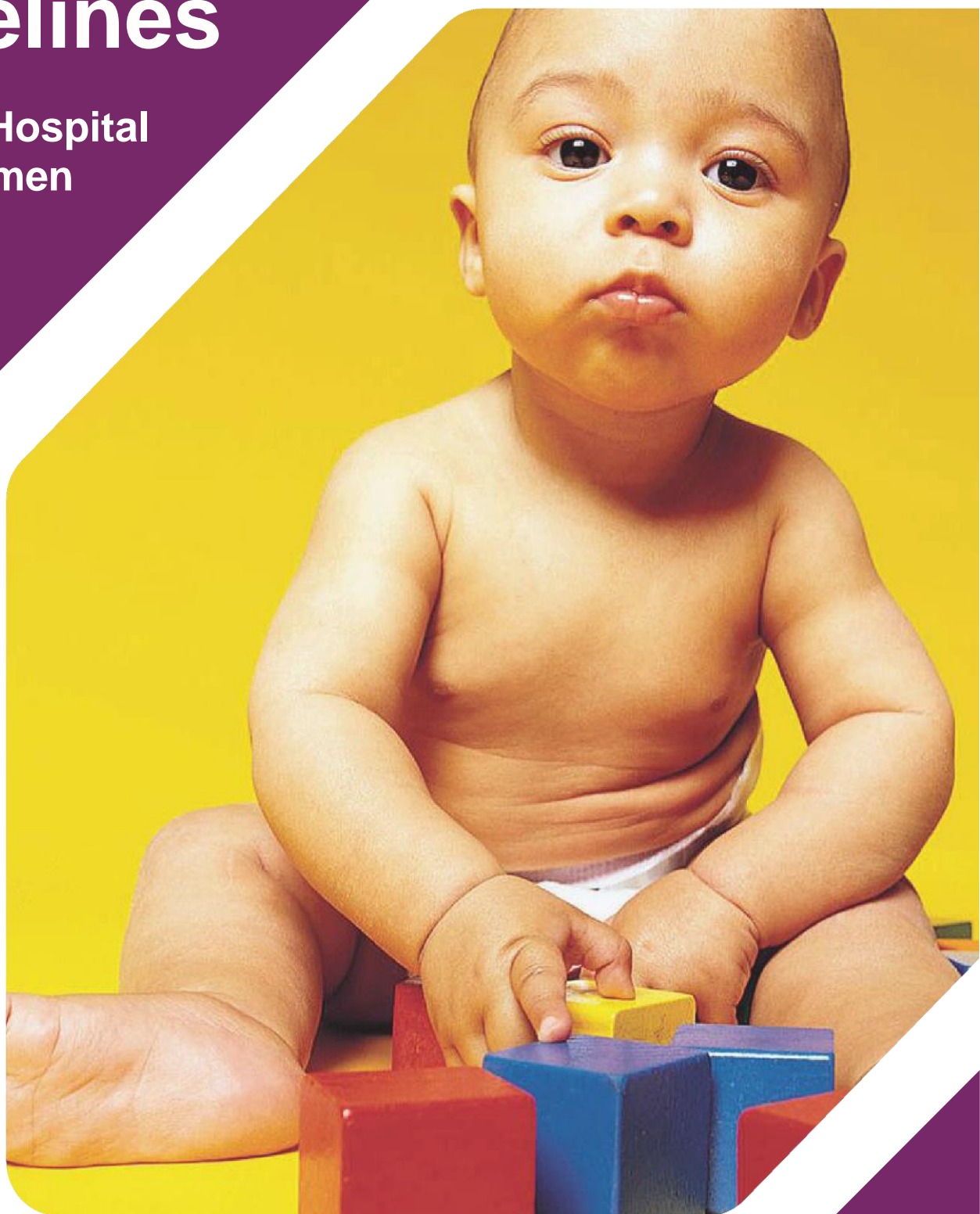


Antenatal Shared Care Guidelines

The Royal Hospital
for Women



GP ANTENATAL SHARED CARE RESOURCE MANUAL

FOREWARD

Welcome to the Royal Hospital for Women (RHW) Antenatal Shared Care Program (ANSC).

This document aims to provide clear guidelines for General Practitioners involved with the care of low risk antenatal women and their babies who birth at the RHW. It is a clinical frame work designed to ensure optimal clinical care and woman safety.

The GP ANSC Program is co-ordinated jointly with the RHW and Central and Eastern Sydney PHN (CESPHN).

This resource manual can be viewed online at the RHW web site

https://www.seslhd.health.nsw.gov.au/Having_a_Baby/Information_for_GPs/antenatal_shared_care.asp

For RHW policies and protocols follow the following link:

<http://www.seslhd.health.nsw.gov.au/rhw/Manuals/default.asp>

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TABLE OF CONTENTS

GP ANTENATAL SHARED CARE PROTOCOL

SECTION	CONTENTS	PAGE
1.	RHW Contacts for Clinical Advice	4
2.	Aim, Objectives, Affiliation, Education & GP Requirements	5
3.	Care at RHW	6
4.	Booking for Shared Care	7
5.	Frequency of Visits	8
6.	Suitability for Shared Care	11
7.	Criteria for Referral Back to the First Available Clinic	12
8.	Criteria for Immediate Assessment at Hospital	13
9.	Antenatal Record Card	14
10.	Recommended Routine Antenatal Investigation	15
11.	Additional Comments	16
12.	Determination of Estimated Due Date	18
13.	Antenatal Examinations	19
14.	Postnatal Check	20
15.	RHW Referral Forms	21
16.	Useful Web Resources	27
Appendix A	Royal Hospital for Women Contacts	31
Appendix B	Mental Health Contacts	35

1

RHW CONTACTS FOR CLINICAL ADVICE

URGENT	all hours	Delivery Suite	0439 869 035	
Non Urgent	Week Days 8am – 4pm	GP Advice Line	*0417 995 153	* If the mobile phone is unattended call switch and ask to speak to the obstetric registrar for GP ANSC Drs Coogan, Fay, Horowitz and Lee.
	After-hours	Page O&G Registrar or Nursing supervisor	# 93826111	# If the registrar is unavailable then ask switch to page the Nursing Supervisor. The Nursing Supervisor will take your message and identify an appropriate staff member to answer your question as soon as possible.

EARLY PREGNANCY ASSESSMENT SERVICE (EPAS)

If you need advice for women who are less than 20 weeks pregnant, bleeding or have pain and you wish your woman to be reviewed by the Early Pregnancy Assessment Service (EPAS) call **9382 6111** and page **46520**, or if out of hours page the Nursing Supervisor on 44020.

This is an **appointment only service** and you will need to provide a referral.

The clinic hours are from 7:30 until 11 am Monday- Friday.

PREGNANCY DAY STAY UNIT (PDSU)

Women should be greater than 20 weeks pregnant and indication for referral includes: IUGR; hypertension; spontaneous rupture of membranes (preterm-term); ambulatory BP monitoring; cholestasis; diabetes; hyperemesis* or if generally concerned.

*For initial presentation of hyperemesis please advise the woman to attend POW Emergency Department for assessment, notify the RHW gynaecology resident via switch as this assists with women being seen quickly.

For subsequent management the woman will be seen in PDSU.

Please call 9382 6417 or the obstetric registrar on call to refer women to this service.

DELIVERY SUITE

Please call the Triage mobile number 0439 869 035 for any urgent pregnancy and labour enquiries 24 hours / 7 days.

GP ADVICE LINE

This is triaged by senior midwives in OPD between the hours 8 and 4 and is for non urgent advice only. Call 0417 995 153.

2

AIM, OBJECTIVES, AFFILIATION, EDUCATION & GP REQUIREMENTS

AIM

The ANSC Program aims to provide a high standard of antenatal care for women who have a low risk pregnancy. The women are cared for by the Antenatal Services at RHW in conjunction with their GP.

OBJECTIVES

The objectives of the GP ANSC Program are:

- To provide choice, continuity of care and greater accessibility for women by seeing their General Practitioner during pregnancy.
- To enable registered GP's to provide a high standard of antenatal care to women who are considered suitable for ANSC.
- To provide GP's with a recommended 'Best Practice' standard of antenatal care.
- To reduce demands on the hospital outpatient services.

ELIGIBILITY

To be eligible to be a member of the ANSC Program in South East Area Local Health District (SESLHD) the GP must:

- Be known to Central and Eastern Sydney PHN.
- Fulfil the requirements for SESLHD GP affiliation.
- Agree to follow local protocols and procedures.

AFFILIATION

GPs wishing to practice ANSC need to be affiliated in the program. Affiliation for ANSC requires:

- Satisfying the current requirements of SESLHD for appointment as an affiliated GP at the RHW.
- Attendance at a RHW & CESP HN ANSC course.
- **Maintain 12 POINTS** of endorsed ANSC educational activities for each triennium. Each Primary Health Network will record the names of the GPs attending the activities they run, if GPs attend activities outside of their local PHN, they must inform their own area PHN so the points can be recorded.

QUALITY ASSURANCE

Quality assurance activities will be conducted periodically by CESP HN in conjunction with the RHW.

3

CARE AT RHW

PREGNANCY OPTIONS OF CARE AT RHW

Midwives Clinic and GP ANSC

Pregnancy care is shared between an affiliated GP and midwives from the Antenatal clinic. Women generally see the same midwife when they attend the clinic.

Hospital doctors are always available at the RHW if complications arise. Labour care will be from the midwives in the Delivery Suite.

Doctors Clinic and GP ANSC

For women who require extra medical supervision and may have a stable pre-existing medical condition that does not require high risk obstetric management. **Low risk Medicare Ineligible women also do this option of care.**

Pregnancy Centred Care and GP ANSC

In this model the woman can receive their care in a group setting and get to meet women who are having their baby around the same time. Two midwives facilitate the four group sessions. Each session lasts for two hours and they will know after their booking visit the dates for these sessions. Morning or afternoon sessions are available.

Midwifery Group Practice

Continuity of midwifery care is provided by a small group of midwives who are on call throughout the pregnancy, birth and early postnatal period at home. Early transfer home is encouraged so that care can be provided at home by the same group of midwives.

NB Places are limited and this option is not available if women live outside of the RHW catchment area.

Malabar Community Midwifery Link Service

For women living in the area of La Perouse, Malabar and surrounding suburbs. Priority is given to women who are from an Aboriginal or a culturally and linguistically diverse community. Aboriginal women who live outside the Malabar area who are giving birth at the RHW are also able to use this service. Continuity of care is provided by a group of midwives who are on call throughout the pregnancy, birth and early postnatal period at home. Pregnancy care is available in the Malabar clinic or in the hospital.

Doctors Clinic

Pregnancy care is by hospital doctors for women who have special medical or obstetric needs. Labour care is by Delivery Suite midwives in consultation with hospital doctors.

Private Obstetrician

Continuity of care is provided by a chosen obstetrician. Labour care is by the midwives in Delivery Suite in consultation with the obstetrician who will be present for the birth.

4

BOOKING FOR SHARED CARE

BOOKING WITH RHW IS BETWEEN 12-14 WEEKS GESTATION

RHW booking procedure:

- Woman presents to the GP where pregnancy is confirmed.
- GP to discuss and offer appropriate antenatal testing and organise investigations as per RHW protocol.
- GP to discuss all options of antenatal care.
- GP to provide information brochure explaining ANSC program and asks the woman to book online.

https://www.seslhd.health.nsw.gov.au/RHW/Antenatal_Form/AntenatalForm_RHW.asp

- After booking online women will be contacted by RHW to arrange their booking in visit as well as been sent an ANSC pack. The woman is to then make an appointment with their GP and to bring with them the ANSC pack. GP to complete details on the “yellow” antenatal card, including GP contact details (i.e., name, practice address, phone number and fax number).
- The “yellow” antenatal card is to be given to the woman to take to hospital clinic and is to be carried at all times.

PLEASE GIVE ORIGINAL COPIES OF ALL PATHOLOGY RESULTS AND SCANS TO WOMEN TO BRING TO THEIR BOOKING IN VISIT AND SUBSEQUENT VISITS.

- Record results on the yellow woman record card.
- GP to complete the Antenatal Booking Referral form. This is to be given to the woman to bring to the hospital clinic. The form takes the place of a letter of referral.
- GP to encourage women to attend Childbirth and Parenting Classes & Breastfeeding antenatal classes.

Late Diagnosis of Pregnancy

If a woman presents late, perform routine screening, arrange an antenatal appointment ASAP and notify the GP Liaison midwife on 9382-6016.

Offer the NIPT (Harmony) Testing which estimates cell free fetal DNA with in maternal circulation, is highly sensitive for Trisomy 21 (>99%) and has a low false positive rate (<2%), sensitivity and specificity are slightly less for the other major autosomal and sex chromosomal aneuploidies.

Additionally, the woman should be offered referral to genetic counselling or diagnostic testing depending on their age, risk and wishes.

Earlier presentations to the Antenatal Clinic should occur if:

- There is a history of recurrent miscarriage; or
- If vaginal bleeding occurs. Any vaginal bleeding should be referred to the Early Pregnancy Assessment Service (EPAS).

5

FREQUENCY OF VISITS

ROUTINE ANTENATAL VISIT SCHEDULE

First visit as soon as pregnancy suspected (with GP) and woman may require extra consultations.

After the booking visit, the schedule of visits is as follows:

Monthly until 28th week
Fortnightly until 36 week
Weekly until birth

These are shared between RHW and the GP as listed below:

- Booking visit 12-14 weeks gestation **(RHW)**
- 16 weeks **(GP)**
- 20 weeks **(RHW)**
- 24 weeks **(GP)**
- 28 weeks **(GP)**
- 30 weeks **(RHW)**
- 32 weeks **(GP)**
- 34 weeks **(GP)**
- 36 weeks **(RHW)**
- 37 weeks **(GP)**
- 38 weeks **(GP)**
- 39 weeks onwards **(RHW)**

More frequent visits or referrals back to the Antenatal Clinic may be needed if complications arise. If the woman has significant complications, they may be asked to visit the Antenatal Clinic for the remainder of their pregnancy.

If a GP participating in ANSC is unable to see his/her woman (i.e., during holidays or sickness), then she should be referred to another colleague who is also accredited with the shared care programme. If she is unable to see another practitioner, then she may be referred back to RHW.

If a woman is not returning to the family doctor for ANSC, a letter/fax should be sent to explain the reason, similarly if a GP feels a woman is unsuitable for shared care a letter should be faxed to the clinic.

RHW GP Shared Antenatal Care Protocol Summary (November 2017)

Any investigations requested by the GP for the woman under his/her care must be followed up by the GP concerned. It is the responsibility of the provider ordering the test or noting an abnormal finding to ensure appropriate follow-up and communication, irrespective of whether a copy is sent to the hospital.

PROVIDER	ACTIVITIES AND CONSIDERATIONS	EDUCATION
GP 6-12 weeks	History LMP / Menstrual Hx / Fertility Hx / Pelvic surgery / Previous pregnancies and outcomes / Family Hx (including congenital and genetic disorders) / Cervical Screening, Medical and Surgical Hx / Medications / Allergies / Drug and alcohol use Examination BP / Cardiac / Respiratory / Abdomen / Thyroid Breast exam Weight and Height – (BMI) Assess Suitability for GP shared antenatal care Commence Yellow antenatal card Complete Booking referral form online http://www.seslhd.health.nsw.gov.au/RHW/Antenatal_Form/AntenatalForm_RHW.asp Obtain Woman consent for information sharing	Early Pregnancy Information <u>Discuss</u> Options for antenatal care Flu vaccination Nutrition Iodine and folic acid Exercise Genetic counselling Antenatal classes Pelvic floor exercises <u>Emphasise</u> Quitting smoking, Alcohol avoidance <u>Consider</u> TSH + T4 ; Urine CT/GC PCR
	ROUTINE INVESTIGATIONS	
	Dating scan FBC, Ferritin, Blood Group and antibody screen Rubella IgG, Hepatitis B sAg, Hepatitis C antibody screening, Syphilis serology, HIV antibody Varicella VZ IgG Haemoglobin EPG (if clinically indicated as per hospital guidelines) MSU for M C & S Cervical screening (if due) Early 75g OGTT (12-14 weeks) as per hospital guidelines. GP to give referral for morphology scan to be done between 18 - 20 weeks Original copies of ALL test results and scans to be given to woman DO NOT COPY TO RHW	
	OPTIONAL SCREENING TESTS	
	NIPS plus Early Structural Ultrasound : 10 – 14 weeks NT +/- Combined First Trimester Screening : 11 - 13 weeks	
RHW ANC 12-14 weeks Booking Visit	Complete history and booking details Discuss options/models of care available within the hospital Assess for GP antenatal shared care Arrange fetal morphology ultrasound at 18-20 weeks (ONLY if not done by GP) Complete psychosocial screen and ANRQ screen Review blood results + NT plus Discuss Optional tests where indicated as above Refer back to GP with completed woman record card (yellow card). NB: If unsuitable for GP shared care, inform GP by fax or phone. Complete GP shared care fax back form' and return to GP Consider an early 75g OGTT for high risk women, if not completed by GP	Offer all women information regarding antenatal classes, breastfeeding classes Consider referral to lactation consultation
GP 16 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler.	Discuss U/S result
RHW ANC 20 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Review Morphology Ultrasound AT ALL VISITS Monitor fetal wellbeing, listen to FHR with Doppler, ask about fetal movements If there is any concern contact Delivery Suite on 0439 869 035	Discuss fetal movements Arrange for anaesthetic review if indicated
GP 24-28 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Remind Rh negative woman Anti-D prophylaxis due at 30 weeks after the antibody screen Immunise: flu vaccination anytime during pregnancy and Boostrix vaccination to woman and household contacts from 28 week 28 WEEK ROUTINE INVESTIGATIONS FBC, Ferritin, Blood group, antibody screen for Rh negative women , 75g OGTT	Encourage attendance to FREE antenatal breastfeeding information group
RHW ANC 30 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Review results of all investigations Referral for 3rd trimester ultrasound as per protocol, eg., ↓ PAPPa; ↑BMI; LLP on morph 30 WEEKS PROPHYLACTIC ANTI-D FOR RH NEGATIVE WOMEN	Give and discuss 30 week information pack Discuss when to call D/S, antenatal classes, breastfeeding classes

GP 32-34 weeks Fortnightly Visits	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Remind Rh negative woman Anti-D prophylaxis due at 36 weeks <i>IF not yet given, immunise for Flu and/or Boostrix</i>	
RHW ANC 36 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Review 3 rd trimester ultrasound if applicable Discuss labour onset/modes of birth/analgesia options and dates for CS, if indicated GBS Screen - Take low vaginal swab as indicated by hospital protocol 36 WEEKS PROPHYLACTIC ANTI-D FOR RH NEGATIVE WOMEN	Refer for U/S and Obstetric review if breech presentation PAC if LSCS planned
GP 37-38 weeks Weekly Visits	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.	
RHW ANC 39–41 weeks Weekly Visits	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Offer Cervical assessment +/- membrane sweep Assess suitability for induction of labour (IOL), eg., AMA at term Arrange/book induction of labour as appropriate or dates for CS, if indicated Organise ongoing fetal welfare assessment as appropriate	Discuss IOL and provide information
GP 6 weeks Postpartum	Postnatal visit Ask about: Labour complications, current bleeding, perineal wound healing, incontinence and pelvic floor, breast feeding, sleep patterns (Mum and baby), support systems at home, breastfeeding management - refer if problems Assessment Maternal mental health status (EPNS) Examine Weight, BP, breasts, uterine involution, wound check perineum/C section Perform Cervical screening if due Investigations FBC, iron studies, TSH where indicated Discuss contraception and pelvic floor exercises, refer if required. Book Baby 6 week check and immunisations Repeat 75g Oral GTT at 3-4 months post-partum for 'at risk' women and for those who had gestational diabetes	Consider Child and Family Health Centre and postnatal supports Child Immunisation according to Australian Immunisation Handbook Baby Health Centres Mother's Groups Discuss Infant feeding knowledge Sleep and SIDS Family Immunisation (Adult and Neonate) NB: To give pertussis vaccination for woman and household contacts, if not already given)

IMPORTANT CONTACT NUMBERS

DELIVERY SUITE 0439 869 035	GP ADVICE LINE 0417 995 153	MENTAL HEALTH CRISIS TEAM 1800 011 511	RHW SWITCHBOARD 02 9382 6111
Antenatal Outpatients Clinic Referral required 02 9382 6048	EPAS Appointment Only Referral required 02 9382 6701 Out of Hours 02 9382 6536 or page Nursing Supervisor via switch	Mental Health Prof MP Austin Referral required 02 9382 6091	Physiotherapy Referral required 02 9382 6540
Antenatal Outpatients NUM 02 9382 6047	Genetic Counselling 02 9382 6098 or page via switch	Mental Health CMC 0457 733 554	Pre-Admissions Clinic (PAC) 02 9382 6048
Australian Breastfeeding Association (ABA) 1800 686 268	GPSC Liaison Midwife 02 9382 6016	MotherSafe 02 9382 6539 or 1800 647 848	Pregnancy Day Stay 02 9382 6417
Diabetes Educator Referral required 02 9382 6010	Karitane 1300 227 464	OASIS Postnatal Clinic Prof A Bisits Referral required 02 9382 6048	Social Work Referral required 02 9382 6670
Dietician Referral required 02 9382 6048	Lactation Consultant 02 9382 6341 or page via switch	Parent Line 1300 130 052	Tresillian 1300 272 736
Drug and Alcohol Counselling in Pregnancy (CUPS) page via switch	Maternal Fetal Medicine Prof A Welsh Referral required 02 9382 6091	Perinatal Outreach Mental Health Service (POMHS) Referral required 02 9382 6303	Ultrasound / Medical Imaging 02 9382 6080

6 SUITABILITY FOR SHARED CARE

Women **usually unsuitable** for ANSC include the following conditions, see hyper link for further clarification.

Those with a major medical condition, e.g:

Cardiac disease

Diabetes

http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Clinical/Women_Babies_Health/Documents/SESLHDPD283FINALPolicyManagementofPreGestationalDiabetes.pdf

Drug addiction

Epilepsy

Haemoglobinopathy

http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Antenatal_Pregnancy%20Care/Anaemia%20and%20Haemoglobinopathies%20in%20Pregnancy.pdf

History of preterm delivery/preterm rupture of membranes <32/40

Hypertension

<http://www.seslhd.health.nsw.gov.au/rhw/Manuals/documents/Hypertension/Hypertension%20-%20Management%20in%20Pregnancy.pdf>

Multiple pregnancy

http://www.seslhd.health.nsw.gov.au/rhw/Manuals/documents/Antenatal_Pregnancy%20Care/twinantecare.pdf

Obesity

<http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Obesity/obesitypreg.pdf>

Previous stillbirth, neonatal death

Renal disease

Rhesus allo immunisation

<http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Blood%20and%20blood%20products/rhdob.pdf>

Significant anaemia

http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Antenatal_Pregnancy%20Care/Anaemia%20and%20Haemoglobinopathies%20in%20Pregnancy.pdf

Thyroid disease (unless just subclinical or under the care of an endocrinologist already)

http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Antenatal_Pregnancy%20Care/thyroiddisease.pdf

Uterine abnormalities

7

CRITERIA FOR REFERRAL BACK TO THE FIRST AVAILABLE CLINIC

The GP is encouraged to return women back to the first available Antenatal Clinic if any of the following problems arise:

- Multiple pregnancy
- Gestational Diabetes
- Uterine growth is unusually small or large, i.e. Symphysial-fundal height (cm) <3 or >3 Gestation (weeks).
- Increased uterine activity is noted or reported (i.e. ? preterm labour).
- Placenta praevia detected
http://www.seslhd.health.nsw.gov.au/rhw/Manuals/documents/Antenatal_Pregnancy%20Care/Placenta%20Praevia.pdf
- Foetal abnormality is suspected/detected
- Generalised pruritis
- Hb <95g/l
- Rhesus allo immunisation.
<http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Blood%20and%20blood%20products/rh%20dob.pdf>
- Malpresentation after 36 weeks, e.g., breech
<http://www.seslhd.health.nsw.gov.au/rhw/Manuals/documents/Breech/Breech%20-%20Antenatal%20management%20of%20term%20breech%20guidelines.pdf>
- Necessity for support services such as social worker or drug & alcohol services.
- Any other problem which represents a significant departure from a normal Antenatal course and which will require attention before a routine clinic.

8

CRITERIA FOR IMMEDIATE ASSESSMENT AT HOSPITAL

WHENEVER THE FOLLOWING OCCURS:

1. Intractable vomiting with dehydration and ketosis.
2. Preterm rupture of membranes.
3. Threatened preterm delivery.
4. Undiagnosed severe abdominal pain.
5. Antepartum haemorrhage.
6. Decreased foetal movements.
7. Suspicion of death in-utero.
8. Unusual headaches or visual disturbances.
9. Seizures or “faints” in which seizure activity may have occurred.
10. Dyspnoea on mild-moderate exertion, orthopnoea or nocturnal dyspnoea
11. Symptoms or signs suggestive of deep vein thrombosis.
12. Pyelonephritis.
13. Symptoms or signs of pre-eclampsia

RUPTURE OF MEMBRANES AND ANTEPARTUM HAEMORRHAGE SHOULD GO IMMEDIATELY TO THE DELIVERY SUITE FOR ASSESSMENT

- Women referred back to the RHW should be assessed by either the obstetric registrar or a specialist. To help ensure this happens, they should be accompanied by a letterhead referral. It is also advisable to notify the registrar of the referral.
- If unsure whether the situation requires urgent Delivery Suite assessment or an earlier clinic appointment it should be discussed with the registrar.
- Complications arising that may not need hospital assessment should be discussed with the registrar.

PLEASE NOTE THAT FOR WOMEN IN THESE URGENT CATEGORIES, VAGINAL SPECULUM EXAMINATIONS WOULD NOT BE APPROPRIATE IN THE GP ROOMS.

9

ANTENATAL RECORD CARD

Medical records are the key to good communications and good communication is the essence of successful shared care. Documentation on the “yellow card” following each encounter is mandatory. The yellow card will be issued to the woman by her GP or at her initial visit to the Antenatal Clinic.

The record should be completed in a uniform manner using only standard and widely accepted abbreviations. Entries in the antenatal record should be written legibly and signed. GP's should stamp their details on the bottom right-hand corner of the yellow card so that their contact details are easily accessible.

Women involved in shared care will be given this yellow antenatal record and this should be carried by her at all times. Since this antenatal record becomes the official hospital record (and sometimes the only one available at the time the woman is admitted) it is important that it be as complete as possible.

Should the woman forget her card at a visit, the relevant details should be copied onto a letterhead and given to her to keep with the card.

Pathology tests and ultrasound results are to be recorded on the front of yellow antenatal record.

When any investigations are performed by the GP, the results are entered onto the yellow antenatal record. If the results are not available at the time of the visit, then write down the name of the service used and the date ordered.

PLEASE GIVE ORIGINAL COPIES OF ALL PATHOLOGY RESULTS AND SCANS TO WOMEN TO BRING TO THEIR BOOKING IN VISIT AND SUBSEQUENT VISITS. DO NOT COPY OR FAX TO RHW.

10 RECOMMENDED ROUTINE ANTENATAL INVESTIGATION

ARRANGED BY GP

GP to discuss and offer appropriate antenatal testing to all women and to organise investigations as per protocol on confirmation of pregnancy.	<ul style="list-style-type: none"> • FBC, Ferritin, Blood Group and Antibody Screen • Haemoglobin EPG (as per hospital guidelines) • Rubella Serology • Hepatitis B sAG, Hepatitis C antibody screening • Syphilis serology • HIV antibody • Varicella VZ IgG • MSU for M C & S • Cervical screening (if due) • Early 75g OGTT (12-14 weeks) as per hospital guidelines
Optional screening tests for common chromosomal abnormalities All health care providers should discuss and offer these special Antenatal tests to all women	Test available are: <ul style="list-style-type: none"> • NIPT 10 weeks onwards or <ul style="list-style-type: none"> • 11 – 14 weeks: Nuchal Translucency Plus test +/- PAPP-A & free B-hCG <p>Women to be counselled that these are SCREENING tests and not 100% accurate. Also, woman will incur a cost.</p>
18 weeks	Morphology Ultrasound
26 - 28 weeks	<ul style="list-style-type: none"> • Antibody Screen – Rh negative women • FBC, Ferritin • Diabetes Screening- 75g oral GTT • Boostrix @ 28 weeks – 32 weeks

11

ADDITIONAL COMMENTS

Iron and Folic Acid

Folic Acid 500mcg should be recommended for all women from pre-conception up to 12 weeks. The dose increased to 5mg if woman is taking antiepileptic drugs.

The dose may also alter if the woman is known to have elevated homocysteine levels.

Iron for those with a booking Hb of <10.5 and investigate as appropriate.

Iodine

NHMRC recommends supplementation of 150 µg/day to ensure that all women who are pregnant, breastfeeding or considering pregnancy have adequate iodine status.

Ultrasound, NIPT and NT Plus

First trimester dating scan is required for those with uncertain dates.

Ultrasound should also be performed for relevant complications (e.g., vaginal bleeding).

NIPT (Harmony) Testing

This test estimates cell free fetal DNA with in maternal circulation, is highly sensitive for Trisomy 21 (>99%) and has a low false positive rate (<2%), sensitivity and specificity are slightly less for the other major autosomal and sex chromosomal aneuploidies.

Currently a consensus of management has not been agreed upon however if the NIPT test is performed then the NT plus scan may be offered in a modified version- an ultrasound (at 12+ weeks) and PAPP A.

NT Plus scan at 11.5 – 14 weeks; please check that U/S provider is fully accredited to perform NT Plus scans. Screening of a low risk population for the later development of pre-eclampsia is currently undergoing evaluation.

At 18-20 weeks foetal morphology is assessed. It is recommended that the ultrasound provider specialises in obstetrics and gynaecology.

Please note abnormalities (e.g. low placenta) on the yellow card, the date the test was performed as well as gestational age.

Dating of the pregnancy by ultrasound becomes increasingly unreliable after 20 weeks gestation.

Please give a copy of the report to the woman to bring to her next Antenatal Clinic visit.

Antenatal Colposcopy

Women with Cervical Intra-epithelial Neoplasia (CIN) diagnosed on the antenatal smear or just prior to the pregnancy should be referred for Colposcopy - this can be done through the clinic or alternative facilities according to woman's choice.

Prophylactic Anti-D

Given to all Rhesus negative women at between 28 – 30 and 34 – 36 weeks in hospital clinics.

Thalassaemia Screening

It is recommended that all pregnant women from the following risk groups be offered haemoglobin EPG as an initial investigation together with a full blood count, ferritin and a manual film.

- South East Asian, Asian, Indian (Pakistan, Bangladesh), Mediterranean, Arabic, or Black African women

If a known carrier the father's status needs to be ascertained, if father is a carrier refer to genetics counsellor.

http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Antenatal_Pregnancy%20Care/Anaemia%20and%20Haemoglobinopathies%20in%20Pregnancy.pdf

Varicella

This screening test to be offered all women who do not have a good history of having had the disease

Influenza

Recommended for all women planning a pregnancy and for those women who are pregnant in the influenza season regardless of gestation

Pertussis

Boostrix recommended between 28 weeks – 32 weeks.

Discuss Chlamydia testing with < 25yr olds and those women 'at risk'

http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Antenatal_Pregnancy%20Care/SexualTransmittedInfections-BloodBornViruses.pdf

TSH and T4

Universal screening for thyroid dysfunction in pregnancy is not recommended however risk factors for screening (recommended by American Thyroid Association) are:

- Symptoms of thyroid disease
- Personal or family history of thyroid disease
- Personal history of positive TPOAbs
- Type 1 diabetes mellitus or other autoimmune disease
- Personal history of head and neck radiation
- Personal history of recurrent miscarriage and/or reduced fertility
- BMI >35

Please refer to below link for further clarification:

http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Antenatal_Pregnancy%20Care/thyroiddisease.pdf

12

DETERMINATION OF ESTIMATED DUE DATE

ESTIMATED DUE DATE (EDD)

Determine the woman's last menstrual period (LMP) and length of menstrual cycle.

- Known LMP and 28 day cycle, calculate EDD by adding 280 days
- Where the cycle is greater than 28 days add 1 day for each day above 28
- Where the cycle is less than 28 days subtract 1 day for each day below 28

Alter the EDD accordingly if 1st trimester (≤ 12 weeks) ultrasound differs from calculated gestation by 6 days or more.

Alter the EDD accordingly if 2nd trimester ($< 13 - 24$) weeks differs from calculated EDD by 10 days or more.

DO NOT alter EDD if 1st trimester ultrasound is available.

Use earliest ultrasound to estimate EDD if unknown/unsure LMP. The optimal gestation is greater than 7 weeks to 13 weeks.

Adjust EDD accordingly where due date of conception is known i.e. assisted reproduction

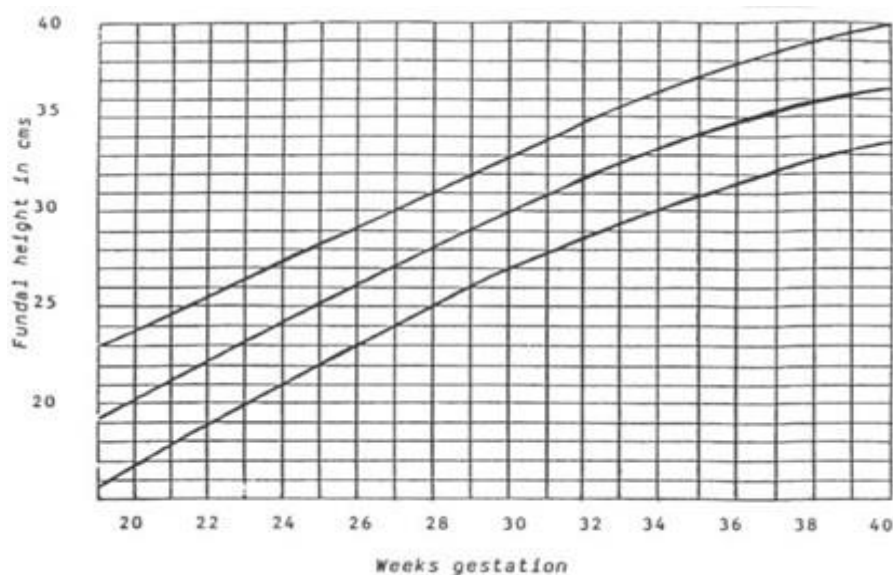
Please refer to below link for further clarification

http://www.seslhd.health.nsw.gov.au/rhw/manuals/documents/Antenatal_Pregnancy%20Care/edd.pdf

13 ANTENATAL EXAMINATIONS

ANTENATAL VISITS INCLUDE THE FOLLOWING:

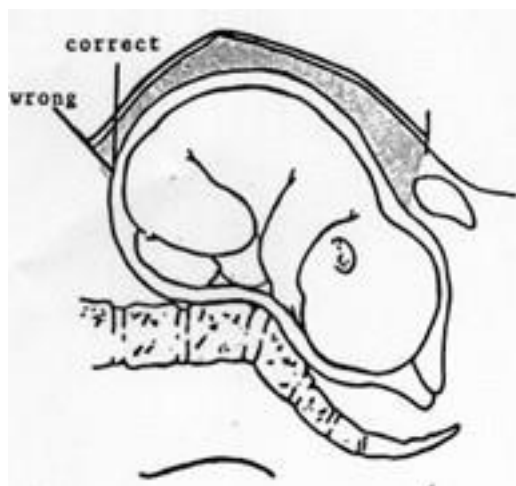
- History - foetal movements, etc
- Examination:
- BP
- Urinalysis
- Evidence of oedema
- The fetal presentation after 26 weeks.
- The engagement of the head after 37 weeks.
- Foetal Heart Rate - Doppler after 16 weeks
- Estimation of fundal height – Symphysial-Fundal Height to be measured after 20 weeks



SYMPHYSIAL-FUNDAL HEIGHT CHART

The curves represent the 10th, 50th and 90th percentiles for normal pregnancy. Readings below the 10th percentile, between 28 and 34 weeks' gestation are most likely to predict intra-uterine growth retardation.

Fundal height should be measured from the top of the fundus of the uterus to the top of the symphysis pubis, with the tape measure lying in contact with the skin of the abdominal wall. The measurement at the fundus should be made by palpation vertically downward.



CORRECT METHOD

The top of the uterine fundus should be detected by palpation vertically downwards.

14 POSTNATAL CHECK

Postnatal checks should be as early as required generally between 4-6 weeks after birth.

Details of the birth are available on Midwife Discharge Data Sheet which should be routinely posted to GP's or urgently faxed if complications have occurred.

HISTORY

- Psychological state (e.g., Postnatal Depression)
- Feeding/settling problems
- Lochia (usually stopped by 6 weeks, first period may occur at 6 weeks. Lochia is usually clear of blood by 2 weeks)
- Physical sequela post birth (e.g., backache/urinary symptoms etc)
- Enquire about intercourse and any associated problems.
- Contraception (may fit diaphragm at this stage, avoid combined O.C.P. if breast feeding)

EXAMINATION

- BP (re-check again at 3/12 if high during pregnancy)
- Breasts
- Abdominal examination to check for fundal height
- P.V. - check episiotomy / tears, cauterise granulomas, etc
- Check for prolapse (pelvic floor tone)
- Cervical Screening (if due)
- Hb (if significant PPH or previously anaemic)
- Check for goitre (post-natal thyroiditis)
- For the women who were insulin requiring gestational diabetics, ensure follow up with the hospital clinic.
- Some women may be asked to attend the hospital clinic for review if they had obstetric complications.

Follow up any medical problems if diagnosed during pregnancy

OFFER

- Vaccination of new parents for pertussis as per NHMRC guidelines
- 2nd MMR to mother who had low immunity and given the first MMR vaccine in hospital as per NHMRC guidelines

15 RHW REFERRAL FORMS



SES060409

Holes punched as per AS2828-2012
BINDING MARGIN - NO WRITING

S0741 120614

Health South Eastern Sydney Local Health District		FAMILY NAME		MRN																																																																								
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GP STAMP: Fax No: _____ Ph. No: _____ Provider No: _____		THIS WOMAN IS TO RETURN TO ME FOR SHARED CARE? Yes <input type="checkbox"/> No <input type="checkbox"/> GP Signature: _____ Date: ____/____/____																																																																										
When offering Nuchal Translucency Plus testing-please counsel and organise before 12 weeks gestation or ensure early referral to the Antenatal Clinic.																																																																												
I wish to share my pregnancy care with my GP and the hospital clinic(s). I understand that this involves sharing personal and health information between these two services. Name _____ Signature _____ Date: ____/____/____																																																																												
Antenatal Clinic Consultants: Dr Coogan, Dr Hawke, Dr Horowitz, Dr Leader, Dr Lette, Prof. Welsh, Dr Clements, Prof. Bisits, Dr Bowyer, Dr Shand																																																																												
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Specify _____ ♦ Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/> ♦ Language required: _____		18 weeks ultrasound booked: Yes <input type="checkbox"/> No <input type="checkbox"/> Genetic counselling arranged Yes <input type="checkbox"/> No <input type="checkbox"/> NT Plus/ CVS/ Amnio arranged Yes <input type="checkbox"/> Declined <input type="checkbox"/> (please circle) Not discussed <input type="checkbox"/> Please specify _____																																																																										
EXAMINATION: BP ____/____ at ____ weeks gestation Abdomen _____ Heart _____ Lungs _____ Thyroid _____ Breast examination _____ BMI _____ Other findings: _____																																																																												

NO WRITING

Page 1 of 2

ANTENATAL REFERRAL

SES060.409



Health
South Eastern Sydney
Local Health District

Facility: The Royal Hospital for Women

FAMILY NAME

MRN

GIVEN NAME

☐ MALE ☐ FEMALE

D.O.B. ____/____/____ M.O.

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

ANTENATAL REFERRAL

Information about your health and wellbeing will be collected and be available to both the hospital and your GP unless otherwise requested.

Woman to complete this section

Surname:

Given Names:

Previous/Maiden Name:

Previous/Maiden Name:

Date of Birth:

Medicare card #:

Exp date:

Marital status: ☐ Widow ☐ Never married ☐ Married/De facto ☐ Separated ☐ Divorced

Country of Birth:

Religion:

Language used at home:

Interpreter needed: Yes ☐ No ☐

Aboriginality: Yes ☐ No ☐

Torres Strait Islander: Yes ☐ No ☐

Private insurance: Top ☐ Basic ☐ Nil ☐ Fund Name: Fund No:

Billing Status: Overseas (no Medicare) ☐ Reciprocal ☐ Medicare ☐

Home Address

Person to Contact

Street:

Name:

Relationship:

Suburb:

Street:

State:

P/code:

Suburb:

Phone no: (h)

State:

P/code:

(w)

(Mob)

Phone no:

Have you attended this Hospital before?

Yes ☐ No ☐

If yes, under what surname?

Would you like Shared Pregnancy Care with your GP & the hospital?
(Shared Care involves alternating visits with your GP and the Hospital clinics)

Yes ☐ No ☐

Have you previously received pregnancy care at the Royal Hospital for Women?

Yes ☐ No ☐

Would you like shared Pregnancy Care with your GP & the hospital?
(Shared Care involves alternating visits with your GP and the hospital clinics)

Yes ☐ No ☐

Would you like Midwifery Group Practice? (a waiting list usually applies)

Yes ☐ No ☐

What is your preferred appointment time for your hospital pregnancy care?

am ☐ pm ☐

USEFUL PHONE NUMBERS

Hospital	9382 6111
Delivery Suite	9382 6100
Appointments	9382 6048
Enquiries 8.30-4.00	Monday-Thursday
Antenatal Classes	9382 6541

**PLEASE BRING THIS COMPLETED
FORM TO YOUR FIRST ANTENATAL/
BOOKING IN APPOINTMENT AT THE
ROYAL HOSPITAL FOR WOMEN**

Holes punched as per AS2828-2012
BINDING MARGIN - NO WRITING

SES060409



SOUTH EASTERN SYDNEY
ILLAWARRA
NSW HEALTH

FAMILY NAME

MRN

GIVEN NAME

☐ MALE ☐ FEMALE

Facility:

D.O.B. ____/____/____

M.O.

ADDRESS

**REFERRAL - MATERNITY
ASSESSMENT UNIT**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date: _____

Interpreter Required Y/N _____

Phone Number: _____

Medicare No. : _____ / ____

Medicare expiry date: ____/____/____

☐ Private ☐ Hospital ☐ Medicare Ineligible

G: ____ P: ____ Gestation: _____

EDC: _____ LMP: _____

Indication for referral: _____

Relevant History: _____

INVESTIGATIONS REQUIRED

☐ CTG

☐ BP monitoring

☐ Temperature/Pulse

☐ Blood test (specify):

Frequency: _____

☐ Urinalysis

☐ Ultrasound

☐ Growth

☐ AFI & Doppler

Frequency: _____

☐ LVS

☐ Celestone

☐ Anti D

Fluids/medications: _____

Other: _____

Plan / Following review notify: _____

F/U: _____

REFERRING DOCTOR'S SIGNATURE: _____

DATE: _____

Requesting Dr

Provider No.

Telephone

Address

REFERRAL - MATERNITY ASSESSMENT UNIT

SEI010.457

NO WRITING

Page 1 of 1



Health
South Eastern Sydney
Local Health District

FAMILY NAME

MRN

GIVEN NAME

☐ MALE ☐ FEMALE

D.O.B. ____/____/____

M.O.

Facility: Royal Hospital for Women

ADDRESS

**PHYSIOTHERAPY
DEPARTMENT OUTPATIENT
REFERRAL**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Royal Hospital for Women: Physiotherapy Department
Phone: 02 9382 6540 Fax: 02 9382 6561

Date: ____/____/____

The above patient was reviewed today by:

☐ Midwife

☐ RHW Clinic

☐ GP

☐ Private Doctor

☐ Allied Health

☐ Other _____

The patient is currently:

☐ Pregnant _____ weeks

☐ Post-natal _____ weeks

(Please note: musculoskeletal referrals are accepted up to 12 weeks post-natally only)

☐ Gynaecology patient

☐ Oncology patient

☐ Other: _____

Reason for referral:

☐ pelvic floor assessment

☐ musculoskeletal assessment

Please inform the patient there is a waiting list and they will be contacted when there is an appointment available.

Print full name: _____ Signature: _____

Phone: _____

Address for correspondence: _____

Physiotherapy Department

Phone call 1: Date: ____/____/____ Action: _____

Phone call 2: Date: ____/____/____ Action: _____

Phone call 3: Date: ____/____/____ Action: _____

Letter sent: Date: ____/____/____

Appointment booked: Date: ____/____/____ Time: ____ Physiotherapist: _____

NO WRITING

Page 1 of 1

Maternal Fetal Medicine

At the Royal Hospital for Women
(The New South Wales Fetal Therapy Centre)

Comprehensive Perinatal Care

Dr Lucy Bowyer
MD FRCOG FRANZCOG DDU CMFM

Dr Daniel Challis
FRANZCOG DDU CMFM

Dr Antonia Shand
FRANZCOG DDU CMFM

Prof Alec Welsh
MSo PhD FRCOG FRANZCOG DDU CMFM

Woman Details

DOB: _____ MRN: _____
Surname: _____ First Name: _____
Phone: _____ Mobile: _____
Address: _____
Suburb: _____ State: _____
Postcode: _____

Referred By: _____

Contact Number: _____

Address: _____

Provider Number: _____

Date of Referral: _____

Signature of Referring Dr: _____

LMP: _____ EDB: _____

Relevant Clinical History/Indication for Referral: _____

Prenatal Screening and Diagnosis

Genetic Counselling
First Trimester Screening (NT and Serum)
CVS
Amniocentesis
Other

Tertiary Referral MFM Services

Maternal Fetal Medicine Assessment and Consultation
Ongoing Care and Management of High-Risk Pregnancy
Co-ordination of Care with Sydney Children's Hospital
Other

Finding us

The Royal Hospital for Women, Randwick is co-located with Sydney Children's Hospital and Prince of Wales Hospital Public pay parking is available directly under the hospital and is easily accessed via Barker Street entrance.
The car park lifts bring you to Level 0. Follow the signs to the Royal Hospital for Women and the Department of Maternal Fetal Medicine

About Us

The Department of Maternal Fetal Medicine at the Royal Hospital for Women sees women from the public and private sectors, for a broad range of services. All clients are Medicare billed, including invasive procedures, ultrasound and consultation. We coordinate a broad multidisciplinary team of clinicians for antenatal and perinatal consultation including: midwives; obstetricians; neonatologists; neonatal surgeons; social work

For Appointments or further information Ph: (02) 9382 6089

**For Urgent Medical Referrals, please call
Ph: (02) 9382 6111
and ask for the Maternal Fetal Medicine Fellow or Consultant to be paged.**

Other Useful Contacts

- Genetic Counsellor Ph: (02) 9382 6111 Page 44098
- Clinical Midwife Consultant High Risk Pregnancy
Ph: (02) 9382 6111 Page 44919
- Clinical Midwife Specialist Maternal Fetal Medicine
Ph: (02) 9382 6111 Page 43983
- Royal Hospital for Women Foundation (Research & Clinical Fundraising) Ph: (02) 9382 6720

Early Pregnancy Assessment Service (EPAS)

Woman Referral

Fax to (02) 9382 6638



Number of Pages including this Coversheet (.....) Date ____/____/____

Attention: Prof W Ledger

Woman Details

Surname _____ First Name _____

Address _____
_____ Postcode _____

D.O.B. ____/____/____ Medicare Number _____

Phone _____ Mob _____

G ____ P ____ LMP ____/____/____ Weeks Gestation ____/40

Symptoms

Blood Group _____ Date Taken ____/____/____

Antibody screen _____ Date Taken ____/____/____

Anti-D given Y / N Dose ____ IU Date ____/____/____

FBC _____ Date Taken ____/____/____

β hCG _____ Date Taken ____/____/____

Ultrasound Date Performed ____/____/____ ☐ Please attach report

Referring Doctor Details:

Date of referral ____/____/____

Doctor _____ Provider No _____

Address _____

Phone _____ Fax: _____

Email _____

Thank you for completing the above details.

"Important Confidentiality Notice. This facsimile contains confidential information which is intended only for use by the addressee. If you have received this facsimile in error you are advised that copying, distributing, disclosing or otherwise acting in reliance upon this facsimile is strictly prohibited. If you are not the intended recipient could you please notify us immediately".

16 USEFUL WEB RESOURCES

PREGNANCY

The Australian Government, Department of Health

National Antenatal Care Guidelines

<https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-antenatal-care-index>

NSW Health has produced number of publications that provide pregnant women with advice on all aspects of pregnancy.

Thinking of Having a Baby – planning pregnancy and becoming pregnant

<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/thinking-of-having-a-baby.aspx>

Having a Baby – this is given to all women who receive care at a public maternity unit.

<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/having-a-baby.aspx>

Early Pregnancy – when things go wrong

<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/Early-pregnancy-when-things-go-wrong.aspx>

Non English Pregnancy Resources

Pregnancy and Parenting resources are also available in other languages and can be sourced at

<http://www.mhcs.health.nsw.gov.au/> (under Publications and Resources)

BABY HEARING AND CHILD HEALTH

SWISH publications to help inform families about the program have been developed in multiple languages and can be sourced at:

<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/swish-translations.aspx>

Why does my baby need a hearing check?

Why does my baby need a repeat hearing test?

Hearing loss and your baby – the next steps

<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/hearing-loss-orange.aspx>

OTHER USEFUL PUBLICATIONS AND FACTSHEETS FROM NSW HEALTH

<http://www.health.nsw.gov.au/publications/Pages/default.aspx>

INFECTIOUS DISEASES

Hepatitis B & Hepatitis C

<http://www.ashm.org.au/>

<https://www.hepatitisaustralia.com/>

<http://www.health.nsw.gov.au/Infectious/factsheets/Pages/default.aspx>

<http://www.gesa.org.au/>

Herpes

<http://www.health.nsw.gov.au/Infectious/factsheets/Pages/default.aspx>

HIV

A comprehensive directory of health services relating to HIV, viral hepatitis and related areas. Pamphlets and brochures for clients as well as information provided through the website or helpline.

The helpline can also assist in locating clients' nearest service.

<http://www.ashm.org.au/HIV/>

<http://www.health.nsw.gov.au/Infectious/factsheets/Pages/default.aspx>

EARLY PREGNANCY

The Centre for Genetics Education provides current and relevant genetics information to individuals and family members affected by genetic conditions and the professionals who work with them.

<http://www.genetics.edu.au/>

Diet and Food Safety in Pregnancy (A Guide for Women including Listeria)

<http://www.foodauthority.nsw.gov.au/foodsafetyandyou/life-events-and-food/pregnancy>

MISC. USEFUL WEB SITES

MotherSafe

Comprehensive counselling service regarding concerns about medications and/or exposures during pregnancy and breastfeeding

<http://www.mothersafe.org.au/>

Cochrane

Evidence based information on health care.

<http://www.cochrane.org/>

<http://australia.cochrane.org/>

NICE Guidelines

Evidence based clinical guidelines on various health topics including pregnancy.

<https://www.nice.org.uk/>

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
<https://www.ranzcog.edu.au/>

The Royal College of Obstetrician and Gynaecologists UK
<https://www.rcog.org.uk/>

Australian College of Midwives
<https://www.midwives.org.au/>

National Midwifery Guidelines for Consultation and Referral
https://1-midwives.cdn.aspedia.net/sites/default/files/uploaded-content/field_f_content_file/with_covers_guidelines_3rd_edition_issue_2_final_2017.pdf

DIABETES

Australian Diabetes in Pregnancy Society
<https://adips.org/>

MENTAL HEALTH

Beyond Blue
<https://www.beyondblue.org.au/>

Perinatal Anxiety & Depression Australia (PANDA)
www.panda.org.au

Red Nose (formerly SIDS & Kids)
Bereavement support, advocacy and education for families who have experience sudden or unexpected loss of baby or child
<https://rednose.com.au/>

St John of God Hospital – Mental Health Services: Mother and baby unit
<https://www.sjog.org.au/our-locations/st-john-of-god-burwood-hospital/our-services/mental-health-and-therapy/mother-and-baby-unit>

<https://www.sjog.org.au/>

Community and emergency mental health contact numbers
<http://www.health.nsw.gov.au/mentalhealth/Pages/mhdao.aspx>

COMMUNITY & BREASTFEEDING

Child and Family Health Clinics

http://www.seslhd.health.nsw.gov.au/Community_Health_Centres/EarlyChildhoodServices.asp

Department of Family & Community Services (FACS)

<https://www.facs.nsw.gov.au/>

Tresillian

<https://www.tresillian.org.au/>

Karitane

<https://www.karitane.com.au/>

Australian Breastfeeding Association

<https://www.breastfeeding.asn.au/>

RHW Breastfeeding Brochures

http://www.seslhd.health.nsw.gov.au/RHW/Patient_Leaflets/Breastfeeding.asp

Australian Government, Department of Health

<https://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-brfeed-index.htm>

FAMILY PLANNING

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health. Talkline 1300 658 886

<https://www.fpnsw.org.au/>

Family Planning Fact Sheets

<https://www.fpnsw.org.au/health-information>

ANTI D RESOURCES

Australian Red Cross

<http://resources.transfusion.com.au/cdm/singleitem/collection/p16691coll1/id/129/rec/1>

RHW DIETICIAN

http://www.seslhd.health.nsw.gov.au/RHW/Patient_Leaflets/Dietician.asp

PHYSIOTHERAPY

http://www.seslhd.health.nsw.gov.au/RHW/Patient_Leaflets/Physiotherapy.asp

APPENDIX A ROYAL HOSPITAL FOR WOMEN CONTACTS

Below is a list of services provided at the Royal Hospital for Women. If any of the phone numbers are unavailable please phone the Hospital's switchboard on 9382 6111.

Service	Phone Number
Aboriginal Liaison Midwife Malabar Midwifery Link Service	0410 344 766 9382 6783
Acute Care Centre	02 9382 6499 / 26498
Admissions	02 9382 6060
Admissions Liaison Officer	02 9382 6067
Anaesthesia Service	02 9382 6130 http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/anaesthesia.asp
Antenatal Education Classes	02 9382 6541 http://www.seslhd.health.nsw.gov.au/rhw/Health_Education/aclasses2017.pdf
Antenatal Ward	02 9382 6448
Bone Density Unit	Refer to Menopause Centre 9382 6248 / 9382 6249 http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/MenopauseCentre.asp
Breast Cancer	See NSW Women's Breast Centre
Breastfeeding Support Service	02 9382 6341 http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/baby.asp
Centre for Women's Health Nursing	02 9382 6741
Chemical Use in Pregnancy Service	02 9382 1111 – page CUPS or call The Langton Centre - 02 9332 8777 http://www.seslhd.health.nsw.gov.au/Having_a_Baby/Specialist_Services/Chemical_Use/
Colposcopy Clinic	02 9382 6240
Compliments / Complaints	9382 6822 Email to: SESLHD-RHWfeedback@health.nsw.gov.au
Day Surgery	02 9382 6649 / 26650 / 26651
Delivery Suite	0439 869 035
Department Endo-Gynaecology	02 9382 6590 http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/GynaecologyDivision.asp
Diabetes Educator	02 9382 6010

Service	Phone Number
Dietician	02 9382 7111 page: 21511
Director of Medical Services	02 9382 6511
Discharge Planner	02 9382 6337
Early Pregnancy Advisory Service (EPAS)	02 9382 6701
Genetic Counselling	02 9382 6098
GPSC Liaison Midwife	02 9382 6016
Gynaecological Cancer Centre	02 9382 6290 / 02 9382 6291 http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/Gynaecologicaloncology.asp
Gynaecology Outpatients	02 9382 6248 / 02 9382 6249 Email to: SESLHD-RHWGynaereferral@health.nsw.gov.au http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/GynaecologyDivision.asp
Gynaecology Registrar	02 9382 6111 – page Registrar
Hepatitis B and C	02 9382 2750
Home Midwifery Services (MSP)	02 9382 6333
Infection Control	02 9382 6339
Lactation Consultant	see Breastfeeding Support Service
Lactation Services	see Breastfeeding Support Service
Maternal Fetal Medicine Centre	02 9382 6098 http://www.seslhd.health.nsw.gov.au/rhw/Maternal_Fetal_Medicine/default.asp
Medical Imaging Service	02 9382 6080
Medicines in Pregnancy & Lactation	See MotherSafe http://www.mothersafe.org.au/
Menopause	02 9382 6248 / 02 9382 6249 http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/MenopauseCentre.asp
Midwifery Unit Manager (Outpatients)	02 9382 6047
MotherSafe	02 9382 6539 or 1800 647 848 http://www.mothersafe.org.au/
Newborn Care Centre	02 9382 6160
NSW Women's Breast Centre	02 9382 6610 http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/Breast_Centre.asp
Nursing Supervisor	02 9382 6111 - page 44020
Operating Theatres	02 9382 6857
Outpatient Bookings	02 9382 6048 Online booking available https://www.seslhd.health.nsw.gov.au/RHW/Antenatal_Form/AntenatalForm_RHW.asp

Service	Phone Number
Outpatient Enquiries	02 9382 6048 / 02 9382 6049 (Phone) 02 9382 6118 (Fax)
Perinatal Psychiatrist	
Physiotherapy	02 9382 6540
Postnatal Services	02 9382 6091
Postnatal Ward	02 9382 6398 (Oxford) 02 9382 6348 (Paddington)
Pregnancy Day Stay	02 9382 6417
Prenatal Diagnosis	02 9382 6098
Reproductive Medicine	02 9382 6633 http://www.seslhd.health.nsw.gov.au/rhw/Rep_Medicine/
Social Work	02 9382 6670
Switchboard	02 9382 6111

OBSTETRICIANS

Bowyer, Dr L, (MFM) c/-Maternal Fetal Medicine Department
Royal Hospital for Women
Barker Street, Randwick
NSW 2031
Tel: 9382 6540 or POWP 9650 4972

Bisits, Prof. A,
Director of Obstetrics
Hospital for Women,
Barker Street, Randwick NSW 2031
Tel: 9382 6011

Challis, Dr D, (MFM) c/-Maternal Fetal Medicine Department,
Royal Hospital for Women,
Barker Street, Randwick NSW 2031, Tel: 9382 6540 or 9382 6011

Clements, S, (MGP)
Royal Hospital for Women,
Barker Street, Randwick NSW 2031, Tel: 9382 6048 or POWP 9650 4972

Coogan, Dr S, (GPANSC)
Suite 2, Level 7,
Prince of Wales Private Hospital,
Barker Street, Randwick NSW 2031, Tel: 9650 4050

Hawke Dr W, (Diabetes & MGP)
Suite 2, Level 7,
Prince of Wales Private Hospital,
Barker Street, Randwick NSW 2031, Tel: 9650 4050

Horowitz, Dr S, (GPANSC)
Professorial Suite,
Royal Hospital for Women,
Barker Street, Randwick NSW 2031
Tel: 9382 6677

Lette Dr D,
Suite 30, Level 7,
Prince of Wales Private Hospital,
Barker Street, Randwick NSW 2031, Tel: 9650 4972

CLINICAL GENETICIST

Kennedy, Dr D,
Director MotherSafe
Royal Hospital for Women,
Barker Street, Randwick
NSW 2031, Tel: 9382 6382 or IVFA 8346 6800

Welsh, Prof. (MFM) c/-
Maternal Fetal Medicine
Department,
Royal Hospital for Women,
Barker Street, Randwick
NSW 2031, Tel: 9382 6540

ENDOCRINOLOGIST

Lau, Dr S M,
Royal Hospital for Women,
Barker Street,
Randwick NSW 2031, Tel: 9382 6048
or Private Rooms Tel: 9650 4988 Suite 20,
Level 7
POW Private Hospital,
Barker Street, Randwick
NSW 2031
E:
reception@pwphealth.com.au
[http://www.
specialistmedicalrandwick.com.a
u/ specialists/endocrinology/dr-
suemei-lau/](http://www.specialistmedicalrandwick.com.au/specialists/endocrinology/dr-suemei-lau/)

Lowe, Prof. S,
Obstetric Physician,
Suite 5 Level 7
POW Private Hospital,
Barker St, Randwick
NSW 2031,
Tel: 9650 4957, Fax: 9650 4903.
Mb: 0418 400 516 or High Risk
Clinic will see women prior to
pregnancy call 9382 6044 to
book, fax referral 9382 6118

HAEMATOLOGIST

Kidson- Gerber Dr G,
Hospital for Women,
Barker Street, Randwick
NSW 2031, Tel: 9382 6048 or
SEALS,
Level 4, Campus Centre
Prince of Wales Hospital
Barker Street, Randwick,
NSW 2031,
Tel: 9382 9000, or
Professorial Suite, Level 2,
Prince of Wales Hospital,
Barker St, Randwick, NSW
2031, Tel: 9382 9047.

Will see women prior to pregnancy
call 9382 6044 to book, fax referral
9382 6118.

Giselle.KidsonGerber@sesiahs.health.nsw.gov.au

Mondays, Thursdays and Friday

MEDICAL DISORDERS OF PREGNANCY PHYSICIAN

Lowe, Prof. S,
Obstetric Physician,
Suite 5 Level 7
POW Private Hospital,
Barker St, Randwick NSW 2031,
Tel: 9650 4957,
Fax: 9650 4903.
Mb: 0418 400 516 or High Risk
Clinic will see women prior to
pregnancy call 9382 6044 to book,
fax referral 9382 6118

Diabetic Educator
Tel: 9382 6010
Fax: 9382 6118

APPENDIX B MENTAL HEALTH CONTACTS

CRISIS TEAM TRIAGE NUMBER: 1800 011 511

<http://www.health.nsw.gov.au/mentalhealth/Pages/contact-service.aspx>

PRIVATE PSYCHIATRISTS

Austin, Prof Marie-Paule	02 9382 6091	RHW
Harrison, Dr Ian	02 9251 7877	City
Koder, Dr Stephen	02 8021 1260	Bondi Junction
Mindcare Centre	02 9212 4445	City
McPherson, Dr Andrew	02 9344 0936	Maroubra
Montgomery, Dr Debra	02 9399 3114 02 9232 7117	Randwick City
Morgan, Dr Hugh	02 9212 4445	City
Smith, Dr Michelle	02 9334 3888	Burwood
Schneiden, Dr Vivienne	0412 261 281	Edgecliff
Southview Clinic	02 9553 1160	Kogarah
Vaux, Dr Peter	02 8021 1260	Bondi Junction
Wijeratne, Dr Chanaka	1300 924 522	Kogarah
Wilcox, Dr Rosie	02 9387 3621	Waverly
Lim-Gibson, Dr Sylvia	02 9650 4988	POWPH

PSYCHOLOGISTS

Anxiety Disorders Clinic	02 8382 1400	Darlinghurst
Beasty, Paula	0418 658 355	Randwick
Clarke, Leanne (infants)	02 9579 2480	Hurstville
Frilingos, Maureen	02 8354 1204	Paddington
McDowell, Lee	0403 005 429	Waverly / Randwick
Sydney Uni Psychology Clinic	02 9114 4343	Camperdown
UNSW Psychology Clinic	02 9385 3042	Kensington
St Vincent's O'Brien Centre	02 8382 1300	Darlinghurst

PERINATAL OUTREACH MENTAL HEALTH SERVICE (POMHS)

Offered to all postnatal women in the SESLHD area

POMHS Office 02 9382 6303

EARLY CHILDHOOD CENTRES

http://www.seslhd.health.nsw.gov.au/Community_Health_Centres/EarlyChildhoodServices.asp

OCCASIONAL CARE AND MOTHER SUPPORT

Baby Shed	02 8338 8506
Bondi Beach Cottage Family Support	02 9365 1607
Breastfeeding (Australian Breastfeeding Association)	1800 686 268
Holdsworth Community Centre, Woollahra	02 9302 3600
Karitane	1300 227 464
Mum for Mum	02 9363 0257
Parent Line	1300 130 052
Relationships Australia	1300 364 277
South East Neighbourhood Centre	02 8338 8506
Tresillian	1300 272 736
Well Women's Clinic	02 9382 8321
Women and Children's Deli	02 9667 4664