

## RHW GP Shared Antenatal Care Protocol Summary (May 2023)

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
<b>GP</b>  <b>6-12 weeks</b>	<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>Complete</b> RHW antenatal referral form</p> <p><b>Advise</b> To complete online booking form promptly <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>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 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>
	<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 plus Early Structural Ultrasound: 10 – 14 weeks OR</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 style="background-color: yellow; text-align: center;"><b>ALL REFERRALS TO BE GIVEN AT THIS VISIT</b></p> <p style="background-color: yellow; text-align: center;"><b>ENSURE REFERRAL, BLOOD AND ULTRASOUND RESULTS ARE GIVEN TO THE WOMAN TO BRING TO THE FIRST HOSPITAL APPOINTMENT</b></p>	
<p><b>RHW ANC</b>   <b>14-16 weeks</b>  <b>Booking Visit</b></p>	<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, ANRQ, DV 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>Commence</b> Yellow antenatal card</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> 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</b> review if indicated</p>
<p><b>GP</b>   <b>20 weeks</b></p>	<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 - if abnormal refer to RHW immediately. Give copy to woman</p> <p style="background-color: yellow;"><b>Provide referral form for: 26-28 week bloods (Blood Group &amp; Antibody screening, FBC, Ferritin (consider), 2hr 75g OGTT, Syphilis serology)</b></p> <p style="background-color: yellow; text-align: center;"><b>RECOMMEND DTPA (BOOSTRIX) VACCINATION</b></p> <p style="text-align: center;"><b>AT ALL VISITS</b></p> <p style="text-align: center;"><b>Monitor fetal wellbeing, listen to FHR with Doppler, ask about fetal movements</b> <b>If there is any concern, contact Birth Unit on 0439 869 035</b></p>	<p><b>Discuss</b> fetal movements</p> <p><b>BOOSTRIX VACCINATION RECOMMENDED BETWEEN 20 – 32 WEEKS</b></p>
<p><b>RHW ANC</b>   <b>22 weeks</b></p>	<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</p> <p style="background-color: yellow; text-align: center;"><b>RH NEGATIVE WOMAN ANTI-D PROPHYLAXIS DUE AT 30 WEEKS AFTER THE ANTIBODY SCREEN</b></p>	<p><b>Give and discuss</b> 22-week information pack</p>
<p><b>GP</b>   <b>28 weeks</b></p>	<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> results of all investigations and <b>refer to Diabetic Educator if positive GTT result</b></p> <p><b>Assess</b> mood status (EDS), drug and alcohol and domestic violence screen</p>	<p>Encourage attendance to <b>FREE</b> antenatal breastfeeding information group</p>

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

### IMPORTANT CONTACT NUMBERS

GP ADVICE LINE 0417 995 153	BIRTH UNIT 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 (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 Saphari 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	