Foreword

Welcome to the RHW Antenatal Shared Care Program.

This document aims to provide clear guidelines for General Practitioners involved with the care of low risk antenatal patients and their babies who birth at the Royal Hospital for Women. It is a clinical framework designed to ensure optimal clinical care and patient safety.

The GP Antenatal Shared Care Program is coordinated jointly with the RHW and Central and Eastern Sydney PHN.

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

For RHW policies and protocols follow this 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
RHW CONTACTS FOR CLINICAL ADVICE

<table>
<thead>
<tr>
<th>URGENT</th>
<th>all hours</th>
<th>Delivery Suite</th>
<th>9382 6100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Urgent</td>
<td>Week Days 8am – 4pm</td>
<td>GP Advice Line</td>
<td>*0417 995 153</td>
</tr>
<tr>
<td></td>
<td>After-hours</td>
<td>Page O&amp;G Registrar or Nursing supervisor</td>
<td># 93826111</td>
</tr>
</tbody>
</table>

* If the mobile phone is unattended call switch and ask to speak to the obstetric registrar for GP ANSC Drs Burnet, Coogan, Horowitz and Lette.
# 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 patient 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)

Your patient 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 your patient to attend POW Emergency Department for assessment, notify the RHW gynaecology resident via switch as this assists with your patient being seen quickly. For subsequent management the patient will be seen in PDSU.

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

Delivery Suite

Call 9382 6100 for all urgent advice.

GP Advice Line

This is triaged by senior midwives in OPD between the hours 8 and 4 and is for none urgent advice only. Call 0417 995 153.
Aim

The Antenatal Shared Care 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 the Hospital in conjunction with their General Practitioner.

Objectives

The objectives of the General Practitioners' Antenatal Shared Program are:

- To provide choice, continuity of care and greater accessibility for women by seeing their General Practitioner during pregnancy.
- To enable registered General Practitioners (GP’s) to provide a high standard of antenatal care to women who are considered suitable for Antenatal Shared Care.
- 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 Antenatal Shared Care 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 Antenatal Shared Care need to be affiliated in the program. Affiliation for ANSC requires:

- Satisfying the current requirements of SESLHD for appointment as an affiliated General Practitioner at the RHW.
- Attendance at a RHW & CESPHN Antenatal Shared Care Program affiliation course.
- **Maintain 12 POINTS** of endorsed Antenatal Shared Care educational activities for each triennium. The PHCN & RHW will monitor the number points achieved by each GP. Each PHCN will record the names of the GPs attending the activities they run, if GPs attend an activity GPs must inform their own 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

These are the models of maternity care available at the RHW.

i. **Midwives Clinic and GP Antenatal Shared Care (GPANSC)**

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.

ii. **Doctors Clinic and GP Antenatal Shared Care (GPANSC)**

For women who require extra medical supervision and may have a stable preexisting medical condition that does not require high risk obstetric management. Low risk Medicare Ineligible women may be offered this option of care.

iii. **Pregnancy Centred Care (GPANSC)**

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. The same two midwives will facilitate the four group sessions along with their GP. 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.

iv. **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 & this option is not available if you live outside of the RHW catchment area.

v. **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.

vi. **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.

vii. **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.

viii. **Midwives Clinic**

Midwives clinic is still available but is now in conjunction with GP shared care unless significant psychosocial issues identified.
Booking with the Hospital should preferably be by 12-14 weeks gestation.

Booking Procedure at the Royal Hospital for Women:

- The woman presents to the GP where pregnancy is confirmed.
- GP to discuss and offer appropriate antenatal testing to all women and to organise investigations as per protocol.
- GP to discuss with patients all options of antenatal care.
- GP to provide patient with information brochure explaining ANSC program and asks the patient to book online.
- After booking online the Patient will receive an ANSC pack. The patient is to make an appointment with their GP and to bring with them the ANSC pack. GP to complete details on the “yellow” antenatal card. Include your contact details ie phone number and fax details name and address at bottom right hand corner.
- The “yellow” antenatal card is to be given to the patient to take to hospital clinic and is to be carried at all times.
- **Please give original copy of pathology results to patient to bring to hospital for the booking in visit and subsequent visits** as well as recording the results on the yellow patient record card.
- GP to complete the Antenatal Booking Referral form. This is to be given to the patient to take to hospital clinic. The form takes the place of a letter of referral.
- GP to encourage patients to attend Childbirth and Parenting Classes & Breast feeding antenatal classes. For RHW phone Health Education bookings line on 9382 6541. Patients should be encouraged to book antenatal classes early in pregnancy.

**The woman then:**

- Completes the ‘patient section’ of the Antenatal Booking Referral Form.
- The women will be notified of their first hospital appointments by mail.

**Late Diagnosis of Pregnancy**

If the woman presents too late to offer the “Nuchal translucency plus” genetic screening test they should be counselled according to their age – related risk, and offered referral to genetic counselling or diagnostic testing depending on their age, risk and wishes.

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

**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).

**Royal Hospital for Women**

Early Pregnancy Assessment Service (EPAS) phone for appointments Monday – Friday - **Phone 9382 6701**
5
FREQUENCY OF VISITS

Routine antenatal visits are scheduled as follows:

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

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

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

These are shared between the hospital and the GP, see list below:

• Booking visit 10-14 weeks gestation (at Antenatal Clinic)
• 16 weeks (with GP)
• 20 weeks (at Antenatal Clinic)
• 24 weeks (with GP)
• 28 weeks (with GP)
• 30 weeks (at Antenatal Clinic)
• 32 weeks (with GP)
• 34 weeks (with GP)
• 36 weeks (at Antenatal Clinic)
• 37 weeks (with GP)
• 38 weeks (with GP)
• 39 weeks onwards (at Antenatal Clinic)

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

If a GP participating in shared antenatal care is unable to see his/her patient (ie. during holidays or sickness), 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 shared antenatal care, 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

## PROVIDER ACTIVITIES AND CONSIDERATIONS

### GP

**6-10 weeks**

- **Early Pregnancy Information**
  - Options for care
  - Previous experience/ expectations
  - Pathology tests/ results
  - Nutrition, exercise in pregnancy and record BMI

- **Quitting smoking**

- **Breastfeeding Information**
  - Discuss Chlamydia testing with < 25yr olds and those women 'at risk'
  - Consider TSH + T4

- **Antenatal classes**
  - Offer seasonal flu vaccination
  - Discuss pertussis vaccination

- **Pelvic floor exercises**

- **Quitting smoking**

- **Breastfeeding Information**
  - Discuss Chlamydia testing with < 25yr olds and those women ‘at risk’
  - Consider TSH + T4

- **Antenatal classes**
  - Offer seasonal flu vaccination
  - Discuss pertussis vaccination

- **Provide details of hospital services and options of care**

- **Discuss iodine and Folic acid supplementation**

- **ROUTINE INVESTIGATIONS:**
  - FBC
  - Blood group and antibody screen
  - Haemoglobin EPG (as per hospital guidelines)
  - Rubella serology
  - Syphilis screening (ELISA)
  - Hepatitis B surface antigen
  - Varicella VZ IgG (if not sure of previous exposure)
  - HIV antibody
  - Hepatitis C antibody screening
  - MSU for M/C/S

- **Early 75g OGTT (12-14 weeks) as per hospital guidelines**

- **Ensure copies of all tests are sent to appropriate ANC**

### RHW ANC

**10-14 weeks Booking Visit**

- Complete history and booking details

- **Discuss all suitable options/models of care available within the hospital**

- **Assess interest in and suitability for GP antenatal shared care**

- **Arrange fetal morphology ultrasound at 18-20 weeks**

- **Consider discussing Optional tests where indicated as above**

- **Complete ‘GP shared care fax back form’ and return to GP**

- **Complete psychosocial screen**

- **Review bloods + NT plus**

- **Refer back to GP with completed patient record card (yellow card)**

- **If unsuitable for GP shared care, inform GP by fax or phone.**

### GP

**16 weeks**

- **Routine antenatal visits**
  - Breastfeeding - refer if previous problems
  - Auscultate FHR with Doppler at all visits

- **FETAL MORPHOLOGY ULTRASOUND**: 18-20 weeks. Change dates only if ultrasound is ≥ 10 days different to menstrual dates

- **Ensure copy of Ultrasound Result is sent to ANC**

### RHW ANC

**20 weeks**

- **Routine antenatal visit**
  - Review results of all investigations
  - 30 weeks prophylactic Anti-D

- **Assess suitability for ANSC**

- **Review by obstetrician if required**

### GP

**24 - 28 weeks**

- **Routine prenatal visits**
  - Remind Rh negative woman Anti-D prophylaxis due at 30 weeks, after the antibody screen

- **28 WEEK ROUTINE INVESTIGATIONS:**
  - FBC, consider iron studies
  - Antibody screen – for Rh negative women
  - 75g OGTT
  - Recommend pertussis vaccination

- **Ensure copy of Pathology Results is sent to ANC**

### RHW ANC

**30 weeks**

- **Assess fetal growth, presentation, etc.**

- **GBS Screening – Take low vaginal swab as indicated by hospital protocol**

- **36 weeks prophylactic Anti-D**

### GP

**32 -34 weeks**

- **Routine prenatal visits**
  - Remind Rh negative woman Anti-D prophylaxis due at 36 weeks

### RHW ANC

**36 weeks**

- **Assess suitability for induction of labour (IOL)**

- **Offer cervical sweep**

- **Arrange/book IOL as appropriate**

- **Organize ongoing fetal welfare assessment as appropriate**

### GP

**37-38 weeks**

- **Routine prenatal visits**
  - Refer to hospital antenatal breastfeeding groups if needed

### RHW ANC

**39 – 41 weeks**

- **Assess suitability for induction of labour (IOL)**

- **Offer cervical sweep**

- **Arrange/book IOL as appropriate**

- **Organize ongoing fetal welfare assessment as appropriate**

### GP

**6 weeks Postpartum**

- **Pap smear if due, Investigations if required,**

- **Assessment – maternal mental health status**

- **Book baby assessment and Immunisation (8 weeks)**

- **Breastfeeding management - refer if problems**

- **Child & Family Health Centre & postnatal supports**

- **Immunisation / SIDS**
Mothersafe  
02 9382 6539 or 1800 647 848

Plan Clinic  
02 9382 6541

Maternal Fetal Medicine Centre  
Prof A Welsh  
Referral Required  
02 9382 6098

Genetic Counselling  
9382 6096 or page via switch  
02 9382 6111

EPAS Appointment Only  
Referral required  
9382 6701  
Out Of Hours  
02 9382 6536 or  
Page Nursing Supervisor

Antenatal Clinics  
Referral required  
02 9382 6048

GP liaison  
02 9382 6016

Diabetes Educator  
02 9382 6010

NUM  
02 9382 6047

OASIS Postnatal Clinic  
Prof Bisits  
Referral required  
02 9382 6048

Mental Health  
Prof MP Austin  
Referral required  
02 9382 6091

Mental Health CMC  
0457 733 554

D&A Counselling in Pregnancy (CUPS)  
page via switch  
02 9382 6111

Social Work  
Referral required  
02 9382 6670

Parent Line  
1300 1300 52

Lactation Counsellor  
9382 6341 or page via switch  
02 9382 6111

Australian Breast Feeding Association (ABA)  
1800 686 2 686

Karitane  
1300 227 464

Tresillian  
9787 0855

Dietician  
Referral required  
02 9382 6048

Physiotherapy  
Referral required  
02 9382 6540

Ultra Sound / Medical Imaging  
02 9382 6080

Pregnancy Day Stay  
Referral required  
02 9382 6417

Delivery Suite  
02 9382 6100

GP Advice Line  
0417 995 153

Mental Health Crisis Team  
1800 011 511
Women **usually unsuitable** for shared antenatal care include the following conditions, see hyper link for further clarification:

Those with a major medical condition e.g.

- **Diabetes**

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

- **Hypertension**

- **Significant anaemia**

- **Cardiac disease**

- **Haemoglobinopathy**

- **Epilepsy**

- **Renal disease**

- **Drug addiction**

- **Rhesus allo immunisation or other abnormal serology**

- **Previous stillbirth, neonatal death**

- **Multiple pregnancy**

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

- **Uterine abnormalities**

- **Obesity**

Suitability for GP ANSC can be discussed at the Clinical Review Meeting please fax your referral to 93826118 attention GP Liaison midwife and an assessment appointment can be made for your patient.
7 CRITERIA FOR REFERRAL BACK TO THE FIRST AVAILABLE CLINIC

The GP is encouraged to return the woman 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.
- 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.
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.

• Patients referred back to the Hospital should be assessed by either the obstetric registrar or a specialist. To help ensure this 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 yellow antenatal record. First visit tests are entered on the front page, but for subsequent tests leave a space for the results to be added later or use the space provided at the bottom of the reverse side of the sheet.

When any investigations are performed by the GP, the results are entered into the yellow antenatal record. If the results are not available at the time the patient is given her record, then write down the name of the service used and the date ordered. It is recommended that a copy of pathology results and ultrasound reports are forwarded to the Antenatal Clinic as soon as possible (by post or fax).
## 10 RECOMMENDED ROUTINE ANTENATAL INVESTIGATION

Arranged by GP with copies of results to Antenatal Clinic

| GP to discuss and offer appropriate antenatal testing to all women and to organise investigations as per protocol, **on confirmation of pregnancy** | • FBC  
• Haemoglobin EPG (as per hospital guidelines)  
• Blood Group and Antibody Screen  
• Rubella Serology  
• Varicella VZ IgG (if not sure of previous exposure)  
• Syphilis Screening (ELISA)  
• HBs Ag  
• HIV antibody & Hep C antibody screening  
• Multistix urine analysis (MSU if indicated)  
• Pap smear if due |
| --- | --- |
| **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:**  
• 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, patients will incur a cost. |
| **18 weeks** | Morphology Ultrasound |
| **24 weeks** | • Antibody Screen – Rh negative women  
• FBC  
• Diabetes Screening- 75g oral GTT  
• Boostrix |
1) Iron & Folic Acid

Folic Acid 500mcg should be recommended for all patients from pre-conception up to 12 weeks. The dose increased to 5mg if patient is taking antiepileptic drugs. The dose may also alter if she is known to have elevated homocysteine levels. Iron for those with a booking Hb of <10.5 and investigate as appropriate.

2) Iodine

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

3) Ultrasound, NIPT, & 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 - a 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 fax the report and ensure the woman takes the ultrasound report and film to the Antenatal Clinic at the next visit. After review, the films will usually be returned to the woman.

4) 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.

5) Prophylactic Anti-d

Given to all Rhesus negative women at 28 – 30 and 34 – 36 weeks in hospital clinics
6) 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 (including 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.

7) Varicella

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

8) Influenza

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

9) Pertussis

Bosterix recommended from 28 weeks.

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


11) TSH and T4

Universal screening of pregnant women for thyroid dysfunction remains controversial. The American Thyroid Association concludes that there is insufficient evidence to recommend FOR or AGAINST first trimester TSH screening. However recommends early pregnancy screening of thyroid dysfunction with TSH in those patients at high risk of overt hypothyroidism which include:

A. Personal history of thyroid dysfunction:

- Hyperthyroid disease
- Hypothyroid disease
- Post partum thyroiditis
- Thyroidectomy
- Thyroid lobectomy
- Treatment with radioactive iodine
- Therapeutic head or neck irradiation
- Nuclear accident exposure
- Goitre
- Known presence of thyroid antibodies

B. Age >30 years.

C. Autoimmune disease (including Type I diabetes, pernicious anaemia, coeliac disease).

D. Use of amiodarone, lithium or recent iodinated radiocontrast administration.

E. Morbid obesity (BMI >40).

F. Pregnancy complications, Infertility, Recurrent miscarriage, Preterm delivery.

G. Family history of thyroid disease.

H. Residing in an area of known moderate to severe iodine insufficiency.

3 RANZCOG College Statement: C-Obs 46

https://www.ranzcog.edu.au/component/search/?searchword=tsh&searchphrase=all&Itemid=1
To determine the EDC:

1. If the last menstrual period (LMP) is certain and the menstrual cycle regular, add 7 days and 9 months or add 280 days to the first day. If the cycle length is greater than or less than 28 days then add or subtract the difference respectively. For example, for a 35 day cycle add 14 days and 9 months or 287 days.

2. In cases where the LMP is unknown or uncertain an ultrasound scan (USS) should be used to determine the EDC.
   
   a) **Using the USS(s) note:**
      The earlier the USS, the more accurate in terms of dating however the fetal heart beat needs to be seen. In choosing between multiple scans always use the earliest USS, and a transvaginal examination if available.

   b) **Only change menstrually determined dates if:**
      - The USS at less than 12 weeks gestation is more than 6 days different.
      - The USS at 12 to 20 weeks is more than 10 days different.
      - Dates should not be changed by a third trimester ultrasound scan.
It is suggested that the 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 CHECK

• As early as required generally between 4-6 weeks after confinement
• Details of confinement available on Midwife Discharge Data Sheet which should be routinely posted to GP’s or urgently faxed if complications have occurred.

History

• Psychological state (eg. 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 of confinement. (eg. 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)
• PAP (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
# RHW Referral Forms

## Antenatal Referral Form

### Family Name

<table>
<thead>
<tr>
<th>Given Name</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date of Birth (D.O.B)

<table>
<thead>
<tr>
<th>M.O.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Address


### Location/ward


### Complete all details or affix patient label here

**This Woman is to Return to Me for Shared Care?**
- Yes [ ]
- No [ ]

**GP Signature:**

**Date:**

**Antenatal Clinic Consultants:** Dr Coogan, Dr Hawke, Dr Horowitz, Dr Leader, Dr Lette, Prof Welsh, Dr Clements, Prof. Baill, Dr Bowyer, Dr Shand.

### Name

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Present Pregnancy

<table>
<thead>
<tr>
<th>Present Pregnancy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PV bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Medications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Drugs of Addiction

- Cigarettes: no/daily
- Alcohol: gm/week
- Allergies

### Previous Obstetric History

### Family History

<table>
<thead>
<tr>
<th>Cardiac</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other congenital abnormalities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Examinations

<table>
<thead>
<tr>
<th>Examination</th>
<th>BP</th>
<th>Heart</th>
<th>Lungs</th>
<th>Thyroid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical History

<table>
<thead>
<tr>
<th>Cardiac</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infertility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transplants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression/Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Social History

Please ensure the following results are available:

- Blood group & antibody screen
- Full blood count
- Haemoglobin (both)
- Rubella (IgG)
- Varicella (IgG)
- Syphilis (ELISA)
- Hepatitis B (surface antigen)
- MSU for M/C/S
- Pap smear
- HIV
- Hep C
- Pathology Laboratory

### 18 weeks ultrasound

- Yes [ ]
- No [ ]

### Genetic counselling

- Yes [ ]
- No [ ]

### NT Plus/CVS or Amnio

- Yes [ ] Declined [ ]

### Not discussed [ ]

---

Once printed is no longer document controlled (June 2015)
### ANTENATAL REFERRAL

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

**Surname:**

**Given Names:**

**Previous/Maiden Name:**

**Medicare card #:**

**Exp date:**

**Marital status:**
- [ ] Widow
- [ ] Never married
- [ ] Married/De facto
- [ ] Separated
- [ ] Divorced

**Country of Birth:**

**Language used at home:**

**Aboriginality:**
- [ ] Yes
- [ ] No

**Interpreter needed:**
- [ ] 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**

<table>
<thead>
<tr>
<th>Street</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suburb</th>
<th>Pcode</th>
<th>Street</th>
<th>Suburb</th>
<th>Pcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone no (h)</th>
<th>(w)</th>
<th>(Mob)</th>
<th>Phone no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></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?**
- [ ] Yes
- [ ] No

*(Shared Care involves alternating visits with your GP and the hospital clinic)*

**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?**
- [ ] Yes
- [ ] No

*(Shared Care involves alternating visits with your GP and the hospital clinic)*

**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

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>9382 6111</td>
</tr>
<tr>
<td>Delivery Suite</td>
<td>9382 6100</td>
</tr>
<tr>
<td>Appointments</td>
<td>9382 6048</td>
</tr>
<tr>
<td>Enquiries 8.30-4.00</td>
<td>Monday-Thursday</td>
</tr>
<tr>
<td>Antenatal Classes</td>
<td>9382 6541</td>
</tr>
</tbody>
</table>

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

---

**Page 2 of 2**

**NO WRITING**

---

Once printed is no longer document controlled (June 2015)
<table>
<thead>
<tr>
<th>Facility:</th>
<th>FAMILY NAME</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.O.B. / / M.O.</td>
<td>GIVEN NAME</td>
<td>☐ MALE ☐ FEMALE</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>LOCATION / WARD</td>
<td></td>
</tr>
</tbody>
</table>

**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: __________________________________________

FU: __________________________________________

REFERRING DOCTOR'S SIGNATURE: __________________________ DATE: __________________________

Requesting Dr

Provider No.

Telephone

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

Patient Details
DOB: __________________ MRN: __________________
Surname: ________________ First Name: ________________
Phone: ________________ Mobile: ________________
Address: __________________________________________
____________________________________________________
Suburb: ________________ State: ________________
Postcode: ________________

LMP: __________________ EDB: __________________

Referred By: ________________________________
Contact Number: ____________________________
Address: ___________________________________
____________________________________________
Provider Number: ____________________________
Date of Referral: _____________________________
Signature of Referring Dr: ______________________

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

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

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.
Early Pregnancy Assessment Service (EPAS)

Patient Referral
Fax to (02) 9382 6638

Number of Pages including this Coversheet (……...) Date ___/___/___

Attention: Prof W Ledger

Patient 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."
Royal Hospital for Women Physiotherapy Referral

Date: __________

<table>
<thead>
<tr>
<th>Patient Details or sticky label here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________</td>
</tr>
<tr>
<td>MRN: ____________________ DOB: ______</td>
</tr>
<tr>
<td>Address: __________________________</td>
</tr>
<tr>
<td>Phone: ____________________________</td>
</tr>
</tbody>
</table>

The above patient was reviewed today by:

- [ ] Midwife
- [ ] Gynaecology clinic
- [ ] GP
- [ ] Private Doctor
- [ ] Other ___________

The patient is currently:

- [ ] ________ weeks pregnant / post natal
- [ ] Post surgical: ________________________________ (Type and Date)
- [ ] Awaiting surgery: _____________________________ (Type and Date)
- [ ] Other: ______________________________________

The main problems identified:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

This patient is referred to the outpatient service for:

- [ ] Musculoskeletal assessment and treatment *(pregnant or up to 3 months post natal only)*
- [ ] Pelvic Floor assessment and treatment
- [ ] Bladder training
- [ ] Perineal and/or pelvic pain assessment and management
- [ ] Bowel assessment and treatment
- [ ] Lymphodema management *(limited service, please enquire prior to referral)*
- [ ] Other __________________________________________

*(Please inform the patient there is a waiting list, and they will be contacted when there is an availability)*

Thank you,

Sign: __________________________ Name: __________________________

Address for correspondence: __________________ Phone/ Page: __________________________

*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*
1. **Pregnancy**

The Australian Government


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

These documents can be sourced from The Better Health Centre on 9887 5450 or e-mail bhnc@nsccahs.health.nsw.gov.au or by downloading them at:


**Non English Pregnancy Resources**

Pregnancy and Parenting resources are also available in other and can be sourced at [http://www.mhcs.health.nsw.gov.au/](http://www.mhcs.health.nsw.gov.au/) (under Publications and Resources)

2. **Baby Hearing and Child Health**

SWIS-H publications to help inform families about the program have been developed, these are:

- 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


3. **Other useful Publications and Factsheets from NSW Health**


4. **Infectious Diseases**

**Hepatitis B**

A brochure B positive – All you wanted to know about Hepatitis B: a guide for primary care providers [http://www.ashm.org.au/](http://www.ashm.org.au/)

[www.hepatitisaustralia.com](http://www.hepatitisaustralia.com)

For links to State Hepatitis Councils and information for people affected by Hepatitis B and C and those who work to support them [www.hepatitisc.org.au](http://www.hepatitisc.org.au)
NSW Multicultural Health Communication Service. Resources are available by topic and language.

Herpes
www.ahmf.com.au
Australian Herpes Management forum.

HIV
www.ashm.org.au
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.
www.gesa.org.au
The Gastroenterological Society of Australia – Patient factsheets in multiple languages

5. Early Pregnancy

www.genetics.edu.au
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.

Diet and Food Safety in Pregnancy (a guide for patients including Listeria)

6. Misc. Useful web sites

www.mothersafe.org.au
Comprehensive counselling service regarding concerns about medications and/or exposures during pregnancy and breastfeeding

www.cochrane.org
Evidence based information on health care

www.3centres.com.au
The 3 Centres Consensus Guidelines on Antenatal Care prompt cards available
3centres Collaboration refers to the collective decisions undertaken by a joint steering group of obstetric and midwifery directors from Victoria’s three level six maternity hospitals or ‘centres’ – Mercy Hospital for Women, Monash Medical Centre (Southern Health), The Royal Women’s Hospital. The steering group also includes the Director of the Perinatal Emergency Referral Service (PERS) and the Coordinator of the Maternity and Newborn Clinical Network (MNCN). A senior representative from the Victorian Department of Health (DH) participates in the group as a non-voting member.

www.nice.org.uk
Evidence based clinical guidelines on various health topics including pregnancy.

www.ranzcoq.edu.au
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

www.rcog.org.uk
The Royal College of Obstetrician and Gynaecologists UK.

www.midwives.org.au
Australian College of Midwives & ACMI Practice Guidelines
National Midwifery Guidelines for Consultation and Referral

7. Diabetes

www.adips.org
Australian Diabetes in Pregnancy Society.
8. Mental Health

www.beyondblue.org.au
For information on postnatal depression

www.panda.org.au
Raising awareness of perinatal anxiety and depression

www.sidsandkidsnsw.org/
Bereavement Support, advocacy and education for families who have experience sudden or unexpected loss of baby or child

www.sjog.org.au/hospitals/burwood
St John of God Hospital – Mental Health Services: Mother and baby unit

Community and emergency mental health contact numbers

9. Community & Breast Feeding

www.sch.edu.au/departments/child_family_health
Child and Family Health Clinics

www.community.nsw.gov.au
Department of Community Services (DoCS) website.

www.tresillian.net
www.karitane.com.au
Practical advice on caring for babies, for both parents and health professionals

www.breastfeeding.asn.au
Australian Breastfeeding Association

SESLHD Breast Feeding Brochures

10. Family Planning

Family Planning NSW is a not-for-profit organisation funded by the NSW Ministry of Health
www.fpnsw.org.au | talkline 1300 658 886 | bookshop


11. Anti D Resources

Australian Red Cross
http://www.transfusion.com.u/library#rhd

12. RHW Dietician


13. Physiotherapy

## 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.

<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>GP ANSC Liaison Midwife</td>
<td>02 9382 6016</td>
</tr>
<tr>
<td>Antenatal education sessions</td>
<td>02 9382 6541</td>
</tr>
<tr>
<td>Antenatal Outpatient Service</td>
<td>02 9382 6048</td>
</tr>
<tr>
<td>Antenatal Ward</td>
<td>02 9382 6448</td>
</tr>
<tr>
<td>Bone Density Unit</td>
<td>See Sydney Menopause Centre</td>
</tr>
<tr>
<td>Breastfeeding Support Service</td>
<td>02 9382 6341</td>
</tr>
<tr>
<td>Car Capsule Fitting</td>
<td>02 9382 6033</td>
</tr>
<tr>
<td>Centre for Gynaecology</td>
<td>02 9382 6248/9</td>
</tr>
<tr>
<td>Centre for Reproductive Medicine</td>
<td>02 9382 6633</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 9332 8777</td>
</tr>
<tr>
<td>Colposcopy Clinic</td>
<td>02 9382 6240</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>02 9382 6649 / 26650 / 26651</td>
</tr>
<tr>
<td>Delivery Suite</td>
<td>02 9382 6100</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>Dietician</td>
<td>02 9382 7111 pg: 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>Endo gynaecology</td>
<td>See centre for Gynaecology</td>
</tr>
<tr>
<td>Service</td>
<td>Contact Details</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Genetic Counselling</td>
<td>02 9382 6098</td>
</tr>
<tr>
<td>Gynaecological Cancer Centre</td>
<td>02 9382 6290 / 26291</td>
</tr>
<tr>
<td>Gynaecology Registrar</td>
<td>02 9382 6111: ask to page the registrar</td>
</tr>
<tr>
<td>Health Education</td>
<td>02 9382 6541</td>
</tr>
<tr>
<td>Hepatitis B and C</td>
<td>02 9382 2750</td>
</tr>
<tr>
<td>Home Midwifery Service</td>
<td>02 9382 6333</td>
</tr>
<tr>
<td>Infection Control</td>
<td>02 9382 6339</td>
</tr>
<tr>
<td>Labour Ward</td>
<td>02 9382 6100</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>See Sydney Menopause Centre</td>
</tr>
<tr>
<td>Midwife’s Clinic</td>
<td>02 9382 6248</td>
</tr>
<tr>
<td>Mothersafe</td>
<td>02 9382 6539 or 1800 647 848 <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 pg: 44020</td>
</tr>
<tr>
<td>Nursing Unit Manager</td>
<td>02 9382 6047</td>
</tr>
<tr>
<td>Operating Theatres</td>
<td>02 9382 6857</td>
</tr>
<tr>
<td>Outpatient Bookings</td>
<td>02 9382 6048</td>
</tr>
<tr>
<td>Outpatient Enquiries</td>
<td>02 9382 6049</td>
</tr>
<tr>
<td>Outpatient Fax</td>
<td>02 9382 6118</td>
</tr>
<tr>
<td>Perinatal Psychiatrist</td>
<td>02 9382 6091</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 - Oxford</td>
<td>02 9382 6398</td>
</tr>
<tr>
<td>Postnatal Ward - Paddington</td>
<td>02 9382 6348</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>See Centre for Reproductive Medicine</td>
</tr>
<tr>
<td>Social Work Service</td>
<td>02 9382 6670</td>
</tr>
<tr>
<td>Switchboard</td>
<td>02 9382 6111</td>
</tr>
<tr>
<td>Sydney Menopause Centre</td>
<td>02 9382 6248/9</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>See Medical Imaging Service</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
Burnet, Dr S, (GPANSC)
Royal Hospital for Women,
Barker Street, Randwick
NSW 2031,
tel 9382 6111
Busits, 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
Lau, Dr S M,
Royal Hospital for Women,
Barker Street, Randwick
NSW 2031,
tel 9382 6048 or
Private Rooms
9650 4988
Suite 20, Level 7
POW Private Hospital,
Barker St, Randwick
NSW 2031
E: reception@pwphealth.com.au
http://www.
specialistmedicalrandwick.com.au/
specialists/endocrinology/dr-sue-
mei-lau/

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 St, Randwick,
NSW 2031,
tel 9382 9000, or
Professorial Suite, Level 2,
Prince of Wales Hospital,
Barker St, Randwick,
NSW 2031,
9382 9047.
Will see patients prior to pregnancy
call 9382 6044 to book, fax
referral 9382 6118. Giselle.Kidson-
Gerber@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 patients prior to
pregnancy call 9382 6044 to book, fax
referral 9382 6118
Diabetic Educator P: 9382 6010 F:
9382 6118
Crisis Team Triage Number 1800 011 511


<table>
<thead>
<tr>
<th>Private Psychiatrists</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin, Marie-Paule</td>
<td>9382 6091</td>
<td>RHW</td>
</tr>
<tr>
<td>Harrison, Dr Ian</td>
<td>9251 7877</td>
<td>City</td>
</tr>
<tr>
<td>Koder, Dr Stephen</td>
<td>8021 2496</td>
<td>Bondi Junction</td>
</tr>
<tr>
<td>Mindcare Clinic (Bakas, Gibson)</td>
<td>9212 4445</td>
<td>City</td>
</tr>
<tr>
<td>McPherson, Dr Andrew</td>
<td>9399 3114</td>
<td>Randwick</td>
</tr>
<tr>
<td>Montgomery, Dr Debra</td>
<td>9399 3114</td>
<td>Randwick</td>
</tr>
<tr>
<td>Morgan, Dr Hugh</td>
<td>9212 4445</td>
<td>City</td>
</tr>
<tr>
<td>Rees, Dr Anne-Maree</td>
<td>8362 2406</td>
<td>Waverly</td>
</tr>
<tr>
<td>Smith, Dr Michelle</td>
<td>9334 3888</td>
<td>Burwood</td>
</tr>
<tr>
<td>Sachdev, Dr Jagdeep</td>
<td>9387 3621</td>
<td>Waverly</td>
</tr>
<tr>
<td>Schneiden, Dr Vivienne</td>
<td>0412 261 281</td>
<td>Edgecliff</td>
</tr>
<tr>
<td>Southview Clinic</td>
<td>9553 1160</td>
<td>Kogarah</td>
</tr>
<tr>
<td>Vaux, Dr Peter</td>
<td>8021 2496</td>
<td>Bondi Junction</td>
</tr>
<tr>
<td>Wilcox, Dr Rosie</td>
<td>9387 3861</td>
<td>Waverly</td>
</tr>
<tr>
<td>Wijeratne, Dr Chanaka</td>
<td>8197 5888</td>
<td>Kogarah</td>
</tr>
<tr>
<td>Lim-Gibson, Dr Sylvia</td>
<td>9650 4988</td>
<td>POWPH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychologists</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorders Clinic (groups)</td>
<td>8382 1400</td>
<td>Darlinghurst</td>
</tr>
<tr>
<td>Boulderstone, Jenni (couples)</td>
<td>9369 3906</td>
<td>Edgecliff</td>
</tr>
<tr>
<td>Beasty, Paula (D&amp;A)</td>
<td>0418 658 355</td>
<td>Randwick</td>
</tr>
<tr>
<td>Clarke, Leanne (infants)</td>
<td>9579 2480</td>
<td>Penshurst</td>
</tr>
<tr>
<td>Frilingos, Maureen</td>
<td>0417 465 495</td>
<td>Paddington</td>
</tr>
<tr>
<td></td>
<td>8354 1204</td>
<td></td>
</tr>
<tr>
<td>McDowell, Lee (D&amp;A)</td>
<td>0403 005 429</td>
<td>Waverly/Randwick</td>
</tr>
<tr>
<td>Sydney Uni Psychology Clinic (free CBT)</td>
<td>9351 2629</td>
<td>Glebe</td>
</tr>
<tr>
<td>UNSW Psychology Clinic (free CBT)</td>
<td>9385 3042</td>
<td>Kensington</td>
</tr>
<tr>
<td>Waverly D&amp;A Team (public)</td>
<td>9387 6788</td>
<td>Waver</td>
</tr>
<tr>
<td>St Vincents O’Brian Centre</td>
<td>8382 1300</td>
<td></td>
</tr>
</tbody>
</table>
### POMHS Reach Service
Currently offered to all postnatal women in the SESLHD area

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>POMHS Office</td>
<td>9382 6303</td>
</tr>
</tbody>
</table>

### Early Childhood Centres

<table>
<thead>
<tr>
<th>Centre</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Bird Group Clovelly</td>
<td>9655 1357</td>
</tr>
<tr>
<td>Bondi Beach</td>
<td>9130 2838</td>
</tr>
<tr>
<td>Double Bay</td>
<td>9327 4649</td>
</tr>
<tr>
<td>Eastgardens</td>
<td>9314 0521</td>
</tr>
<tr>
<td>Kings Cross</td>
<td>8374 6311</td>
</tr>
<tr>
<td>Mascot</td>
<td>9667 2666</td>
</tr>
<tr>
<td>Paddington</td>
<td>9380 4295</td>
</tr>
<tr>
<td>Randwick</td>
<td>9389 3815</td>
</tr>
<tr>
<td>Waverly</td>
<td>9387 1981</td>
</tr>
</tbody>
</table>

### Occasional Care and Mother Support

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women and Children's Deli</td>
<td>9667 4664</td>
</tr>
<tr>
<td>Bondi Beach Cottage Family Support</td>
<td>9365 1607</td>
</tr>
<tr>
<td>Relationships Australia</td>
<td>1300 364 277</td>
</tr>
<tr>
<td>Well Women’s Clinic</td>
<td>9382 8321</td>
</tr>
<tr>
<td>Holdsworth Street Centre Woollahra</td>
<td>9302 3600</td>
</tr>
<tr>
<td>Mum for Mum</td>
<td>9363 0257</td>
</tr>
<tr>
<td>Baby Shed</td>
<td>8338 8506</td>
</tr>
<tr>
<td>South East Neighbourhood Centre</td>
<td>8338 8506</td>
</tr>
<tr>
<td>Tresillian</td>
<td>9787 0855 (24 hrs)</td>
</tr>
<tr>
<td>Family Care Cottage</td>
<td>9399 6999</td>
</tr>
<tr>
<td>Postnatal Depression Group</td>
<td>9399 6999</td>
</tr>
<tr>
<td>Karitane</td>
<td>9794 1852 (24 hrs)</td>
</tr>
<tr>
<td>Breastfeeding ABA</td>
<td>1800 686 2 686</td>
</tr>
<tr>
<td>Parentline</td>
<td>132 055</td>
</tr>
<tr>
<td></td>
<td>(9:00 - 16:00)</td>
</tr>
</tbody>
</table>