Antenatal Shared Care Guidelines

The Royal Hospital for Women
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

For RHW policies and protocols follow the following link:

We thank all participants and all contributors to the protocol, with special thanks to:

Dr Dhara Lette          Royal Hospital for Women
Dr Billie Whiteson     Central and Eastern Sydney PHN
Dr Sonia Verma         Central and Eastern Sydney PHN
Deborah Blackwood      Royal Hospital for Women
Clare Searson          Central and Eastern Sydney PHN
Cornelia Khaled        Royal Hospital for Women
Dr Sean Burnet         Royal Hospital for Women
Dr Stephen Coogan      Royal Hospital for Women
Dr Stephen Horrowitz   Royal Hospital for Women
Professor Andrew Bisits Royal Hospital for Women
**TABLE OF CONTENTS**

**GP ANTENATAL SHARED CARE PROTOCOL**

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


- 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).
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.
Once printed is no longer document controlled (February 2018)

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>ACTIVITIES AND CONSIDERATIONS</th>
<th>EDUCATION</th>
</tr>
</thead>
</table>
| **GP** 6-12 weeks | **History**
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

**Obtain**
Woman consent for information sharing

**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

**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**
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).

**Consider**
GP shared care fax back form' and return to GP

**Conclude**
an early 75g OGTT for high risk women, if not completed by GP

| **GP** 16 weeks | Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler. |
| **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

**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 |
| **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., ↓ PAPP A; ↑BMI; LLP on morph** |

**30 WEEKS PROPHYLACTIC ANTI-D FOR RH NEGATIVE WOMEN**

| **EDUCATION** | **Early Pregnancy Information**
Discuss
Options for antenatal care
Flu vaccination
Nutrition
Iodine and folic acid
Exercise

**Genetic counselling**
Antenatal classes
Pelvic floor exercises

| **Consider** | TSH + T4 ; Urine CT/GC PCR

| **Offer** | all women information regarding antenatal classes, breastfeeding classes

| **Consider** | referral to lactation consultation
### RHW ANC

#### 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

**IF not yet given, immunise for Flu and/or Boostrix**

#### 36 weeks
- Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.
- Review 3rd trimester ultrasound if applicable
- **Discuss** labour onset/modes of birth/analgnesia 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**

#### 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

#### 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

<table>
<thead>
<tr>
<th>DELIVERY SUITE</th>
<th>GP ADVICE LINE</th>
<th>MENTAL HEALTH CRISIS TEAM</th>
<th>RHW SWITCHBOARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>0439 869 035</td>
<td>0417 955 153</td>
<td>1800 011 511</td>
<td>02 9382 6111</td>
</tr>
<tr>
<td>Antenatal Outpatients Clinic</td>
<td>EPAS Appointment Only</td>
<td>Mental Health</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Referral required</td>
<td>Referral required</td>
<td>Referral required</td>
<td>Referral required</td>
</tr>
<tr>
<td>02 9382 6048</td>
<td>02 9382 6701</td>
<td>02 9382 6091</td>
<td>02 9382 6540</td>
</tr>
<tr>
<td>Out of Hours</td>
<td>02 9382 6536 or page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Supervisor via switch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic Counselling</td>
<td>02 9382 6098 or page</td>
<td>Mental Health</td>
<td>Pre-Admissions Clinic (PAC)</td>
</tr>
<tr>
<td>via switch</td>
<td>02 9382 6016</td>
<td>0457 733 554</td>
<td>02 9382 6048</td>
</tr>
<tr>
<td>GPSC Liaison Midwife</td>
<td>02 9382 6016</td>
<td>MotherSafe</td>
<td>Pregnancy Day Stay</td>
</tr>
<tr>
<td>1800 686 268</td>
<td></td>
<td>02 9382 6539 or 1800 647 848</td>
<td>02 9382 6417</td>
</tr>
<tr>
<td>Antenatal Outpatients NUM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 9382 6047</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 9382 6010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karitane</td>
<td>OASIS Postnatal Clinic</td>
<td>Social Work</td>
<td>Social Work</td>
</tr>
<tr>
<td>1300 227 464</td>
<td>Prof A Bisits</td>
<td>Referral required</td>
<td>Referral required</td>
</tr>
<tr>
<td>02 9382 6048</td>
<td></td>
<td>02 9382 6048</td>
<td>02 9382 6670</td>
</tr>
<tr>
<td>Dietician</td>
<td>Parent Line</td>
<td>Tresillian</td>
<td>Tresillian</td>
</tr>
<tr>
<td>Referral required</td>
<td>1300 130 052</td>
<td>1300 272 736</td>
<td>1300 272 736</td>
</tr>
<tr>
<td>02 9382 6048</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 9382 6048</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol Counselling in Pregnancy (CUPS)</td>
<td>Maternal Fetal Medicine</td>
<td>Perinatal Outreach Mental Health Service (POMHS)</td>
<td>Ultrasound / Medical Imaging</td>
</tr>
<tr>
<td>page via switch</td>
<td>Prof A Welsh</td>
<td>Referral required</td>
<td>02 9382 6060</td>
</tr>
<tr>
<td></td>
<td>02 9382 6091</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Once printed is no longer document controlled (February 2018)
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**

nts/SESLHDPD283FINALPolicyManagementofPreGestationalDiabetes.pdf

**Drug addiction**

**Epilepsy**

**Haemoglobinopathy**


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

**Hypertension**


**Multiple pregnancy**


**Obesity**


**Previous stillbirth, neonatal death**

**Renal disease**

**Rhesus allo immunisation**


**Significant anaemia**


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


**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
- Foetal abnormality is suspected/detected
- Generalised pruritis
- Hb <95g/l
- Rhesus allo immunisation.
- Malpresentation after 36 weeks, e.g., breech
- 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.
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.
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.**
### 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. | • 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 | Test available are:  
• NIPT 10 weeks onwards  
or  
• 11 – 14 weeks: Nuchal Translucency Plus test +/- PAPP-A & free B-hCG  
Women to be counselled that these are SCREENING tests and not 100% accurate. Also, woman will incur a cost. |

| 18 weeks | Morphology Ultrasound |

| 26 - 28 weeks | • Antibody Screen – Rh negative women  
• FBC, Ferritin  
• Diabetes Screening - 75g oral GTT  
• Boostrix @ 28 weeks – 32 weeks |
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.


**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’**


**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 or recurrent miscarriage and/or reduced fertility
- BMI >35

Please refer to below link for further clarification:

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 that 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
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.
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
**Facility: The Royal Hospital for Women**

**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:**

**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 ☐

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

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

<table>
<thead>
<tr>
<th><strong>Home Address</strong></th>
<th><strong>Person to Contact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Suburb:</strong></td>
<td><strong>Relationship:</strong></td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td><strong>Street:</strong></td>
</tr>
<tr>
<td><strong>P/code:</strong></td>
<td><strong>Suburb:</strong></td>
</tr>
<tr>
<td><strong>Phone no. (h)</strong></td>
<td><strong>State:</strong></td>
</tr>
<tr>
<td><strong>(w) (Mob)</strong></td>
<td><strong>P/code:</strong></td>
</tr>
</tbody>
</table>
| **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 8046
- **Enquiries 9.30-4.00:** Monday-Thursday
- **Antenatal Classes:** 9382 8541

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

---

Once printed is no longer document controlled (February 2018)
REFERRAL - MATERNITY ASSESSMENT UNIT

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:  

FAU:  

REFERRING DOCTOR'S SIGNATURE:  DATE:  

Requesting Dr  
Provider No.  
Telephone  
Address  

NO WRITING
**Facility: Royal Hospital for Women**

**PHYSIOTHERAPY DEPARTMENT OUTPATIENT REFERRAL**

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: __________________________
Maternal Fetal Medicine
At the Royal Hospital for Women
(The New South Wales Fetal Therapy Centre)
Comprehensive Perinatal Care

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

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.

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

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

Once printed is no longer document controlled (February 2018)
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 ___/___/___

ß 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".
PREGNANCY

The Australian Government, Department of Health

National Antenatal Care Guidelines

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

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

Early Pregnancy – when things go wrong

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

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:

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

OTHER USEFUL PUBLICATIONS AND FACTSHEETS FROM NSW HEALTH

INFECTIONIOUS DISEASES

Hepatitis B & Hepatitis C
https://www.hepatitisaustralia.com/
http://www.gesa.org.au/

Herpes

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.

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)

MISC. USEFUL WEB SITES

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

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

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

St John of God Hospital – Mental Health Services: Mother and baby unit

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

Community and emergency mental health contact numbers
COMMUNITY & BREASTFEEDING

Child and Family Health Clinics

Department of Family & Community Services (FACS)

Tresillian
https://www.tresillian.org.au/

Karitane

Australian Breastfeeding Association
https://www.breastfeeding.asn.au/

RHW Breastfeeding Brochures

Australian Government, Department of Health

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

PHYSIOTHERAPY
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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Liaison Midwife</td>
<td>0410 344 766</td>
</tr>
<tr>
<td>Malabar Midwifery Link Service</td>
<td>9382 6783</td>
</tr>
<tr>
<td>Acute Care Centre</td>
<td>02 9382 6499 / 26498</td>
</tr>
<tr>
<td>Admissions</td>
<td>02 9382 6060</td>
</tr>
<tr>
<td>Admissions Liaison Officer</td>
<td>02 9382 6067</td>
</tr>
<tr>
<td>Anaesthesia Service</td>
<td>02 9382 6130</td>
</tr>
<tr>
<td>Antenatal Education Classes</td>
<td>02 9382 6541</td>
</tr>
<tr>
<td>Antenatal Ward</td>
<td>02 9382 6448</td>
</tr>
<tr>
<td>Bone Density Unit</td>
<td>Refer to Menopause Centre</td>
</tr>
<tr>
<td></td>
<td>9382 6248 / 9382 6249</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/MenopauseCentre.asp">Link</a></td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>See NSW Women’s Breast Centre</td>
</tr>
<tr>
<td>Breastfeeding Support Service</td>
<td>02 9382 6341</td>
</tr>
<tr>
<td>Centre for Women’s Health Nursing</td>
<td>02 9382 6741</td>
</tr>
<tr>
<td>Chemical Use in Pregnancy Service</td>
<td>02 9382 1111 – page CUPS or call The Langton Centre - 02 9332 8777</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.seslhd.health.nsw.gov.au/rhw/Having_a_Baby/Specialist_Services/Chemical_Use/">Link</a></td>
</tr>
<tr>
<td>Colposcopy Clinic</td>
<td>02 9382 6240</td>
</tr>
<tr>
<td>Compliments / Complaints</td>
<td>9382 6822</td>
</tr>
<tr>
<td></td>
<td>Email to: <a href="mailto:SESLHD-RHWfeedback@health.nsw.gov.au">SESLHD-RHWfeedback@health.nsw.gov.au</a></td>
</tr>
<tr>
<td>Day Surgery</td>
<td>02 9382 6649 / 26650 / 26651</td>
</tr>
<tr>
<td>Delivery Suite</td>
<td>0439 869 035</td>
</tr>
<tr>
<td>Department Endo-Gynaecology</td>
<td>02 9382 6590</td>
</tr>
<tr>
<td>Diabetes Educator</td>
<td>02 9382 6010</td>
</tr>
<tr>
<td>Service</td>
<td>Phone Number</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Dietician</td>
<td>02 9382 7111 page: 21511</td>
</tr>
<tr>
<td>Director of Medical Services</td>
<td>02 9382 6511</td>
</tr>
<tr>
<td>Discharge Planner</td>
<td>02 9382 6337</td>
</tr>
<tr>
<td>Early Pregnancy Advisory Service (EPAS)</td>
<td>02 9382 6701</td>
</tr>
<tr>
<td>Genetic Counselling</td>
<td>02 9382 6098</td>
</tr>
<tr>
<td>GPSC Liaison Midwife</td>
<td>02 9382 6016</td>
</tr>
<tr>
<td>Gynaecology Outpatients</td>
<td>02 9382 6248 / 02 9382 6249 &lt;br&gt;Email to: <a href="mailto:SESLHD-RHWGynaereferral@health.nsw.gov.au">SESLHD-RHWGynaereferral@health.nsw.gov.au</a> <a href="http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/GynaecologyDivision.asp">http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/GynaecologyDivision.asp</a></td>
</tr>
<tr>
<td>Gynaecology Registrar</td>
<td>02 9382 6111 – page Registrar</td>
</tr>
<tr>
<td>Hepatitis B and C</td>
<td>02 9382 2750</td>
</tr>
<tr>
<td>Home Midwifery Services (MSP)</td>
<td>02 9382 6333</td>
</tr>
<tr>
<td>Infection Control</td>
<td>02 9382 6339</td>
</tr>
<tr>
<td>Lactation Consultant</td>
<td>see Breastfeeding Support Service</td>
</tr>
<tr>
<td>Lactation Services</td>
<td>see Breastfeeding Support Service</td>
</tr>
<tr>
<td>Medical Imaging Service</td>
<td>02 9382 6080</td>
</tr>
<tr>
<td>Menopause</td>
<td>02 9382 6248 / 02 9382 6249 &lt;br&gt;<a href="http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/MenopauseCentre.asp">http://www.seslhd.health.nsw.gov.au/rhw/Clinical_Services/MenopauseCentre.asp</a></td>
</tr>
<tr>
<td>Midwifery Unit Manager (Outpatients)</td>
<td>02 9382 6047</td>
</tr>
<tr>
<td>MotherSafe</td>
<td>02 9382 6539 or 1800 647 848 &lt;br&gt;<a href="http://www.mothersafe.org.au/">http://www.mothersafe.org.au/</a></td>
</tr>
<tr>
<td>Newborn Care Centre</td>
<td>02 9382 6160</td>
</tr>
<tr>
<td>Nursing Supervisor</td>
<td>02 9382 6111 - page 44020</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>02 9382 6857</td>
</tr>
<tr>
<td>Outpatient Bookings</td>
<td>02 9382 6048 &lt;br&gt;Online booking available <a href="https://www.seslhd.health.nsw.gov.au/RHW/Antenatal_Form/AntenatalForm_RHW.asp">https://www.seslhd.health.nsw.gov.au/RHW/Antenatal_Form/AntenatalForm_RHW.asp</a></td>
</tr>
<tr>
<td>Service</td>
<td>Phone Number</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outpatient Enquiries</td>
<td>02 9382 6048 / 02 9382 6049 (Phone)</td>
</tr>
<tr>
<td></td>
<td>02 9382 6118 (Fax)</td>
</tr>
<tr>
<td>Perinatal Psychiatrist</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>02 9382 6540</td>
</tr>
<tr>
<td>Postnatal Services</td>
<td>02 9382 6091</td>
</tr>
<tr>
<td>Postnatal Ward</td>
<td>02 9382 6398 (Oxford)</td>
</tr>
<tr>
<td></td>
<td>02 9382 6348 (Paddington)</td>
</tr>
<tr>
<td>Pregnancy Day Stay</td>
<td>02 9382 6417</td>
</tr>
<tr>
<td>Prenatal Diagnosis</td>
<td>02 9382 6098</td>
</tr>
<tr>
<td>Reproductive Medicine</td>
<td>02 9382 6633</td>
</tr>
<tr>
<td>Social Work</td>
<td>02 9382 6670</td>
</tr>
<tr>
<td>Switchboard</td>
<td>02 9382 6111</td>
</tr>
</tbody>
</table>
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: 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

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@sesiash.health.nsw.gov.au
Mondays, Thursdays and Friday

MENDEL 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

PRIVATE PSYCHIATRISTS

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

PSYCHOLOGISTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorders Clinic</td>
<td>02 8382 1400</td>
<td>Darlinghurst</td>
</tr>
<tr>
<td>Beasty, Paula</td>
<td>0418 658 355</td>
<td>Randwick</td>
</tr>
<tr>
<td>Clarke, Leanne (infants)</td>
<td>02 9579 2480</td>
<td>Hurstville</td>
</tr>
<tr>
<td>Frilingos, Maureen</td>
<td>02 8354 1204</td>
<td>Paddington</td>
</tr>
<tr>
<td>McDowell, Lee</td>
<td>0403 005 429</td>
<td>Waverly / Randwick</td>
</tr>
<tr>
<td>Sydney Uni Psychology Clinic</td>
<td>02 9114 4343</td>
<td>Camperdown</td>
</tr>
<tr>
<td>UNSW Psychology Clinic</td>
<td>02 9385 3042</td>
<td>Kensington</td>
</tr>
<tr>
<td>St Vincent’s O’Brien Centre</td>
<td>02 8382 1300</td>
<td>Darlinghurst</td>
</tr>
</tbody>
</table>
PERINATAL OUTREACH MENTAL HEALTH SERVICE (POMHS)
Offered to all postnatal women in the SESLHD area
POMHS Office 02 9382 6303

EARLY CHILDHOOD CENTRES

OCCASIONAL CARE AND MOTHER SUPPORT

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