

RHW GP Shared Antenatal Care Protocol Summary (May 2021)

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
<p>GP</p> <p>6-12 weeks</p>	<p>History LMP / Menstrual Hx / Fertility Hx / Pelvic surgery / Previous pregnancies and outcomes / Family Hx (including congenital and genetic disorders) / Cervical Screening / Medical and Surgical Hx (including Mental Health history) / Medications Allergies / Drug and alcohol use</p> <p>Examination BP / Cardiac / Respiratory / Abdomen / Thyroid Breast exam Weight and Height – (BMI)</p> <p>Assess Suitability for GP shared antenatal care</p> <p>Commence Yellow antenatal card</p> <p>Complete Booking referral form online https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/having-a-baby/im-pregnant</p> <p>Obtain Woman consent for information sharing</p> <hr/> <p style="text-align: center;">ROUTINE INVESTIGATIONS</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 & Iron Studies (if clinically indicated as per hospital guidelines) MSU for M C & S Cervical screening (if due) Early 75g OGTT (12-14 weeks) as per hospital guidelines.</p> <p>Arrange Dating scan if LMP uncertain and /or irregular cycle Offer NIPS plus Early Structural Ultrasound: 10 – 14 weeks OR Offer NT +/- Combined First Trimester Screening : 11 – 13+6 weeks Provide referral for morphology scan to be done between 18 - 20 weeks</p> <p style="text-align: center;">• ALL REFERRALS TO BE GIVEN AT THIS VISIT</p> <p style="text-align: center;">Original copies of ALL test results and scans to be given to Women DO NOT COPY TO RHW</p>	<p style="text-align: center;">Early Pregnancy Information</p> <p>Discuss Options for antenatal care Flu vaccination CMV Prevention Nutrition Iodine and folic acid Exercise Genetic counselling Reproductive Carrier Screening Antenatal classes Pelvic floor exercises</p> <p>Emphasise Quitting smoking, Alcohol avoidance</p> <p>Consider Varicella TSH + T4 ; Urine: Chlamydia PCR Gonorrhoea PCR</p> <p style="text-align: center;">RECOMMEND FLU VACCINATION ANYTIME IN PREGNANCY</p>
<p>RHW ANC</p> <p>14-16 weeks Booking Visit</p>	<p>Complete history and booking details</p> <p>Discuss options/models of care available within the hospital</p> <p>Assess for GP antenatal shared care</p> <p>Provide referral for morphology ultrasound (ONLY if not done by GP)</p> <p>Complete psychosocial screen and ANRQ screen, VTE Risk Assessment</p> <p>Review blood results + first trimester screening</p> <p>Discuss Optional tests where indicated as above</p> <p>Refer back to GP with completed record card (yellow card). NB: If unsuitable for GP shared care, inform GP by fax or phone. GP shared care fax back form' and return to GP</p> <p>Complete GP shared care fax back form' and return to GP</p> <p>Consider an early 75g OGTT for high risk women, if not completed by GP</p>	<p>Offer all women information regarding antenatal classes, breastfeeding classes</p> <p>Consider referral to lactation consultation</p> <p>Arrange for anaesthetic review if indicated</p>
<p>GP</p> <p>20 - 21 weeks</p>	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</p> <p>Review Morphology Ultrasound</p> <p>Provide referral form for: 26-28 week bloods (Blood Group & Antibody screening, FBC, Ferritin (consider), 2hr 75g OGTT)</p> <p style="text-align: center;">RECOMMEND DTPA (BOOSTRIX) VACCINATION</p> <hr/> <p style="text-align: center;">AT ALL VISITS</p> <p style="text-align: center;">Monitor fetal wellbeing, listen to FHR with Doppler, ask about fetal movements If there is any concern contact Delivery Suite on 0439 869 035</p>	<p>Discuss fetal movements</p> <p style="text-align: center;">BOOSTRIX VACCINATION RECOMMENDED BETWEEN 20 – 32 WEEKS</p>
<p>RHW ANC</p> <p>22 weeks</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 & Domestic Violence (DV) screening, if not already done</p> <p>Remind all women to have the 26-28 week bloods and</p> <p style="text-align: center;">RH NEGATIVE WOMAN ANTI-D PROPHYLAXIS DUE AT 31 WEEKS AFTER THE ANTIBODY SCREEN</p>	<p>Give and discuss 22-26 week information pack</p>
<p>GP</p> <p>28 weeks</p>	<p>Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements.</p> <p>Review results of all investigations and refer to Diabetic Educator if positive GTT result</p> <p>Assess mood status (EDS), drug and alcohol and domestic violence screen</p>	<p>Encourage attendance to FREE antenatal breastfeeding information group</p>

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

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 Referral required PH: 9382 6091	Pregnancy Day Stay PH: 9382 6417
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 Clinical Midwifery Consultant 0457 733 554	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 FETUS PH: 0437 537 448	Physiotherapy Referral required PH: 9382 6540	