

# Metro North Antenatal Shared Care

## Process

### Pre-conception

- Folate and iodine supplementation
- Rubella serology +/- vaccination
- Varicella serology if no history +/- vaccination
- Influenza vaccination in season
- Pap smear if due
- Chlamydia if age < 25
- Smoking cessation
- Alcohol cessation
- Consider preconception clinic at hospital if medical condition

### First GP visit(s)

(may require more than one consultation)

- Confirm pregnancy and dates
- Scan if dates uncertain or risk of ectopic (previous ectopic, tubal surgery)
- Folate and iodine supplementation for all
- Review medical/surgical/psych/FHx/obstetric/medications/allergies and update GP records
- Identify risk factors for pregnancy
- Discuss aneuploidy screen vs. diagnostic test
- Order first trimester screening tests
- Perform physical examination as per Pregnancy Health Record (PHR)
- Weigh, calculate BMI and discuss weight gain, nutrition and physical activity
- Discuss breast changes, smoking, alcohol, other drugs, Listeria, Toxoplasmosis etc
- Influenza vaccination in season
- Discuss models of care
- Complete referral. Indicate if high risk, you wish to share care or preference is for Birth Centre RBWH
- Send referral to Central Patient Intake (CPI)
- Ask woman to complete online registration (Caboolture only)

### First trimester screening tests (GP)

(cc ANC on all request forms)

- FBC, blood group and antibodies, Rubella, Hep B, Hep C, HIV, Syphilis serology, MSU (treat asymptomatic bacteriuria)
- OGTT (or HbA1c if OGTT not tolerated) if risk factors for GDM
- ELFT, TFT, Vit D for specific indications only
- Varicella serology (if no Hx of Varicella or vaccination)
- Pap smear if due
- Discuss/offer aneuploidy screening:
  1. Nuchal translucency scan + first trimester screen (free hCG, Papp-A) K11-13+6 or
  2. Triple test (AFP, estriol, free B-hCG) K15-18 (but up to K22) if desired or if presents too late for first trimester testing. Not if twins or diabetes
  3. NIPT ≥ K10 (not Medicare funded)
- Discuss and refer for CVS/amniocentesis if appropriate

### Uncomplicated pregnancy

- Refer privately for detailed scan (dating, morphology) at 18-20 weeks
- Arrange to see woman after scan
- First ANC visit with midwife K16-20
- Obstetrician review if required
- All investigations to be reviewed and followed up by referring clinician
- Referrals made if applicable

### GP visits

- Schedule as per PHR or specific facility
- More frequent if clinically indicated
- Record in PHR
- Education / assessment as per PHR
- K26-28: OGTT, (If + refer to ANC), FBC. If Rh negative: blood group/antibodies screen; offer Anti-D
- dTpa in third trimester each pregnancy (optimal time K28-32)
- K34: If Rh neg. offer Anti-D
- K36: FBC

### ANC visits

- K36
- K41: Review for membrane sweep and to discuss induction if appropriate

Contacts	RBWH	Caboolture	Redcliffe
<b>For referral or advice</b>			
GP Liaison Midwife	3647 3960 3646 1305	5433 8800	3883 7882
O&G Registrar on call	3646 8111	5433 8120	3883 7777
Obstetric Medicine Registrar	3646 8111	–	–
Perinatal Mental Health	0417 819 949	0408 151 138	0408 151 138
<b>Pregnancy complications</b>			
< 20 weeks: Care of complications, e.g. bleeding, pain, threatened or incomplete miscarriages	3646 8111 O&G on call Registrar	5433 8120 O&G on call Registrar	3883 7777 Early Pregnancy Assessment
< 20 wks: Haemodynamically unstable women to be directed to	3646 8111 DEM	5433 8888 ED	3883 7777 ED
> 20 wks: Complications (RBWH > K14)	3647 3932 Obstetric Review Centre	5433 8670 Birth Suite	3883 7714 O&G on call Registrar

## Additional information

### Rh negative?

Offer Anti-D

- 28 and 34 weeks
- Sensitising events
- Refer to [www.blood.gov.au](http://www.blood.gov.au) for details and dosage

### High risk for diabetes in pregnancy?

- Previous GDM or baby > 4500g or > 90th centile; previous elevated BGL; PCOS; +ve FHx; BMI >30; maternal age > 40; previous perinatal loss; multiple pregnancy; high risk ethnicity; medications: corticosteroids, antipsychotics
- First Trimester OGTT. Urgent Hospital ANC referral if abnormal
- Specify reason in referral. Fax to CPI - 1300 364 952

### Medical disease or obstetric complications? Early/urgent hospital ANC referral

- GP referral letters are triaged by consultant within same week
- Please specify urgency, level of required hospital care and reasons in referral letter
- Fax to CPI - 1300 364 952