

# Antenatal Shared Care Guidelines

The Royal Hospital  
for Women

**The  
Royal**  
HOSPITAL  
FOR WOMEN

**phn**  
CENTRAL AND  
EASTERN SYDNEY  
An Australian Government Initiative



# GP ANTENATAL SHARED CARE RESOURCE MANUAL

## FOREWARD

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

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

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

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

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/information-for-general-practitioner-gp>

For RHW Local Operating Procedures (LOP's), follow the below link:

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications>

**We would like to thank all participants who have contributed to the protocol**

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# 1

## RHW CONTACTS FOR CLINICAL ADVICE

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

### EARLY PREGNANCY ASSESSMENT SERVICE (EPAS)

If you need advice for women who are less than 20 weeks pregnant who have abdominal pain, vaginal bleeding or other obstetric concerns and you wish the 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 a referral is required.

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 diagnosed by U/S, BP profile and monitoring (antenatal and postnatal), pre-labour premature rupture of membranes (after first assessment), ambulatory BP monitoring, cholestasis follow up, iron infusions, hyperemesis, clexane education and injections.

Please call 9382 6417(Monday – Friday) or the obstetric registrar on call to refer women to this service. PDSU is an **appointment only service** and a referral is required.

### 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 8am and 4pm and is for non-urgent advice only. Call 0417 995 153.

## 2

# AIM, OBJECTIVES, AFFILIATION, EDUCATION & GP REQUIREMENTS

## AIM

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

## OBJECTIVES

The objectives of the GP ANSC Program are:

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

## ELIGIBILITY

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

- Be known to Central and Eastern Sydney PHN.
- Fulfil the requirements for SESLHD GP affiliation.
- Agree to follow Local Operating Procedures (LOP's).

## 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.

### 3

## CARE AT RHW

### PREGNANCY OPTIONS OF CARE AT RHW

#### ***Midwives Clinic and GP ANSC***

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

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

#### ***Doctors Clinic and GP ANSC***

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

#### ***Maternity Antenatal and Postnatal Services (MAPS) and ANSC***

A team of midwives who provide the woman with continuity of care during their pregnancy and in the early postnatal period, in collaboration with an affiliated GP. MAPS midwives do not provide care in labour. Some women within this model will have the opportunity to join a Pregnancy Centred Care Group (PCC). PCC is a model of care in which the woman receive their care in a group setting with other women around the same gestation.

#### ***Midwifery Group Practice (MGP)***

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.

Home Birth is also an option offered through MGP.

**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.



### ***Twin Pregnancy Clinic***

This clinic caters for the special needs of women and their families when preparing for the birth of twins. The clinic consists of a multidisciplinary team including an Obstetrician with expertise in ultrasound, an advanced trainee in obstetrics (fellow), a Registrar and a Midwife who provide continuity of care in the pregnancy. Evidence based care is provided and links to multiple birth specific childbirth education is undertaken. Triplets or higher order multiple pregnancies are usually cared for in the department of maternal fetal medicine

### ***Maternal Fetal Medicine (MFM) Department & MFM Midwifery Group Practice (MFM/MGP)***

The Department of Maternal-Fetal Medicine (MFM) provides an integrated multidisciplinary service for women experiencing a “high risk” pregnancy. Women may be high risk because of maternal complications or fetal problems such as fetal abnormality, severe early onset growth restriction or conditions such as twin to twin transfusion.

The MFM service provides daily ultrasound lists for women with known or suspected fetal complications as well as dedicated lists for invasive diagnostic procedures (amniocentesis and chorionic villus sampling), each staffed by a Maternal-Fetal Medicine subspecialist and a maternal fetal medicine trainee. All our procedures are either performed or closely supervised by the subspecialist. We offer genetic counselling for those considering or undergoing first trimester screening and invasive assessment, or fetal abnormalities where appropriate.

We co-ordinate a broad multidisciplinary team that includes MFM subspecialists, obstetricians, midwives, neonatologists, neonatal surgeons (including specialised surgeons from Sydney Children’s Hospital), geneticists, genetic counsellors and others. Frequently women will see a number of these staff for multiple consultations during their pregnancy; all covered by Medicare for both public and private patients.

For those with complicated pregnancies who are under the care of the Royal we have a midwifery group practice team who coordinate care including plans for birth and the puerperium. The midwives in the MFM Group Practice provide women with continuity of midwifery care from diagnosis, through pregnancy, birth and the early newborn time. They aim to build a deep and trusting professional relationship working with the women and other clinicians to provide the best possible support, care and information, individualised to each.

The Department has been chosen by NSW Health to be the New South Wales Fetal Therapy Centre and provides a NSW referral service for laser procedures for twin-twin transfusion syndrome as well as a number of other quaternary procedures such as in utero transfusions and fetal shunt placements. For women with medical conditions, multidisciplinary pregnancy care is undertaken with our obstetric medicine physicians and with the MFM MGP.

Women with suspected maternal infections such as Syphilis, HIV, primary CMV or parvovirus are cared for either in the maternal fetal medicine department or in the infections in pregnancy clinic, depending on the clinical issues/ gestation. Women with hepatitis B or C will also have their care coordinated by the infections in pregnancy clinic/ MAPs model of care.

### ***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.

## **PRE- CONCEPTION OPTIONS OF CARE AT RHW**

### ***PlaN Clinic***

PlaN Clinic is a free confidential pregnancy planning, lifestyle advisory service for women and their partners who are planning a pregnancy.

### ***Complex Pre-conception Clinic (CPC)***

CPC is a specialised service for women and their partners who have a history of complex obstetric, medical and genetic conditions who are planning a pregnancy.

The clinic consists of a multidisciplinary team including an Obstetrician, Geneticist, Obstetric Physician, Midwife and Diabetic Educator.



## 4

# BOOKING FOR SHARED CARE

## BOOKING WITH RHW IS BETWEEN 14-16 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 GP Shared Care Antenatal Care Protocol Summary (May 2022)
- GP to discuss all options of antenatal care.
- GP to provide information brochure explaining ANSC program and asks the woman to book online.

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/im-pregnant>

- After booking online women will be contacted by RHW to arrange their booking in visit and will be sent an ANSC pack. The woman is advised to make a follow up appointment with their GP and to bring the ANSC pack to this appointment.
- GP to complete the Antenatal Booking Referral form. This form takes the place of a letter of referral.
- The “yellow” antenatal card will be completed by the midwife at the telehealth booking appointment, and is to be carried at all times.
- Ensure all routine investigations are completed and followed up before the booking visit.
- GP to encourage women to attend Childbirth and Parenting Classes & Breastfeeding Antenatal Classed

**DUE to Covid-19 restrictions, the RHW Booking Visit is currently via telehealth. Fax referral, blood and ultrasound results and other relevant documentation to 9382 6118 prior to the booking.**

### **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) Test. This test is performed after 10 weeks gestation and estimates cell free fetal DNA within maternal circulation. NIPT can be used as a primary screening for aneuploidy (Trisomy 21, 18 and 13 and sex chromosome aneuploidy) in conjunction with a structural NT Ultrasound at 12-14 weeks.

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

### **Earlier presentations to the Antenatal Clinic should occur if:**

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

## 5

# FREQUENCY OF VISITS

### ROUTINE ANTENATAL VISIT SCHEDULE

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

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

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

- Booking visit 14-16 weeks gestation **(now via Telehealth during Covid-19 Pandemic)**
- 20 weeks **(GP)**
- 22 weeks **(RHW)**
- 28 weeks **(GP)**
- 30 - 31 weeks **(RHW)**
- 33 - 34 weeks **(GP)**
- 36 weeks **(RHW)**
- 38 weeks **(GP)**
- 39 – 41 weeks (weekly visits) **(RHW)**

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

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

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

## RHW GP Shared Antenatal Care Protocol Summary (May 2022)

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

PROVIDER	ACTIVITIES AND CONSIDERATIONS	EDUCATION
GP  6-12 weeks	<p><b>History</b> LMP / Menstrual Hx / Fertility Hx / Pelvic surgery / Previous pregnancies and outcomes / Family Hx (including congenital and genetic disorders) / Cervical Screening / Medical and Surgical Hx (including Mental Health history) / Medications Allergies / Drug and alcohol use</p> <p><b>Examination</b> BP / Cardiac / Respiratory / Abdomen / Thyroid Breast exam Weight and Height – (BMI)</p> <p><b>Assess</b> Suitability for GP shared antenatal care</p> <p><b>Commence</b> Yellow antenatal card</p> <p><b>Complete</b> Booking referral form online <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/im-pregnant">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/im-pregnant</a></p> <p><b>Obtain</b> Woman consent for information sharing</p> <p><b>ROUTINE INVESTIGATIONS</b></p> <p>FBC, Blood Group and antibody screen Consider Ferritin (as per Clinical Practice Guidelines: Pregnancy Care, 2018) where prevalence of iron-deficiency anaemia is high Rubella IgG, Hepatitis B sAg, Hepatitis C antibody, Syphilis serology, HIV antibody Haemoglobin EPG &amp; Iron Studies (if clinically indicated as per hospital guidelines) MSU for M C &amp; S Cervical screening (if due) Early 75g OGTT (12-14 weeks) as per hospital guidelines.</p> <p><b>Arrange Dating scan if LMP uncertain and /or irregular cycle</b> <b>Offer NIPS <u>plus</u> Early Structural Ultrasound: 10 – 14 weeks <u>OR</u></b> <b>Offer NT +/- Combined First Trimester Screening : 11 – 13+6 weeks</b> <b>Provide referral for morphology scan to be done between 18 - 20 weeks</b></p> <p><b>ALL REFERRALS TO BE GIVEN AT THIS VISIT</b></p> <p><b>PLEASE FAX REFERRAL, BLOOD AND ULTRASOUND RESULTS AND OTHER RELEVANT DOCUMENTATION TO 9382 6118</b></p>	<p><b>Early Pregnancy Information</b></p> <p><b>Discuss</b> Options for antenatal care Flu vaccine Covid 19 vaccine CMV Prevention Nutrition Iodine and folic acid Exercise Genetic counselling Genetic Reproductive Carrier Screening Antenatal classes Pelvic floor exercises</p> <p><b>Emphasise</b> Quitting smoking, Alcohol avoidance</p> <p><b>Consider</b> Varicella TSH + T4 ;Urine: Chlamydia PCR Gonorrhoea PCR</p> <p><b>RECOMMEND FLU VACCINATION ANYTIME IN PREGNANCY</b></p>
RHW ANC  14-16 weeks Booking Visit Currently via Telehealth	<p><b>Complete</b> history and booking details</p> <p><b>Discuss</b> options/models of care available within the hospital</p> <p><b>Assess</b> for GP antenatal shared care</p> <p><b>Provide</b> referral for morphology ultrasound (<b>ONLY if not done by GP</b>)</p> <p><b>Complete</b> psychosocial screen and ANRQ screen, VTE and Fetal Risk assessments</p> <p><b>Review</b> blood results + first trimester screening</p> <p><b>Discuss</b> Optional tests where indicated as above</p> <p><b>Refer back</b> to GP with completed record card (yellow card). <b>NB:</b> If unsuitable for GP shared care, inform GP by fax or phone.</p> <p><b>Complete</b> GP shared care fax back form' and return to GP</p> <p><b>Consider</b> an early 75g OGTT for high risk women, if not completed by GP</p>	<p><b>Offer</b> all women information regarding antenatal classes, breastfeeding classes</p> <p><b>Consider</b> referral to lactation consultation</p> <p><b>Arrange for anaesthetic review</b> if indicated</p>
GP  20 - 21 weeks	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</p> <p><b>Review</b> Morphology Ultrasound</p> <p><b>Provide referral form for: 26-28 week bloods (Blood Group &amp; Antibody screening, FBC, Ferritin (consider), 2hr 75g OGTT)</b></p> <p><b>RECOMMEND DTPA (BOOSTRIX) VACCINATION</b></p> <p><b>AT ALL VISITS</b></p> <p><b>Monitor fetal wellbeing, listen to FHR with Doppler, ask about fetal movements</b> <b>If there is any concern contact Delivery Suite on 0439 869 035</b></p>	<p><b>Discuss</b> fetal movements</p> <p><b>BOOSTRIX VACCINATION RECOMMENDED BETWEEN 20 – 32 WEEKS</b></p>
RHW ANC  22 weeks	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</p> <p>Attend both Psychosocial &amp; Domestic Violence (DV) screening, if not already done</p> <p><b>Remind</b> all women to have the 26-28 week bloods and <b>RH NEGATIVE WOMAN ANTI-D PROPHYLAXIS DUE AT 30 WEEKS AFTER THE ANTIBODY SCREEN</b></p>	<p><b>Give and discuss</b> 22-26 week information pack</p>

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<b>GP</b> <b>28 weeks</b>	<p><b>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</b></p> <p>Review <b>results of all investigations</b> and refer to <i>Diabetic Educator</i> if positive GTT result</p> <p>Assess <b>mood status (EDS), drug and alcohol and domestic violence screen</b></p>	Encourage attendance to <b>FREE antenatal breastfeeding information group</b>
<b>RHW ANC</b> <b>30 - 31 weeks</b>	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</p> <p><b>Referral</b> for 3<sup>rd</sup> trimester ultrasound as per protocol, e.g., ↓ PAPP; ↑BMI; LLP on morph</p> <p><b>30 WEEKS PROPHYLACTIC ANTI-D FOR RH NEGATIVE WOMEN</b></p>	<p><b>Give and discuss</b> 31 week information pack</p> <p><b>Discuss</b> when to call D/S, antenatal classes, breastfeeding classes</p>
<b>GP</b> <b>33 - 34 weeks</b>	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</p> <p><b>Consider</b> repeating FBC &amp; Ferritin if history of anaemia</p> <p><b>Ensure</b> Flu vaccine and DTPa have been attended to and if not discuss and provide immunisation this visit.</p>	
<b>RHW ANC</b> <b>36 weeks</b>	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements, beside ultrasound to confirm presentation.</p> <p><b>Review</b> 3<sup>rd</sup> trimester ultrasound if applicable</p> <p><b>Discuss</b> labour onset/modes of birth/analgesia options and dates for CS, if indicated</p> <p><b>GBS Screen</b> - Take low vaginal swab as indicated by hospital protocol</p> <p><b>36 WEEKS PROPHYLACTIC ANTI-D FOR RH NEGATIVE WOMEN</b></p>	<p><b>Refer</b> for U/S and Obstetric review if breech presentation</p> <p><b>PAC</b> if LSCS planned</p>
<b>GP</b> <b>38 weeks</b>	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</p> <p><b>Review</b> all results</p> <p><b>Explore</b> woman's birth expectations + support available in the early postnatal period</p>	<b>Recommend</b> DTPa for close contacts if not already attended
<b>RHW ANC</b> <b>39–41 weeks</b> <b>Weekly Visits</b>	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</p> <p><b>Offer</b> Cervical assessment +/- membrane sweep</p> <p><b>Assess</b> suitability for induction of labour (IOL), e.g., AMA at term</p> <p><b>Arrange/book</b> induction of labour as appropriate or dates for CS, if indicated</p> <p><b>Organise</b> ongoing fetal welfare assessment as appropriate</p>	<b>Discuss</b> IOL and provide information
<b>GP</b> <b>6 weeks Postpartum</b>	<p><b>Postnatal visit</b></p> <p><b>Ask about:</b> Labour complications, current bleeding, perineal wound healing, incontinence and pelvic floor, breastfeeding, sleep patterns (Mum and baby), support systems at home, breastfeeding management - refer if problems</p> <p><b>Assessment</b> Maternal mental health status (EDS)</p> <p><b>Examine</b> Weight, BP, breasts, uterine involution, wound check perineum/C section</p> <p><b>Perform</b> Cervical screening if due</p> <p><b>Investigations</b> FBC, iron studies, TSH where indicated</p> <p><b>Discuss</b> contraception and pelvic floor exercises, refer if required.</p> <p><b>Book</b> Baby 6 week check and immunisations</p> <p><b>Repeat</b> 75g Oral GTT as per Woman's Diabetes Care Plan</p> <p><b>TO GIVE PERTUSSIS VACCINATION FOR WOMAN AND HOUSEHOLD CONTACTS, IF NOT ALREADY GIVEN</b></p>	<p><b>Consider</b> Child and Family Health Centre and postnatal supports</p> <p>Child Immunisation according to Australian Immunisation Handbook</p> <p>Baby Health Centres</p> <p>Mother's Groups</p> <p><b>Discuss</b> Infant feeding knowledge</p> <p>Sleep and SIDS</p> <p>Family Immunisation (Adult and Neonate)</p>

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## IMPORTANT CONTACT NUMBERS

GP ADVICE LINE 0417 995 153	DELIVERY SUITE TRIAGE 0439 869 035	MENTAL HEALTH CRISIS TEAM 1800 011 511	RHW SWITCHBOARD 02 9382 6111
Antenatal Outpatients Clinic Referral required PH: 9382 6048 FAX: 9382 6118	Drug and Alcohol Counselling in Pregnancy (CUPS) page via switch	Mental Health Clinical Midwifery Consultant 0457 733 554	Pregnancy Day Stay PH: 9382 6417 FAX: 9382 6404
Antenatal Outpatients Midwifery Unit Manager PH: 9382 6047	EPAS Appointment Only Referral required PH: 9382 6701 Out of Hours PH: 9382 6536 or page Nursing Supervisor via switch	Mental Health Psychiatrist(with referral) PH:9382 6091 SESLHD-mentalhealth-referral- RHW@health.nsw.gov.au FAX: 9382 6421	Social Work Referral required PH: 9382 6670
Australian Breastfeeding Association (ABA) 1800 686 268	Genetic Counselling PH: 9382 6098 or page via switch	MotherSafe PH: 9382 6539 or 1800 647 848	Ultrasound / Medical Imaging PH: 9382 6080
Cross Cultural Worker Galuh Sapthari 0439 510 697 (Mon – Wed)	GPSC Liaison Midwife PH: 9382 6016 0417 995 153	OASIS Postnatal Clinic Referral required PH: 9382 6048	
Diabetes Educator Referral required PH: 9382 6010	Lactation Consultant PH: 9382 6341 or page via switch	Perinatal Outreach Mental Health Service (POMHS) Referral required PH: 9382 6303	
Dietician Referral required PH: 9382 6048	Maternal Fetal Medicine Referral required PH: 9382 6098 <b>FETUS PH: 0437 537 448</b>	Physiotherapy Referral required PH: 9382 6540	

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## 6 SUITABILITY FOR SHARED CARE

Women **usually unsuitable** for ANSC are those who have a major medical condition. eg:

**Cardiac disease**

**Diabetes**

**Drug addiction**

**Epilepsy**

**Haemoglobinopathy**

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

**Hypertension**

**Multiple pregnancy**

**Obesity BMI>30**

**History of IUGR**

**Previous stillbirth, neonatal death**

**Renal disease**

**Rhesus isoimmunisation**

**Significant anaemia**

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

**Uterine abnormalities**

**Human Immunodeficiency Virus (HIV)**

**PLEASE REFER TO THE BELOW HYPER LINK FOR RHW'S LOCAL  
OPERATING PROCEDURES**

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications>

# 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 (refer to Twins clinic)
  - Gestational Diabetes
  - Uterine growth is unusually small or large,  
i.e. Symphysial-fundal height is  $\leq 3\text{cm}$  or  $\geq 3\text{cm}$  Gestation (weeks)
  - Increased uterine activity is noted or reported (i.e. ? preterm labour)
  - Placenta praevia detected
  - Fetal abnormality is suspected/detected (refer directly to Maternal Fetal Medicine (MFM))
  - Generalised pruritis
  - Hb  $<95\text{g/L}$
  - Rhesus isoimmunisation.
  - Malpresentation after 36 weeks, e.g., breech
- <https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications>
- Infection such as Syphilis, HIV, suspected Cytomegalovirus (CMV)
  - Necessity for support services such as social worker or drug & alcohol services
  - Any other problem which represents a significant departure from a normal Antenatal course and which will require attention before a routine clinic.



## 8

# CRITERIA FOR IMMEDIATE ASSESSMENT AT HOSPITAL

### WHENEVER THE FOLLOWING OCCURS:

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

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

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

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

## 9

# ANTENATAL RECORD CARD

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

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

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

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

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

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

***DUE TO THE COVID 19 PANDEMIC THE BOOKING VISIT WILL BE VIA TELEHEALTH.***

***PLEASE FAX ALL REFERRALS, BLOOD AND ULTRASOUND RESULTS AND OTHER RELEVANT DOCUMENTATION TO: 9382 6118, PRIOR TO THE BOOKING APPOINTMENT***

# 10 RECOMMENDED ROUTINE ANTENATAL INVESTIGATION

**ARRANGED BY GP (Refer to the Protocol summary on pages 11-13)**

GP to discuss and offer appropriate antenatal testing to all women and to organise investigations as per protocol on confirmation of pregnancy.	<ul style="list-style-type: none"> <li>• FBC, Ferritin (consider), Blood Group and Antibody Screen</li> <li>• Haemoglobin EPG (as per hospital guidelines)</li> <li>• Rubella Serology</li> <li>• Hepatitis B sAg, Hepatitis C antibody screening</li> <li>• Syphilis serology</li> <li>• HIV antibody</li> <li>• MSU for M C &amp; S</li> <li>• Cervical screening (if due)</li> <li>• Early 75g OGTT (12-14 weeks) as per hospital guidelines</li> </ul>
<p><b>Optional screening tests for common chromosomal abnormalities</b></p> <p>All health care providers should discuss and offer these special Antenatal tests to all women</p>	<p><b>Test available are:</b></p> <p><b>Combined First Trimester Screening (cFTS)</b></p> <ul style="list-style-type: none"> <li>- 11 – 13+6 weeks Nuchal Translucency (NT) Ultrasound and PAPP-A and free B-hCG serum biochemistry</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>- NIPT from 10 weeks in conjunction with a Structural NT Ultrasound at 12-14 weeks gestation</li> </ul> <p>Women to be counselled that these are <b>SCREENING</b> tests and not 100% accurate. Woman will incur a cost.</p>
<b>18 weeks</b>	Morphology Ultrasound
<b>26 - 28 weeks</b>	<ul style="list-style-type: none"> <li>• Blood Group and Antibody Screen</li> <li>• FBC, Ferritin (consider)</li> <li>• Diabetes Screening- 75g oral GTT</li> <li>• Boostrix from 20 weeks – 32 weeks</li> </ul>

**NB: IF EITHER THE cFTS OR NIPT RETURN A HIGH RISK RESULT REFER IMMEDIATELY TO RHW GENETIC COUNSELLING**

# 11

## ADDITIONAL COMMENTS

### ***Folic Acid and Iron***

Folic Acid 500mcg should be recommended for all women from 1 month pre-conception up to 12 weeks gestation. The dose increased to 5mg if woman is taking antiepileptic drugs.

Oral iron is recommended for those with a booking Hb of <110g/L after appropriate investigation shows iron deficiency.

### ***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, Combined First Trimester Screening (cFTS) and Non Invasive Prenatal Testing (NIPT)***

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

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

### **Combined First Trimester Screening (cFTS)**

Involves Nuchal Translucency (NT) scan at 11 – 14 weeks **AND** Serum Biochemistry for Pregnancy Associated Plasma Protein - A (PAPP-A) and Free Beta Human Chorionic Gonadotropin (βhCG). Please ensure that the Ultrasound provider is fully accredited to perform NT scans

Screening of a low risk population for the later development of pre-eclampsia is currently undergoing evaluation.

### **NIPT (Harmony) Testing**

This test is performed after 10 weeks gestation and estimates cell free fetal DNA within maternal circulation. NIPT can be used as a primary screening for aneuploidy (Trisomy 21,18 and 13 and sex chromosome aneuploidy) in conjunction with a structural NT Ultrasound at 12-14 weeks.

***NB: IF EITHER THE cFTS OR NIPT RETURN A HIGH RISK RESULT REFER IMMEDIATELY TO RHW GENETIC COUNSELLING***

### **Morphology Ultrasound**

An 18-20 weeks fetal morphology ultrasound is recommended. It is recommended that the ultrasound provider specialises in obstetrics and gynaecology. If there is a fetal anomaly identified, please call the mobile Fetus Phone – 0437 537 448.

**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.

For further details please refer to the link on genetic counselling

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications/functional-group/384>

### ***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 – 31 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.

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications/functional-group/368>

### ***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 vaccination is recommended from 20 weeks – 32 weeks gestation.

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

***(refer to Local Operating Procedures: Antenatal Care – Sexual Transmitted Infections (STI) Blood Borne Viruses (BBV) Antenatal Screening & Treatment***

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications/functional-group/368>

### ***TSH and T4***

Routine 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 Local Operating Procedures: Antenatal Pregnancy Care – Thyroid Disease***

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications/functional-group/368>

# 12

## DETERMINATION OF ESTIMATED DUE DATE

### ESTIMATED DUE DATE (EDD)

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

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

Alter the EDD accordingly if 1<sup>st</sup> trimester ( $\leq 12$  weeks) ultrasound differs from calculated gestation by 6 days or more.

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

**DO NOT** alter EDD if 1<sup>st</sup> trimester ultrasound is available.

Use earliest ultrasound to estimate EDD if unknown/unsure LMP. The optimal gestation is greater than 8 weeks to 13 weeks.

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

***Please refer to Local Operating Procedures: Antenatal Care – Estimated Due Date  
(Policy currently under review)***

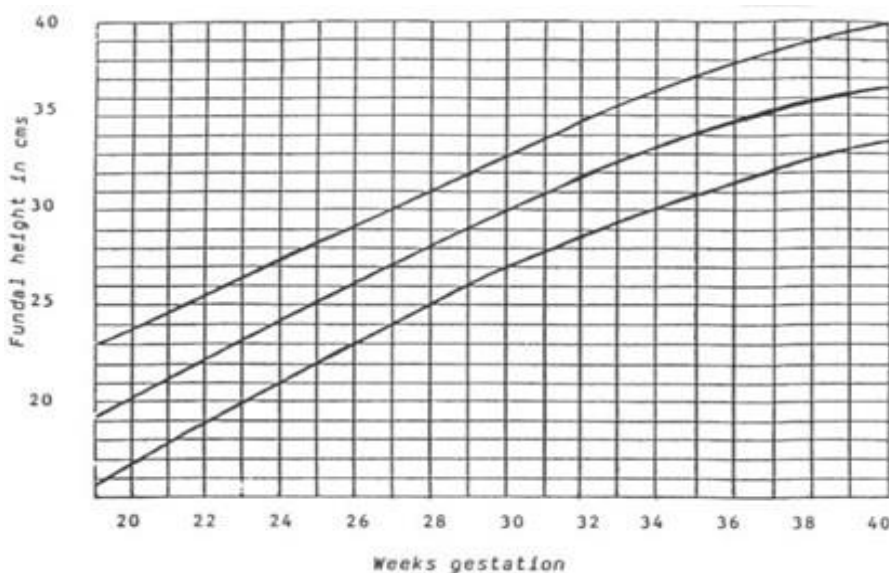
<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/policies-and-publications/functional-group/368>

# 13 ANTENATAL EXAMINATIONS

## ANTENATAL VISITS INCLUDE THE FOLLOWING:

(Refer to the Safer Baby Bundle website listed on page 30)

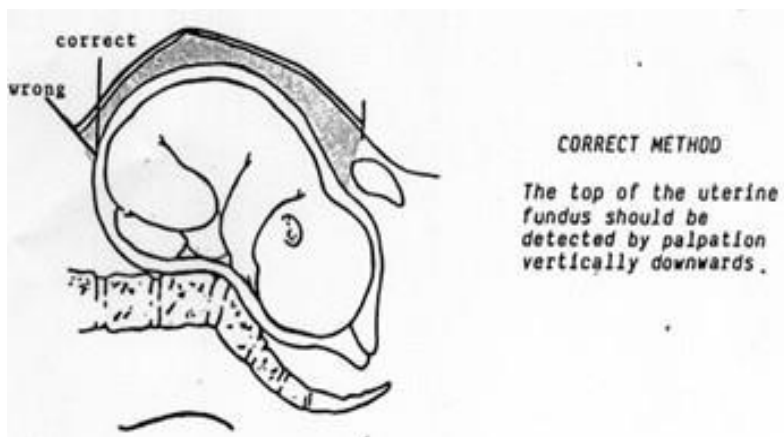
- History - fetal movements, etc
- Examination:
- BP
- Urinalysis
- Evidence of oedema
- The fetal presentation after 26 weeks.
- The engagement of the head after 37 weeks.
- Fetal Heart Rate - Doppler after 16 weeks
- Estimation of fundal height – Symphysial-Fundal Height to be measured after 20 weeks



### SYMPHYSIAL-FUNDAL HEIGHT CHART

The curves represent the 10th, 50th and 90<sup>th</sup> percentiles for normal pregnancy.

Readings below the 10th percentile, between 28 and 34 weeks' gestation are most likely to predict intra-uterine growth restriction.



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.



# 14

## POSTNATAL CHECK

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

Details of the birth are available on the Maternal & Newborn Discharge Summary which are given to the woman on discharge from hospital care.

### **HISTORY**

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

### **EXAMINATION**

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

Follow up any medical problems if diagnosed during pregnancy

### **OFFER**

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

# 15 RHW REFERRAL FORMS (EXAMPLES ONLY)



SES060409

Holes punched as per AS2828-2012

BINDING MARGIN - NO WRITING

S0741 130619

<b>Health</b> South Eastern Sydney Local Health District		FAMILY NAME _____		MRN _____																																																																		
<b>Facility: The Royal Hospital for Women</b>		GIVEN NAME _____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																																																																		
		D.O.B. ____/____/____		M.O. _____																																																																		
		ADDRESS _____																																																																				
		LOCATION / WARD _____																																																																				
<b>ANTENATAL REFERRAL</b>																																																																						
<b>GP STAMP:</b> Fax No: _____ Ph. No: _____ Provider No: _____		<b>THIS WOMAN IS TO RETURN TO ME FOR SHARED CARE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No GP Signature: _____ Date: ____/____/____																																																																				
When offering first trimester screening for Aneuploidy, please counsel and organise before 13 weeks gestation.																																																																						
Consultants: Dr Coogan, Dr Fay, Dr Horowitz, Dr Lee																																																																						
NAME _____ Age _____ L.M.P. _____ Regular / Irregular _____ E.D.C. _____ Gravida _____ Para _____ Miscarriage _____		<b>EXAMINATION:</b> BP ____/____ at ____ weeks gestation Abdomen _____ Heart _____ Lungs _____ Thyroid _____ Breast examination _____ BMI _____ Other findings: _____																																																																				
<b>CURRENT PREGNANCY: (tick if present)</b> <input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> PV bleeding <input type="checkbox"/> Abdominal pain Current Medications _____ <input type="checkbox"/> Folic Acid <input type="checkbox"/> Iodine Cigarettes - number per day _____ Alcohol - gm / week _____ Allergies _____		<b>MEDICAL HISTORY: (tick if present)</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> Hepatitis: Specify _____ <input type="checkbox"/> Endocrine: <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Thyroid <input type="checkbox"/> Renal <input type="checkbox"/> PCOS <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfusions <input type="checkbox"/> Infertility/IVF <input type="checkbox"/> Mental Health: Specify _____ <input type="checkbox"/> Endometriosis <input type="checkbox"/> Depression / Anxiety <input type="checkbox"/> Sexually Transmitted Infections Other past History _____																																																																				
<b>PREVIOUS OBSTETRIC HISTORY:</b> <table border="1"> <thead> <tr> <th>Year of Birth</th> <th>Gestation</th> <th>Birth Weight</th> <th>Pregnancy Issues</th> <th>Type of Birth</th> <th>Postnatal Issues</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Year of Birth	Gestation	Birth Weight	Pregnancy Issues	Type of Birth	Postnatal Issues																																																												
Year of Birth	Gestation	Birth Weight	Pregnancy Issues	Type of Birth	Postnatal Issues																																																																	
<b>FAMILY HISTORY: (tick if present)</b> <input type="checkbox"/> Cardiac <input type="checkbox"/> Bleeding issues <input type="checkbox"/> Diabetes <input type="checkbox"/> Mental Health <input type="checkbox"/> Hypertension <input type="checkbox"/> Congenital abnormalities Specify _____		<b>SOCIAL HISTORY:</b> _____ <b>RESULTS</b> Please ensure the following results are available: (and a copy given to your patient) Blood group & antibody screen   Syphilis (ELISA) Full blood count   Hepatitis B (surface antigen) Haemoglobin EPG   Hepatitis C (as per hospital guidelines)   HIV Rubella IgG   MSU for M/C/S Cervical Screening Test High Risk results <input type="checkbox"/> Yes <input type="checkbox"/> No HPV Date _____ LBC Date _____ Result _____ Prenatal Diagnosis arranged <input type="checkbox"/> Yes <input type="checkbox"/> Declined If yes, then type arranged <input type="checkbox"/> NT Plus <input type="checkbox"/> Other Specify _____ Genetic counselling arranged <input type="checkbox"/> Yes <input type="checkbox"/> No Morphology ultrasound booked <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																				

ANTENATAL REFERRAL

SES060.409

NO WRITING

Page 1 of 2



**Health**  
South Eastern Sydney  
Local Health District

**Facility: The Royal Hospital for Women**

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

## ANTENATAL REFERRAL

### WOMAN TO COMPLETE THIS SECTION

Family Name:		Given Names:	
Previous/Family Name:		Previous/Family Name:	
Date of Birth:	Medicare card #: ____/____/____	Exp date:	
Marital status: <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown			
Country of Birth:		Religion:	
Language used at home:		Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Australian Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the father of the baby Australian Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the father of the baby Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Private insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fund Name: Fund No:	
Billing Status: <input type="checkbox"/> Overseas (no Medicare) <input type="checkbox"/> Reciprocal <input type="checkbox"/> Medicare			
<b>Home Address</b>		<b>Person to Contact</b>	
Street:		Name:	
		Relationship:	
Suburb:		Street:	
State:	P/code:	Suburb:	
Phone no: (h)		State:	P/code:
(w)	(Mob)	Phone no:	
Have you attended this Hospital before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, under what family name?	
Have you previously received pregnancy care at the Royal Hospital for Women		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like Shared Pregnancy Care with your GP & the hospital? <small>(Shared Care involves alternating visits with your GP and the Hospital clinics)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like Midwifery Group Practice? (a waiting list usually applies)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your preferred appointment time for your hospital pregnancy care?		<input type="checkbox"/> am <input type="checkbox"/> pm	

I agree that my personal health information may be shared between my GP and the hospital.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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SES060409



SEI010.457

Holes punched as per AS2828-1999  
BINDING MARGIN - NO WRITING

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SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH

FAMILY NAME

MRN

GIVEN NAME

☐ MALE ☐ FEMALE

Facility:

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

REFERRAL - MATERNITY  
ASSESSMENT UNIT

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date: \_\_\_\_\_

Interpreter Required Y/N \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medicare No. : \_\_\_\_\_ / \_\_\_\_

Medicare expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Private ☐ Hospital ☐ Medicare Ineligible

G: \_\_\_\_ P: \_\_\_\_ Gestation: \_\_\_\_\_

EDC: \_\_\_\_\_ LMP: \_\_\_\_\_

Indication for referral: \_\_\_\_\_

Relevant History: \_\_\_\_\_

## INVESTIGATIONS REQUIRED

☐ CTG☐ BP monitoring☐ Temperature/Pulse☐ Blood test (specify):

Frequency: \_\_\_\_\_

☐ Urinalysis☐ Ultrasound☐ Growth☐ AFI & Doppler

Frequency: \_\_\_\_\_

☐ LVS☐ Celestone☐ Anti D

Fluids/medications: \_\_\_\_\_

Other: \_\_\_\_\_

Plan / Following review notify: \_\_\_\_\_

F/U: \_\_\_\_\_

REFERRING DOCTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Requesting Dr

Provider No.

Telephone

Address

NO WRITING

Page 1 of 1

REFERRAL - MATERNITY ASSESSMENT UNIT

SEI010.457



Health  
South Eastern Sydney  
Local Health District

FAMILY NAME

MRN

GIVEN NAME

☐ MALE ☐ FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

Facility: Royal Hospital for Women

**PHYSIOTHERAPY  
DEPARTMENT OUTPATIENT  
REFERRAL**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Royal Hospital for Women: Physiotherapy Department

Phone: 02 9382 6540 Fax: 02 9382 6561

Email: SESLHD-PhysioRHW@health.nsw.gov.au

The above patient is currently:

- ☐ Pregnant \_\_\_\_\_ weeks  
☐ Postnatal \_\_\_\_\_ weeks  
☐ Gynaecology patient  
☐ Lymphoedema Patient  
☐ Other \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete this box**

Confirm:

- ☐ Phone number current  
☐ Address current  
☐ Patient expressly wants this referral

Medicare eligible YES ☐ NO ☐

Reason for referral:

- ☐ Bladder – Incontinence/frequency/urgency/nocturia  
☐ Bowels – Incontinence/frequency/urgency/constipation  
☐ Vaginal Pain/Anal Pain/Vulvovaginal/Sexual pain  
☐ Prolapse – Vaginal bulge/lump/heaviness/laxity  
☐ Pregnancy related Musculoskeletal condition (Back/Pelvis/Hips/Hands/DRAM).  
Limiting woman's ability to; work/walk/sleep/household activities/care for children  
(Please note: Pre-existing Musculoskeletal conditions not suitable for this service)  
☐ Lymphoedema treatment  
☐ Other \_\_\_\_\_

How bothersome/distressing is this condition to the woman?

Not Bothersome 0—1—2—3—4—5—6—7—8—9—10 Extremely bothersome

If in pain determine their PAIN/Severity score. Circle at best and worst.

Nil pain 0—1—2—3—4—5—6—7—8—9—10 Worst pain imaginable

Symptoms – please describe what is bothering the patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral made by;

- ☐ Midwife ☐ GP/Private Specialist ☐ RHW Doctors ☐ Allied Health \_\_\_\_\_  
☐ Other \_\_\_\_\_

Clearly Print Full Name: \_\_\_\_\_ Signature \_\_\_\_\_

Clinic or Midwife group (if appropriate) \_\_\_\_\_

Best contact/Department number \_\_\_\_\_

**Ideally give the referral to the patient to bring directly to RHW Physiotherapy department for more information and to book an appointment in a timely manner.**

Physiotherapy Department

Phone call 1: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone call 2: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Letter sent: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Appointment booked: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ Physiotherapist: \_\_\_\_\_



SES010421

Notes Punched as per A52828 1: 2012  
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PHYSIOTHERAPY DEPARTMENT  
OUTPATIENT REFERRAL

SES010.421



Level 0,  
Royal Hospital for Women  
Barker Street  
Randwick NSW 2031  
Ph: (02) 9382 6098  
Fax: (02) 9382 6038

## Maternal Fetal Medicine

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

Comprehensive Perinatal Care

**Dr Lucy Bowyer**  
MD FRCOG FRANZCOG DDU CMFM

**Dr Daniel Challis**  
FRANZCOG DDU CMFM

**Dr Antonia Shand**  
FRANZCOG DDU CMFM

**Prof Alec Welsh**  
MSo PhD FRCOG FRANZCOG DDU CMFM

### Woman Details

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

Referred By: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Signature of Referring Dr: \_\_\_\_\_

LMP: \_\_\_\_\_ EDB: \_\_\_\_\_

Relevant Clinical History/Indication for Referral: \_\_\_\_\_

### Prenatal Screening and Diagnosis

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

#### 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

### 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

#### 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

**Maternal Fetal Medicine Contact**  
**For Appointments or further information**  
**Ph: (02) 9382 6098**

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

**Other Useful Contacts**

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



## Early Pregnancy Assessment Service (EPAS)

### Woman Referral

Fax to (02) 9382 6638



Number of Pages including this Coversheet (.....) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Attention: Prof W Ledger

### Woman Details

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicare Number \_\_\_\_\_

Phone \_\_\_\_\_ Mob \_\_\_\_\_

G \_\_\_\_ P \_\_\_\_ LMP \_\_\_\_/\_\_\_\_/\_\_\_\_ Weeks Gestation \_\_\_\_/40

### Symptoms

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blood Group \_\_\_\_\_

Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_

Antibody screen \_\_\_\_\_

Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_

Anti-D given Y / N Dose \_\_\_\_ IU

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FBC \_\_\_\_\_

Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_

β hCG \_\_\_\_\_

Date Taken \_\_\_\_/\_\_\_\_/\_\_\_\_

Ultrasound Date Performed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Please attach report

### Referring Doctor Details:

Date of referral \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor \_\_\_\_\_ Provider No \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Thank you for completing the above details.

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

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## USEFUL WEB RESOURCES

### **PREGNANCY**

#### ***The Australian Government, Department of Health***

National Antenatal Care Guidelines

<https://beta.health.gov.au/resources/publications/pregnancy-care-guidelines-and-related-documents>

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

**Thinking of Having a Baby** – planning pregnancy and becoming pregnant

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

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

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

**Early Pregnancy** – when things go wrong

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

#### ***Non English Pregnancy Resources***

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

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

### **BABY HEARING AND CHILD HEALTH**

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

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

**Why does my baby need a hearing check?**

**Why does my baby need a repeat hearing test?**

**Hearing loss and your baby – the next steps**

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

### **OTHER USEFUL PUBLICATIONS AND FACTSHEETS FROM NSW HEALTH**

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

**Safer baby bundle**

<https://www.cec.health.nsw.gov.au/keep-patients-safe/maternity-and-neonatal-safety-program/Safer-Baby-Bundle>

## **INFECTIOUS DISEASES**

### **Hepatitis B & Hepatitis C**

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

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

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

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

### **Herpes**

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

### **HIV**

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

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

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

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

## **EARLY PREGNANCY**

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

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

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

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

## **MISC. USEFUL WEB SITES**

### **MotherSafe**

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

<https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/mothersafe>

### **Cochrane**

Evidence based information on health care.

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

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

### **NICE Guidelines**

Evidence based clinical guidelines on various health topics including pregnancy.

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

**The Royal Australian and New Zealand College of Obstetricians and Gynaecologists**

<https://www.ranzcog.edu.au/>

**The Royal College of Obstetrician and Gynaecologists UK**

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

**Australian College of Midwives**

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

**National Midwifery Guidelines for Consultation and Referral**

<https://www.midwives.org.au/Web/About-ACM/Midwifery-Guidelines-and-Standards/Web/About-ACM/Guideline-Statements.aspx?hkey=1ac129e0-1241-4894-9efe-4edb089f31ec>

## **DIABETES**

**Australian Diabetes in Pregnancy Society**

<https://adips.org/>

## **MENTAL HEALTH**

**Centre of Perinatal Excellence (COPE)**

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

**Beyond Blue**

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

**Perinatal Anxiety & Depression Australia (PANDA)**

[www.panda.org.au](http://www.panda.org.au)

**Red Nose (formerly SIDS & Kids)**

Bereavement support, advocacy and education for families who have experience sudden or unexpected loss of baby or child

<https://rednose.com.au/>

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

<https://www.sjog.org.au/our-locations/st-john-of-god-burwood-hospital/our-services/mental-health-and-therapy/mother-and-baby-unit>

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

**Community and emergency mental health contact numbers**

[Mental Health Line - Mental health \(nsw.gov.au\)](https://www.mentalhealthline.nsw.gov.au/)

## **COMMUNITY & BREASTFEEDING**

### **Child and Family Health Clinics**

<http://www.families.nsw.gov.au/support/child-health-services.htm>

### **Communities & Justice (formerly FACS)**

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

### **Tresillian**

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

### **Karitane**

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

### **Australian Breastfeeding Association**

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

## **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**

[Health professionals | Lifeblood](#)

# APPENDIX A

## ROYAL HOSPITAL FOR WOMEN CONTACTS

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

Service	Phone Number
Aboriginal Liaison Midwife	0410 344 766
Malabar Midwifery Link Service	9382 6783
Acute Care Centre	02 9382 6499 / 26498
Admissions	02 9382 6060
Admissions Liaison Officer	02 9382 6067
Antenatal Education Classes	02 9382 6541 <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/antenatal-classes-and-yoga">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/antenatal-classes-and-yoga</a>
Antenatal Ward	02 9382 6448
Breast Cancer	See NSW Women's Breast Centre
Breastfeeding Support Service	02 9382 6341 <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/breastfeeding-support">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/breastfeeding-support</a>
Centre for Women's Health Nursing	02 9382 6741
Chemical Use in Pregnancy Service	02 9382 1111 – page CUPS or call The Langton Centre - 02 9332 8777 <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/specialist-services-for-women">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/specialist-services-for-women</a>
Colposcopy Clinic	02 9382 6240
Compliments / Complaints	9382 6822 Email to: <a href="mailto:SESLHD-RHWfeedback@health.nsw.gov.au">SESLHD-RHWfeedback@health.nsw.gov.au</a>
Complex Preconception Clinic (Referrals Required)	02 9382 6382 Email referrals to: <a href="mailto:SESLHD-rhw-complexpreconceptionclinic@health.nsw.gov.au">SESLHD-rhw-complexpreconceptionclinic@health.nsw.gov.au</a>
Cross Cultural Worker	Galuh Sapthari 0439 510 697 (Mon – Wed) <a href="mailto:Galuh.Sapthari@health.nsw.gov.au">Galuh.Sapthari@health.nsw.gov.au</a>
Day Surgery	02 9382 6649 / 26650 / 26651
Delivery Suite	0439 869 035

Service	Phone Number
Diabetes Educator	02 9382 6010
Dietician	02 9382 6544
Director of Medical Services	02 9382 6511
Early Pregnancy Advisory Service (EPAS)	02 9382 6701
Department of MFM - all Department of MFM-(referrers only)	02 9382 6098 0437 537 448 (Fetus Phone) <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory</a>
Genetic Counselling	02 9382 6098
GPSC Liaison Midwife	02 9382 6016 / 0417 995 153
Gynaecological Cancer Centre	02 9382 6290 / 02 9382 6291 <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory</a>
Gynaecology Outpatients	02 9382 6248 / 02 9382 6249 <a href="mailto:SESLHD-RHWGynaereferral@health.nsw.gov.au">SESLHD-RHWGynaereferral@health.nsw.gov.au</a>  <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory</a>
Gynaecology Registrar	02 9382 6111 – page Registrar
Home Midwifery Services (MSP)	02 9382 6333
Infection Control	02 9382 6339
Lactation Consultant / Services	see Breastfeeding Support Service
Liver Clinic (Prince of Wales Hospital)	02 9382 3100 (Phone) 02 9650 4898 (Fax)
Medical Imaging Service	02 9382 6080
Medicines in Pregnancy & Lactation	See MotherSafe <a href="http://www.mothersafe.org.au/">http://www.mothersafe.org.au/</a>
Menopause	02 9382 6248 / 02 9382 6249 <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory</a>
Midwifery Unit Manager (Outpatients)	02 9382 6047
MotherSafe	02 9382 6539 or 1800 647 848 <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/mothersafe">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/mothersafe</a>
Newborn Care Centre	02 9382 6160
NSW Women's Breast Centre	02 9382 6610 <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory</a>
Nursing Supervisor	02 9382 6111 - page 44020
Operating Theatres	02 9382 6857



Service	Phone Number
Outpatient Enquiries / Bookings	02 9382 6048 / 02 9382 6049 (Phone) 02 9382 6118 (Fax) Online booking available <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/im-pregnant">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/im-pregnant</a>
Perinatal Mental Health - Clinical Midwifery Consultant - Perinatal Psychiatrist Appointments  -Perinatal Outreach Mental Health Service (POMHS)	02 9382 6337 / 0457 733 554 02 9382 6091 02 9382 6421(FAX)  02 9382 6303
Physiotherapy	02 9382 6540
PLaN Clinic	02 9382 6382 Email referrals to: <a href="mailto:SESLHD-PlanRHW@health.nsw.gov.au">SESLHD-PlanRHW@health.nsw.gov.au</a>
Postnatal Ward	02 9382 6398 (Oxford) 02 9382 6348 (Paddington)
Pregnancy Day Stay	02 9382 6417
Prenatal Diagnosis	02 9382 6098
Reproductive Medicine	02 9382 6633 <a href="https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory">https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics#a-z-directory</a>
Social Work	02 9382 6670
Switchboard	02 9382 6111

## OBSTETRICIANS

Bisits, Professor Andrew  
Medical Clinical Co-Director  
Maternity Services Division  
Royal Hospital for Women  
Randwick  
PH: 9382 6111

Bowyer, Dr Lucy (MFM)  
Maternal Fetal Medicine  
Department  
Royal Hospital for Women  
Randwick  
PH: 9382 6098

Challis, Dr Danny, (MFM)  
Maternal Fetal Medicine  
Department Royal Hospital for  
Women  
Randwick  
PH: 9382 6098

Clements, Dr Sarah  
Royal Hospital for Women  
Randwick  
PH: 9382 6111

Coogan, Dr Stephen (GP ANSC)  
Royal Hospital for Women  
Randwick  
PH: 9382 6111

Fay, Dr Louise Fay (GP ANSC)  
Royal Hospital for Women  
Randwick  
PH: 9382 6111

Hawke Dr Wendy  
(Diabetes & Malabar MGP)  
Royal Hospital for Women  
Randwick  
PH: 9382 6111

Lee, Dr Siobhan (GP ANSC)  
Royal Hospital for Women  
Randwick  
PH: 9382 6111

Owen, Dr Alex (GP ANSC)  
Royal Hospital for Women  
Randwick  
PH: 9382 6111

Shand, Dr Antonia  
Maternal Fetal Medicine Department  
Royal Hospital for Women  
Randwick  
PH: 9382 6098

Welsh, Professor Alec (MFM)  
Maternal Fetal Medicine  
Department  
Royal Hospital for Women  
Randwick  
PH: 9382 6098

## CLINICAL GENETICIST

Kennedy, Dr Deborah  
Director MotherSafe  
Royal Hospital for Women  
Randwick  
PH: 9382 6382

Pinner, Dr Jason  
c/- Maternal Fetal Medicine  
Department  
Royal Hospital for Women  
Randwick  
PH: 9382 6098

## ENDOCRINOLOGIST

**ONCE REFERRAL RECEIVED,  
WOMAN WILL BE CONTACTED  
WITH APPOINTMENT**

**REFERRAL NEEDS TO BE  
ADDRESSED AS FOLLOWS:**

**PROF LOWE / DR LAU / DR  
BEECH**

Lau, Dr S M  
Royal Hospital for Women  
Randwick  
PH: 9382 6044 OR

Lowe, Professor. Sandra  
Obstetric Physician  
Royal Hospital for Women  
Randwick

PH: 9382 6044  
FAX: 9382 6118

## HAEMATOLOGIST

**ONCE REFERRAL RECEIVED,  
WOMAN WILL BE CONTACTED  
WITH APPOINTMENT**

Kidson- Gerber Dr Giselle  
Royal Hospital for Women  
Randwick  
PH: 9382 6044  
FAX: 9382 6118

## MEDICAL DISORDERS OF PREGNANCY PHYSICIAN

**ONCE REFERRAL RECEIVED,  
WOMAN WILL BE CONTACTED  
WITH APPOINTMENT**

**REFERRAL NEEDS TO BE  
ADDRESSED AS FOLLOWS:**

**PROF LOWE / DR BEECH / DR  
BARRETT**

Lowe, Professor. Sandra  
Obstetric Physician  
Royal Hospital for Women  
Randwick

Beech, Dr Amanda  
Royal Hospital for Women  
Randwick

Dr Helen Barrett  
Royal Hospital for  
Women

PH: 9382 6044  
FAX: 9382 6118

## APPENDIX B MENTAL HEALTH CONTACTS

### CRISIS TEAM TRIAGE NUMBER: 1800 011 511

[Mental Health Line - Mental health \(nsw.gov.au\)](https://nsw.gov.au/mental-health)

#### **PRIVATE PSYCHIATRISTS**

Harrison, Dr Ian	02 9251 7877	City
Koder, Dr Stephen	02 8021 1260	Bondi Junction
Morgan, Dr Hugh	02 9212 4445	City
Smith, Dr Michelle	02 9334 3888	Burwood
Southview Clinic	02 9553 1160	Kogarah
Stone, Dr Meredith	02 9382 6091	RHW
Vaux, Dr Peter	02 8021 1260	Bondi Junction
Wijeratne, Dr Chanaka	1300 924 522	Kogarah
Wilcox, Dr Rosie	02 8021 8475	Edgecliff

#### **PSYCHOLOGISTS**

Anxiety Disorders Clinic	02 8382 1400	Darlinghurst
Frilingos, Maureen	02 8354 1204	Paddington
McDowell, Lee	0403 005 429	Waverly / Randwick
Sydney Uni Psychology Clinic	02 9114 4343	Camperdown
UNSW Psychology Clinic	02 9385 3042	Kensington
St Vincent's O'Brien Centre	02 8382 1300	Darlinghurst

#### **PERINATAL OUTREACH MENTAL HEALTH SERVICE (POMHS)**

Offered to all postnatal women in the SESLHD area

POMHS Office                      02 9382 6303

## **EARLY CHILDHOOD CENTRES**

<https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/health-services-map.aspx>

## **OCCASIONAL CARE AND MOTHER SUPPORT**

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