excellence in Stillbirth

CRANAplus

Exercise & Sports Science Australia

Foundation for Alcohol Research and Education

Gidget Foundation Australia

Maternal Child and Family Health Nurses Australia

Maternity Consumer Network

National Aboriginal Community Controlled Health Organisation

Red Nose Australia

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian and New Zealand College of Psychiatrists

The Social Policy Group

Thrombosis and Haemostasis Society of Australia & New Zealand

Appendix C

Organisations that have agreed to be acknowledged as supporting these guidelines, but not to be active approvers of recommendations (and therefore not on Steering Committee):

Allied Health Professions Australia

Australasian College for Emergency Medicine

Australian Indigenous Doctors' Association

Australian Physiotherapy Association

Australian Preterm Birth Prevention Alliance

Australasian Sleep Association

Cochrane Australia

College of Emergency Nursing Australasia

Congress of Aboriginal and Torres Strait Islander Nurses & Midwives

Dietitians Australia

Pink Elephants

National Association of Aboriginal & Torres Strait Islander Health Workers & Practitioners

Royal Australian College of General Practitioners

Royal Australian College of Physicians

The Society of Hospital Pharmacists of Australia

Thoracic Society of Australia and New Zealand