

# Metro North GP Alignment Program



**MATERNITY WORKSHOP**

Saturday, 7 October 2017

Skills Development Centre, Royal Brisbane and Women's Hospital

## Welcome address

Tami Photinos

Executive Director - Women's and Children's Stream  
Metro North Hospital and Health Service (MNHHS)

# Morning session

Time	Task	Presenter/Facilitator
8 am	Tour   Registration	Deann Rice   Jill Banks
9 am	Welcome address	Tami Photinos
9.05 am	Introduction   Housekeeping   Useful resources	Dr Meg Cairns
9.15 am	Referrals & models of care	Jann Langusch
9.30 am	Gynaecology Services	Dr David Baartz
9.45 am	Case work 1: Antenatal	All
10.45 am	Morning Tea (15 minutes)	All

# Middle session

Time	Task	Presenter
11 am	Diabetes in pregnancy	Dr Amanda Love
11.30 am	Pharmacy	Karen Whitfield
11.40 am	Case work 2: Complex	All
12.40 pm	Antenatal testing for chromosomal abnormality	Pauline McGrath
1.10 pm	Lunch (30 minutes)	All

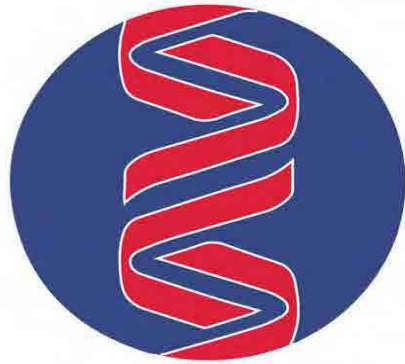
# Afternoon session

Time	Task	Presenter
1.40 pm	Breakout	All
2.40 pm	Physiotherapy	Cara Masterson
2.50 pm	Breastfeeding	Jeanette Tyler
3.10 pm	Video – Newborn examination	
3.20 pm	Paediatrics – First 6-8 weeks	
3.50 pm	Case work 3: Postnatal	All
4.50 pm	Summary	Meg Cairns
5 pm	Close	All

# Acknowledgements

- Metro North Hospital and Health Service
- Brisbane North PHN
- Caboolture, Redcliffe, RBWH, The Prince Charles Hospitals
- Women's and Children's Stream Metro North GP Alignment Program
- Mater Mothers Hospital GP Alignment Program
- Our sponsors.....

# Thank you to our sponsors



Sullivan  
Nicolaides  
PATHOLOGY

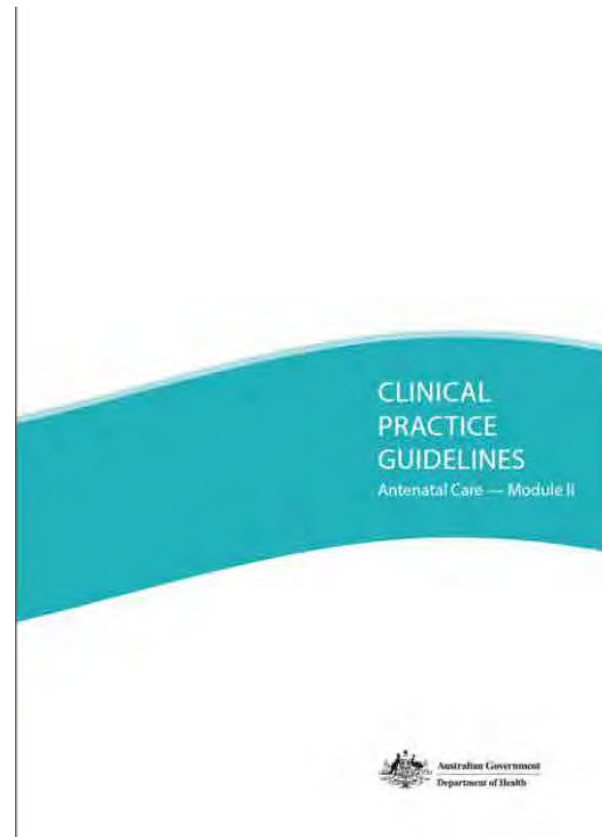
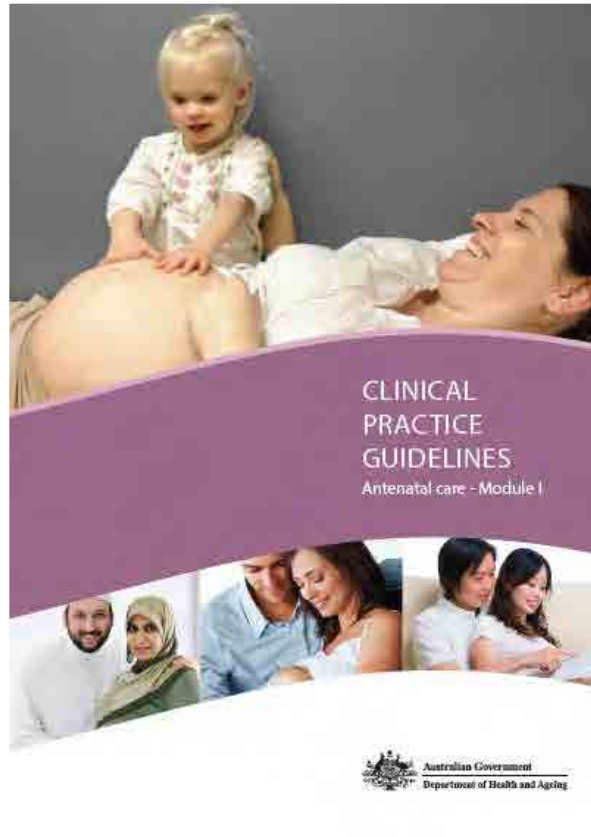


**Cardinal**Health

# This presentation is available online

- <https://www.health.qld.gov.au/metronorth/refer/>
- Regularly updated
- May vary from presentation viewed when you attended alignment workshop

# National guidelines



[www.health.gov.au/antenatal](http://www.health.gov.au/antenatal)



# Online resources

- RANZCOG Statements & Guidelines  
[www.ranzcog.edu.au/college-statements-guidelines.html](http://www.ranzcog.edu.au/college-statements-guidelines.html)
- RACGP gplearning  
[gplearning.racgp.org.au](http://gplearning.racgp.org.au)
- Queensland Clinical Guidelines  
[www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)  
Metro North HHS  
<https://www.health.qld.gov.au/metronorth/refer/>
- Brisbane North PHN  
<http://www.brisbanenorthphn.org.au/>

# Online resources

- Beyond blue  
[www.beyondblue.org.au](http://www.beyondblue.org.au)
- Australasian Society for Infectious Diseases  
[www.asid.net.au](http://www.asid.net.au)
- Australasian Diabetes in Pregnancy Society  
[www.adips.org](http://www.adips.org)
- Genetics in general practice  
<http://www.racgp.org.au/afp/2014/july/genetics-in-general-practice/>
- Centre for Genetics education – NSW Health  
<http://www.genetics.edu.au/>

# Metro North guidelines

## 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 date uncertain or risk of ectopic (previous ectopic, tubal surgery)
- Folate and iodine supplementation for all
- Review medical/surgical/psych/PHN/obstetric/medications/allergies and update GP records
- Identify risk factors for pregnancy
- Discuss anaemolyd 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 to go Birth Centre BDMH.
- Send referral to Central Patient Intake (CPI)
- Ask woman to complete online registration (Caboorture only)

#### First trimester screening tests (GP) (cc ANC on all request forms)

- FBC, blood group and antibodies, Rubella, Hep B, Her C, HIV, Syphilis serology, MSU (just asymptomatic bacteriuria)
- OGTT (or HbA1c if OGTT not tolerated) if risk factors for GDM
- ELFT, TFT, VDRL for specific indications only
- Varicella serology (if no Hx of Varicella or vaccination)
- Pap smear if due
- Discuss/offer anaemolyd screening:
  - Nuchal translucency scan + first trimester screen (Free HCG, Papp-A) K11:13+6 or
  - Triple test (AFP, estradiol, free B-hCG) K15:15 (but up to K23) if desired or if presents too late for first trimester testing. Not if twins or diabetes 3, NGPT, K16 (not Medicare funded)
- Discuss and refer for CVS/amniocentesis if appropriate

#### Uncomplicated pregnancy

- Refer privately for detailed scan (dating, morphology) if 18-20 weeks
- Arrange to see woman after scan
- First ANC visit with midwife K36:20
- 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 scan
- K26:28:OGTT, (if + refer to ANC), FBC, (if Bn negative: blood group) antibodies screen; offer Anti-D
- aTpa in third trimester each pregnancy (optimal time K28:32)
- K34: if Bn neg; offer Anti-D
- K36:FBC

#### ANC visits

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

Contacts	Booth	Caboorture	Redcliffe
<b>For referral or advice</b>			
GP Liaison Midwife	3647 3960 3646 1305	5433 2800	3883 7882
OBG Registrar on call	3646 8111	5433 8120	3883 7777
Obstetric Medicine Registrar	3646 8111	---	---
Perinatal Mental Health	0417 019 949	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 OBG on call Registrar	5433 8120 OBG on call Registrar	3883 7777 Early Pregnancy Assessment
< 20 wks: Haemodynamically unstable women to be directed to	3646 8111 DEM	5433 8888	3883 7777
> 20 wks: Complications (RBWH   K14)	3647 3952 Obstetric Review Centre	5433 8670 Birth Suite	3883 7714 OBG 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 busy > A500g 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

Approved by Brisbane North PHN, Metro and More Health. Revised after a review started by the Metro and More Health Antenatal Shared Care Working Party. This is a joint guideline between Metro North Hospital and Health Service and Brisbane North PHN. Version 3.0 | Effective Date 05/2016 | Review 08/2021

Metro North Hospital and Health Service *Partnering people, first*

## Maternity GP shared care guideline

Version No: 3.0 | Effective date: 05/2016 | Review date: 08/2021

<https://www.health.qld.gov.au/metronorth/refer/>

# Brisbane North PHN

Online resources for GPs, women and families



The screenshot shows the homepage of the Brisbane North PHN website. At the top, there is a navigation bar with the PHN logo and links for Home, About Us, Services, and Contact Us. Below the navigation bar is a large banner image featuring a smiling man and children, with the text "Welcome to Brisbane North PHN" overlaid. Underneath the banner, there is a sub-header "Connecting health to meet local needs in Brisbane North and Moreton Bay" and a brief description of the PHN's role. The main content area is divided into two columns. The left column, titled "Latest News", contains two articles with small images and text snippets. The right column, titled "Quick Links", contains a list of links with right-pointing arrows: Regional Health Service Directory, Hospital Referral Templates, View latest Newsletters, View latest Health Alerts, View our latest Media Releases, and View Local Positions Vacant. At the bottom of the quick links section, there is a link for "View upcoming events for health care professionals".

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

# Metro North GP Alignment Program



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## Referral processes & models of care

Jann Langusch

Midwife/GP Liaison Officer

Maternity Outpatients Department (MOPD) RBWH

# Refer your patient

Queensland Government  
Metro North Hospital and Health Service

Contact us | Help Search

Home | Hospitals & services | Patients & visitors | Get involved | Refer your patient | Research | Careers | About us

Emergency referrals & triage >  
Specialist list >  
For health professionals >

Refer your patient *Putting people first*

### Specialist services

Specialist services are coordinated through Central Patient Intake (CPI), including referral tracking and clinical referral advice.

**CPI Referral enquiry hotline:**  
**1300 364 938**  
Fax: 1300 364 952

Antenatal/Maternity

[View the list of specialist services](#)  
[View the specialists list](#)

### Community, indigenous & subacute services

Contact the Central Referral Unit (CRU) for referrals, including referral tracking and clinical referral advice.

**CRU Hotline:**  
**1300 658 252**

-- Select a community care service --

### Quick links:

- [Specialists list](#)
- [Emergency referrals and triage categories](#)
- [Referral enquires](#)
- [Outpatient clinic information](#)
- [Children's Health Queensland](#)

### GP resources:

- [Maternity and antenatal](#)

### Mental Health services

For all adult mental health referrals call the access

### Oral Health services

Oral health services are delivered at our dedicated

### Feedback



# Refer your patient



Queensland Government

Contact us | Help Search



Metro North Hospital and Health Service

Home | Hospitals & services | Patients & visitors | Get involved | Refer your patient | Research | Careers | About us

Home > Health professionals > Refer your patient > Antenatal & maternity

## Refer your patient

Specialists list

Emergency referrals and triage categories

Referral enquiries

Outpatient clinic information

## Antenatal & maternity

### On this page

- [Essential clinical information](#)
- [Standard referral guidelines](#)

### Essential clinical information

- FBC, HepB, Hep C, HIV, Syphilis, Serology, Blood group & antibodies
- Copy of morphology scan

### Significant obstetric history

- Gravida
- Para
- Miscarriage
- Ectopic

Complete the [Maternity referral form \(PDF, 69KB\)](#) and forward it to Metro North Central Patient Intake.

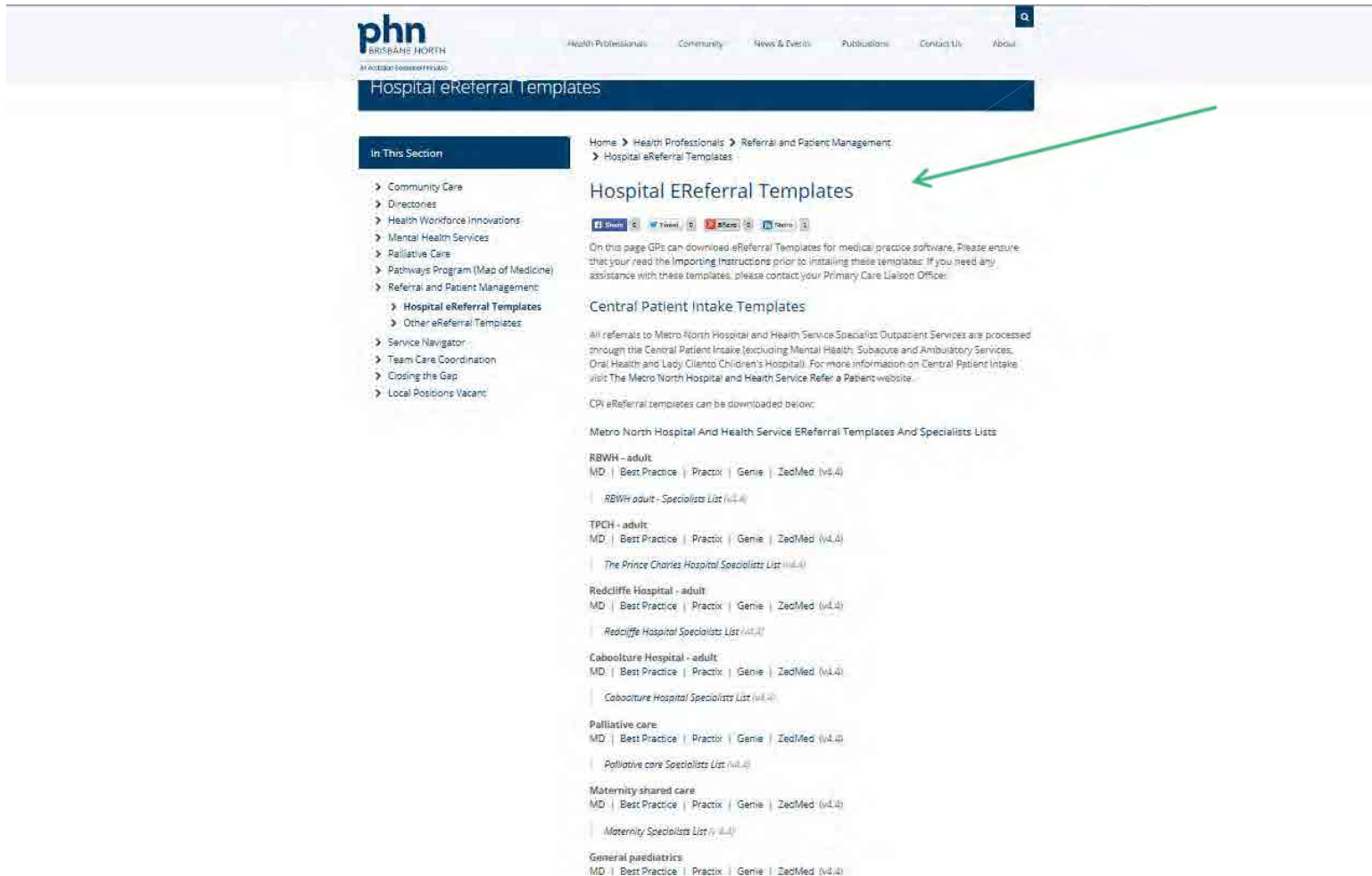
For RBWH imaging requests, complete the [Women's Imaging Request Form \(PDF, 386KB\)](#).

## Send referral

Hotline	1300 364 938
Fax	1300 364 952
Electronic	eReferral system
Referral template	<a href="#">eReferral templates</a>
Mail	Metro North Central Patient Intake Level 9, Block 8 Royal Brisbane and Women's Hospital Butterfield Street HERSTON QLD 4029

- [Specialist list](#)
- [Outpatient clinic information](#)
- [Standard referral information](#)

# Metro North eReferral Template



The screenshot shows the Metro North Hospital and Health Service website. The page title is "Hospital eReferral Templates". A green arrow points to the page title. The page content includes a navigation menu, a breadcrumb trail, a social media sharing bar, and a list of eReferral templates for various services.

**phn**  
BRISBANE NORTH  
An Acute Care Hospital and Health Service

Home Professionals Community News & Events Publications Contact Us About

## Hospital eReferral Templates

In This Section

- Community Care
- Directories
- Health Workforce Innovations
- Mental Health Services
- Palliative Care
- Pathways Program (Map of Medicine)
- Referral and Patient Management
  - Hospital eReferral Templates**
  - Other eReferral Templates
- Service Navigator
- Team Care Coordination
- Closing the Gap
- Local Positions Vacant

Home > Health Professionals > Referral and Patient Management > Hospital eReferral Templates

### Hospital eReferral Templates

On this page GPs can download eReferral Templates for medical practice software. Please ensure that you read the Importing Instructions prior to installing these templates. If you need any assistance with these templates, please contact your Primary Care Liaison Officer.

#### Central Patient Intake Templates

All referrals to Metro North Hospital and Health Service Specialist Outpatient Services are processed through the Central Patient Intake (excluding Mental Health, Subacute and Ambulatory Services, Oral Health and Lady Cilento Children's Hospital). For more information on Central Patient Intake, visit The Metro North Hospital and Health Service Refer a Patient website.

CPI eReferral templates can be downloaded below:

#### Metro North Hospital And Health Service eReferral Templates And Specialists Lists

- RBWH - adult**  
MD | Best Practice | Practix | Genie | ZedMed (v4.4)  
[RBWH adult - Specialists List \(v4.4\)](#)
- TPCH - adult**  
MD | Best Practice | Practix | Genie | ZedMed (v4.4)  
[The Prince Charles Hospital Specialists List \(v4.4\)](#)
- Redcliffe Hospital - adult**  
MD | Best Practice | Practix | Genie | ZedMed (v4.4)  
[Redcliffe Hospital Specialists List \(v4.4\)](#)
- Caboolture Hospital - adult**  
MD | Best Practice | Practix | Genie | ZedMed (v4.4)  
[Caboolture Hospital Specialists List \(v4.4\)](#)
- Palliative care**  
MD | Best Practice | Practix | Genie | ZedMed (v4.4)  
[Palliative care Specialists List \(v4.4\)](#)
- Maternity shared care**  
MD | Best Practice | Practix | Genie | ZedMed (v4.4)  
[Maternity Specialists List \(v4.4\)](#)
- General paediatrics**  
MD | Best Practice | Practix | Genie | ZedMed (v4.4)



# Metro North Referral Template

1. This document is a template for use only. It is not to be used for clinical purposes. It is not to be used for clinical purposes.

DO NOT WRITE IN THIS BOOKING MARGIN

4599 - 072914

580714

<p><b>Queensland Government</b></p> <p><b>Maternity Booking In Referral</b></p> <p>Medicare number: _____</p>	<p>Hospital use only</p> <p>Attach label or enter URN:</p> <p>_____</p>
---	---

Please complete patient contact details in full — to allow us to contact your patient promptly

**Patient details**

Family name:		Given names:	
Date of birth: / /	Home phone:	Work phone:	
Address:			
Next of kin name:			Phone:
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language:	
Is the woman of Aboriginal or Torres Strait Islander origin? (both 'yes' boxes may be ticked)		Is the child of Aboriginal or Torres Strait Islander origin? (both 'yes' boxes may be ticked)	
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No	

**Referral to**

To:	Service:	Fax:
-----	----------	------

**Referring clinician's details**

From:	Phone:	Fax:
Address:		
Provider number:	Email:	

**Clinical details**

LNMP: / / Certain? <input type="checkbox"/> Yes <input type="checkbox"/> No	EDD: / /	Last pap smear: / /	BMI:
Dating scan (if required):	Discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nuchal translucency plus first trimester serum screen (11-13 weeks + 5 days):	Discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chorionic Villus Sampling (CVS) OR <input type="checkbox"/> Amniocentesis	Discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphology diagnostic ultrasound (18-20 weeks):	Discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Routine antenatal tests orders at (please send copies with referral) <input type="checkbox"/> S&N <input type="checkbox"/> GML <input type="checkbox"/> Other:			
Significant obstetric history:	Gravida:	Para:	MVC: Ectopic: TOP:
Significant medical / surgical history:			
Medication list:			
Allergies:			
Smoking status:	cigs/day	Alcohol:	drinks/day
Warnings and alerts:			
Other comments (e.g. social concerns):			
Referring clinician's signature:			Date: / /

MATERNITY BOOKING IN REFERRAL

Page 1 of 1


# Antenatal referrals

- Send referral to CPI
  - [MNCPI\\_Referral@health.qld.gov.au](mailto:MNCPI_Referral@health.qld.gov.au)  
or Fax: 1300 364 952 (enquiries: 1300 364 938)
- Confirm Medicare eligibility
- Indicate Model of Care (MOC) on referral
  - If requesting Birth Centre include on referral - Birth Centre allocations are completed at 12 weeks gestation

# Antenatal referrals

- Include copies of available results with referral to assist with triaging
- Website
  - Advise woman to visit RBWH website for more information regarding maternity services  
<http://www.health.qld.gov.au/rbwh/services/maternity.asp>
- Booking Appointment
  - Initial 'booking' appointment will be completed prior to 18 weeks
- Follow-up
  - All pathology & USS results reviewed and **actioned** by requesting practitioner.
  - Advise woman to follow-up results with you and attend regularly for pregnancy health & wellbeing examinations (every 4 weeks in 1st trimester) or if concerns

# Pregnancy Health Record



**Queensland  
Government**

## Pregnancy Health Record

(Affix identification label here)

URN:  
Family name:  
Given name(s):  
Address:  
Medicare number:  
Date of birth:

+ **Clinician's section**

**Attach ADR Sticker**

**Model of care:**  
Reason for model of care:

Medicare ineligible - Comments:

**Rh D negative?**  
 Yes  No  
*See page a7 for  
Anti D prophylaxis*

**ALLERGIES AND ADVERSE DRUG REACTIONS (ADR)**  
 Nil known  Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction / Date	Initials

Sign: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Religious, ethnic or cultural considerations important to antenatal care** (e.g. blood products, dietary, etc.):

**PRIVACY STATEMENT:** As part of the health service provided to you, Queensland Health collects identifying information about you that is known as personal information under the *Information Privacy Act 2009* and confidential information under the *Hospital and Health Boards Act 2011*. This information is handled in accordance with the requirements under those Acts, and assists health practitioners with your care and treatment. All information will be securely stored and only accessible by authorised staff at Queensland Health. The information included in your Pregnancy Health Record may be given to healthcare providers outside of Queensland Health to assist with your ongoing care and treatment. Your personal information will not be disclosed to other third parties without your consent, unless required by law. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au)

**Woman's Information**

Preferred name:	Age: _____ yrs	Marital status:
Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other: _____	Interpreter required? <input type="checkbox"/> Yes, language: _____ <input type="checkbox"/> No	Ethnicity:
Are you of Aboriginal or Torres Strait Islander origin? (both boxes may be ticked) <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No		
Do you have any problems reading English and understanding the content of this Pregnancy Health Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation:		
Contact number:	Email address:	

WRITE IN THIS BINDING MARGIN

PR

# Initial physical examination

- Responsibility of referring GP regardless of woman's requested model of care

Clinician's section

(Affix identification label here)

URN:  
Family name:  
Given name(s):  
Address:  
Medicare number:  
Date of birth:

Initial Physical Examination		To be completed by a medical officer	
<p><i>BMI: Use pre-pregnancy weight if known, otherwise use first weight taken</i></p> <p>Date: <input type="text" value="/ /"/></p> <p>Booking-in weight: <input type="text"/> kg    Pre-pregnancy weight: <input type="text"/> kg    Height: <input type="text"/> cm</p> <p><b>Pre-pregnancy BMI:</b> <input type="text"/></p> <p> <input type="checkbox"/> Underweight (<math>\leq 18.5</math>)    <input type="checkbox"/> Referral to medical officer  <input type="checkbox"/> Normal (18.5–24.9)    <input type="checkbox"/> Dietitian for review  <input type="checkbox"/> Overweight (25–29.9)    <input type="checkbox"/> Physio for review  <input type="checkbox"/> Clinically obese (<math>\geq 30</math>)  <input type="checkbox"/> Morbidly obese (<math>\geq 40</math>)         </p> <p><b>36 week kg/BMI:</b> <input type="text"/> kg / <input type="text"/> BMI</p> <p> <input type="checkbox"/> Underweight (<math>\leq 18.5</math>)    <input type="checkbox"/> Referral to medical officer  <input type="checkbox"/> Normal (18.5–24.9)    <input type="checkbox"/> Dietitian for review  <input type="checkbox"/> Overweight (25–29.9)    <input type="checkbox"/> Physio for review  <input type="checkbox"/> Clinically obese (<math>\geq 30</math>)  <input type="checkbox"/> Morbidly obese (<math>\geq 40</math>)         </p> <p><b>Cx (Pap) smear:</b>  <input type="checkbox"/> Up-to-date    <input type="checkbox"/> Offered    <input type="checkbox"/> Performed    <input type="checkbox"/> Declined  <input type="checkbox"/> Deferred postpartum → <input type="radio"/> Referral arranged         </p> <p><b>Dental:</b>            Last appointment: ..... / ..... / .....         </p>		<p>Breasts / Nipples:</p> <p>Cardiovascular:</p> <p>Respiratory:</p> <p>Abdominal:</p> <p>Skeletal:</p> <p>Thyroid:</p>	
Name:		Name:	
Designation:		Signature:	

DO NOT WRITE IN THIS BAND!

Source: Queensland Government Pregnancy Health Record

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0030/433659/pregnancy\\_rec.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0030/433659/pregnancy_rec.pdf)

# Screening

## 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	North	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 wks: 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

Modified by Brisbane North PHN, MWHHS and Mater Mothers' Hospital from an original created by Drs Michael Rowe, Muzi Huan and Hong Feng.

This is a joint initiative between Metro North Hospital and Health Service and Brisbane North PHN

Version 3.0 Effective: 09/2016 Review: 09/2017



# Appointment schedule

Recommended Minimum Antenatal Schedule Checklist	
Additional appointments may be required according to individual need. Please discuss any questions or concerns you have during your antenatal, labour or postnatal period with your care providers.	
<p><b>First Visit</b> GP / Midwife visit preferably before 12 weeks</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pregnancy confirmed, maternal counselling commenced</li> <li><input type="checkbox"/> Tobacco, drug and alcohol cessation screening completed</li> <li><input type="checkbox"/> Pre-pregnancy weight, height and BMI recorded (may require referral to dietician, GP and physio)</li> <li><input type="checkbox"/> Urine dipstick / MSU performed</li> <li><input type="checkbox"/> Antenatal blood tests ordered with consent and counselling: blood group and antibodies (status checked / identified), full blood count, diabetes mellitus (if indicated), syphilis, rubella, hepatitis B, hepatitis C, HIV ordered</li> <li><input type="checkbox"/> Antenatal tests ordered: <ul style="list-style-type: none"> <li><input type="checkbox"/> Antenatal screening bloods Free Beta-hCG and Papp A after 10 completed weeks and preferably 3-5 days prior to Nuchal USS. Note: request slip to include EDD and current maternal weight</li> <li><input type="checkbox"/> Nuchal Translucency 11-13 weeks + 6 days</li> <li><input type="checkbox"/> NIPT (if applicable)</li> <li><input type="checkbox"/> Diagnostic Morphology 18-20 weeks</li> </ul> </li> <li><input type="checkbox"/> Genetic Counselling and testing discussed as appropriate: <ul style="list-style-type: none"> <li><input type="checkbox"/> Chorionic Villus Sampling 11-13 weeks / Amniocentesis 18-18 weeks as indicated</li> </ul> </li> <li><input type="checkbox"/> Booking in referral sent: <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth centre care options discussed (if applicable)</li> </ul> </li> <li><input type="checkbox"/> Pap smear offered if due</li> <li><input type="checkbox"/> Normal breast changes discussed</li> <li><input type="checkbox"/> Examination performed</li> <li><input type="checkbox"/> Folate and iodine supplementation discussed</li> <li><input type="checkbox"/> Influenza vaccination administered</li> </ul>	Comments:
<p><b>12-18 weeks</b> Midwife booking-in visit</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Booking in visit - demographic, social, medical and obstetric history documented ± allied health referrals arranged</li> <li><input type="checkbox"/> SAFE Start or similar tool: <input type="radio"/> Commenced <input type="radio"/> Completed <input type="radio"/> Referred</li> <li><input type="checkbox"/> Tobacco screening / drug and alcohol screening / EDS (EPDS) / maternal counselling completed</li> <li><input type="checkbox"/> Models of care discussed and preference identified (page a7)</li> <li><input type="checkbox"/> Follow up Nuchal Translucency / NIPT / Amniocentesis</li> <li><input type="checkbox"/> Urine dipstick / MSU repeated</li> <li><input type="checkbox"/> Refer to Queensland Clinical Guideline: Gestational diabetes mellitus for early OGTT</li> <li><input type="checkbox"/> Recommended weight gain and healthy eating discussed and information given <a href="https://www.health.qld.gov.au/nutrition/nsmo_antenatal.asp">https://www.health.qld.gov.au/nutrition/nsmo_antenatal.asp</a></li> <li><input type="checkbox"/> Physical activity discussed <a href="http://www.pregnancybirthbaby.org.au/exercising-during-pregnancy">http://www.pregnancybirthbaby.org.au/exercising-during-pregnancy</a></li> <li><input type="checkbox"/> Commence infant feeding education according to page b4, topics for this visit to include breastfeeding recommendations, importance of breastfeeding and risks associated with not breastfeeding</li> <li><input type="checkbox"/> Refer to Queensland Clinical Guideline: Establishing breastfeeding</li> <li><input type="checkbox"/> Antenatal classes offered: <input type="radio"/> Accepted <input type="radio"/> Declined <input type="radio"/> Booked</li> <li><input type="checkbox"/> How to register a complaint or complaint about the service</li> <li><input type="checkbox"/> How to action Ryan's Rule</li> </ul>	Comments:
<p><b>20 weeks</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Post diagnostic morphology ultrasound assessment and general health check attended</li> <li><input type="checkbox"/> Appropriate model of care confirmed and documented (after risk assessment completed)</li> <li><input type="checkbox"/> Maternal counselling including tobacco / drug and alcohol cessation continued (if applicable)</li> <li><input type="checkbox"/> Skin-to-skin contact and how to recognise when baby is ready for first feed</li> <li><input type="checkbox"/> Baby led feeding discussed</li> <li><input type="checkbox"/> Positioning and attachment discussed</li> <li><input type="checkbox"/> Consent obtained from Rh D negative women for prophylactic Anti D (staple inside Pregnancy Health Record)</li> <li><input type="checkbox"/> Expected date of birth confirmed</li> <li><input type="checkbox"/> Model of care confirmed</li> <li><input type="checkbox"/> Blood / Scan results reviewed</li> <li><input type="checkbox"/> Confirm influenza vaccination administered</li> <li><input type="checkbox"/> Fetal movement discussed</li> </ul>	Comments:

Source: Queensland Government Pregnancy Health Record

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0030/433659/pregnancy\\_rec.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0030/433659/pregnancy_rec.pdf)

# Women and babies

Royal Brisbane and Women's Hospital  
Metro North Hospital and Health Service

Home

Healthcare services

Patients & visitors

Health professionals

## Healthcare services

Home / Healthcare Services



Women and babies



Medical and surgical care



Tests, x-rays and scans



Emergency, trauma and intensive care



Community and health support services



Cancer care



Mental health



Older persons

Healthcare services (A - Z)





## Options for Maternity Care

Consider these 		During pregnancy			Your appointments		Your birth			Going home		
		Most care by your Midwife <sup>B</sup>	Most care by your GP	Most care by Hospital Specialist	At the Hospital	In the community	Your Midwife for birth <sup>B</sup>	Birth Suite Midwives and Doctors for birth	Water birth and water immersion available <sup>C</sup>	Home visits by your Midwife <sup>B</sup>	Home visits by hospital Midwives	Early discharge available
Midwife	Midwifery Group Practice (MGP) <sup>A</sup> <i>Ngarrama-Royal, Aurora, Aster</i>	✓			✓	✓	✓		✓	✓	✓	
	Birth Centre Midwives <sup>A</sup>	✓			✓		✓		✓		✓	
	Private Midwives <i>With visiting rights to RBWH</i>	✓				✓	✓		✓		✓	
	RBWH Midwives in the community <sup>A</sup> <i>Nundah</i>	✓				✓		✓		✓	✓	
	Midwife Teams <sup>A</sup> <i>Pegasus, Phoenix</i>	✓			✓		✓		✓	✓	✓	
GP	GP Shared Care		✓		✓ <small>some</small>	✓		✓		✓	✓	
Specialist	Specialist Care			✓	✓		✓			✓	✓	
	Private Practice Doctor (Obstetrician)			✓	✓		✓	✓		✓	✓	

Conditions apply. All options for care include access to Obstetricians and other Specialists as required. <sup>A</sup> Ballots, Waiting Lists and/or exclusion criteria may apply. <sup>B</sup> Your midwife is supported by a back-up midwife or small team of midwives. <sup>C</sup> Exclusion criteria apply for Water Immersion and Water Birth for certain medical and/or other conditions, eg. previous caesarean section. Some care options subject to availability. Numbers are limited in midwifery care. Women accepted to RBWH without a valid Medicare Card will only have access to GP Shared Care (or Specialist care if required). All midwives strive to maintain continuity of care however this can never be guaranteed. The National Midwifery Guidelines for Consultation and Referral form the basis of clinical decision-making.

Version 1.0 Effective Date: 24/11/2016 Review Date: 24/11/2018



Partnering with Consumers National Standard 2.4.1  
Consumers and/or carers provided feedback on this publication.

# Caboolture + Redcliffe Hospitals

**Options of care**

The Caboolture Maternity Unit offers a variety of models of care for pregnancy and birth. Our models of care are provided by caring and dedicated health practitioners in partnership with you and your support network. Your Midwife will discuss these options at your first appointment. Options of care available to you are based on your personal preference, the overall health & wellbeing of you & your baby & where you reside.

**What option suits you best? Take a look!**

**GP share care**  
This option is available for women who prefer to have the majority of their visits with their GP. It is recommended you attend visits at the hospital for booking-in (12 - 14 weeks) & at 20, 36 and 41 weeks.

**Midwives Clinic**  
If your pregnancy is uncomplicated, you may choose to attend this clinic where you will be cared for by the antenatal clinic midwives. If you experience complications during your pregnancy an obstetrician will be involved in your care and see you at the hospital antenatal clinic along with the midwives.

**Midwifery Group Practice - Continuity of Care**  
In this model women are cared for by the same group of midwives throughout the pregnancy, labour, birth and afterwards at home. This gives you & the midwives the opportunity to get to know each other & develop a partnership through out your care. Appointments may be in the hospital, at home or in the community.

**Outreach Clinic - Kilcoy**  
Midwifery led antenatal clinics are available for women living in the Kilcoy catchment area with antenatal visits offered at Kilcoy hospital & birthing services provided at Caboolture Hospital. Kilcoy Hospital is located in Brown St, Kilcoy.

**Young Bumps & Bubs (YBB) - Young Parent Clinic**  
The YBB group is run by a Midwife & Child Health Nurse for women under the age of 20 & their partners. These sessions are held at the Caboolture Early Years Centre at 64 Manley St, Caboolture. Antenatal & postnatal care is provided in a relaxed and open environment with antenatal visits offered at the centre. Following the birth of your baby, you & your baby are welcome to come along to discuss any issues and spend time with other young mums.

**Aboriginal and Torres Strait Islander Maternity Service - Ngarrama North**  
The service provides care for women who are Aboriginal and Torres Strait Islander and/or whose partner identify as Aboriginal and Torres Strait Islander. A Midwife and Advanced Indigenous Health Worker will care for you throughout your pregnancy and after the baby is born. They will provide all antenatal & postnatal care in either your home, the community clinic or at Caboolture Hospital.

**Obstetric led care with Doctors and Midwives**  
Women who have existing medical conditions such as diabetes, epilepsy, high blood pressure, heart disease or develop problems during their pregnancy are provided with a combination of visits from Doctors and Midwives at Caboolture hospital. Obstetricians are specialists in dealing with complications that arise in pregnancy.

**Queensland Government**

GP Share Care

Midwives Clinic

Midwifery Group Practice (AMITY)

Young Parents Group

Ngarrama Clinic

Obstetrician led care

Private Practice Midwife

CBE

<https://metronorth.health.qld.gov.au/caboolture/healthcare-services/maternity-services/choosing-an-option-for-maternity-care>

<https://www.health.qld.gov.au/redcliffe/services/wns-maternity>

# Other Women's and Newborn services

Early Pregnancy Assessment Unit (EPAU)	Obstetric Review Centre (ORC)
Childbirth education	GDM midwives
Postnatal in-home visiting following discharge	Complex Case Manager (Inc. obstetric medical team)
Cardiac Clinic	Endocrine clinic
Social Work Inc. Child Protection Liaison Officer	Lactation Service
Allied Health	Anaesthetics clinic
Mental Health	CAPC (MFM)
Milk Bank	Gynaecology (Breast and Continence)
Grantley Stable Neonatal Unit	

# GLOW

an online resource for pregnant women  
proudly presented by Metro North Hospital & Health Service

- Online information for women planning to birth at RBWH
- Women opt-in at booking-in visit
- Provided access for 12 months - 24/7 from home computer, tablet or smartphone



Image source: Royal Brisbane and Women's Hospital



# Metro North GP Alignment Program



**MATERNITY WORKSHOP**

Saturday, 7 October 2017

Skills Development Centre, Royal Brisbane and Women's Hospital

## Gynaecology Services

Dr David Baartz

Clinical lead - Gynaecology

Royal Brisbane and Women's Hospital

# Services

Metro North Hospital and Health Service Part of the Queensland Health

Women's and Children's Stream

## Gynaecology Services

Refer to <https://www.health.qld.gov.au/metro-north/refer-services/gynaecology/details.asp> for full referral criteria and guidelines. Failure to provide information as requested may result in referral being rejected causing unnecessary delays for your patient.

It is recommended that General practitioners refer patients to the nearest health care facility to where the patient resides.

Disclaimer: The Prince Charles Hospital (TPCH) does not provide an elective service for Gynaecological care (emergency services provided in TPCH Department of Emergency Medicine (DEM) only)

Metro North HHS Gynaecology does not routinely provide the following services and recommend referral to TRUE Relationships and Reproductive Health or Women's Health speciality primary care providers:

- contraception e.g. Implanton
- routine Mirena/IUD insertion for contraception
- primary menopausal care
- screening pap smear
- postnatal check-up

SERVICE	Royal Brisbane & Women's Hospital	Redcliffe Hospital	Caboolture Hospital
<b>Clinical condition / symptoms</b>			
Abnormal pap smear and colposcopy clinic	✓	✓	✓
Abnormal vaginal bleeding	✓	✓	✓
Amenorrhoea	✓	✓	✓
Dysmenorrhoea	✓	✓	✓
Dyspareunia	✓	✓	✓
Early pregnancy loss and early pregnancy clinic	✓	✓	✓
Endometriosis	✓	✓	✓
Fertility services	✓	✓	✓
Heavy menstrual bleeding	✓	✓	✓
Pelvic and abdominal pain	✓	✓	✓
Pelvic cysts, masses and fibroids	✓	✓	✓
Pelvic organ prolapse	✓	✓	✓
Polycystic ovarian syndrome	✓	✓	✓
Recurrent miscarriage	✓	✓	✓
Urinary incontinence and symptoms	✓	✓	✓
Vaginal discharge and irritation	✓	✓	✓
<b>Advanced tertiary services</b> (local hospital can refer after initial workup and investigations indicate need for tertiary service and care)			
Adolescent Gynaecology (14 – 18 years) state wide service <small>(Note: under 14 years of age refer to LCOH)</small>	✓		
Gynaecology Oncology (confirmed histological cancers or high suspicion of cancer) state wide service	✓		
Urogynaecology	✓		
Fertility	✓		
<b>CONTACTS</b>			
Administration	3646 1763	3883 7100	5433 8955
Clinical	3646 1828	3883 7335	5433 8035

V03 Effective: March 2017 Review: March 2016



Metro North Hospital and Health Service website:  
[https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0035/649079/mn-gynaecology-services.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0035/649079/mn-gynaecology-services.pdf)

# How to refer



Referral guidelines are changing across Metro North.  
Make sure you're familiar with the latest criteria when referring patients.

## Specialist outpatient referral guidelines

Central Patient Intake Referral enquiry hotline:  
**1300 364 938**  
Fax: 1300 364 952

**Referral Guidelines are changing.**  
Make sure you're familiar with the latest criteria when referring patients. Read more about the Clinical Prioritisation Criteria (CPC) guidelines (PDF, 190KB) which now apply across various Metro North specialities.

Gynaecology

Go

[View the specialist list](#)

[View an A-Z of specialist services](#)

## Community, indigenous & subacute services

Contact the Central Referral Unit (CRU) for referrals, including referral tracking and clinical referral advice.

CRU Hotline:  
**1300 658 252**

-- Select a community care service --

Go

## Mental Health services

## Quick links

- Specialists list
- Emergency referrals and triage categories
- Referral enquiries
- Outpatient clinic information
- Children's Health Queensland
- Central Patient Intake Unit (CPIU) Fact Sheet
- CPI: Frequently asked Questions

## GP education

[Home](#) > [Refer your patient](#) > [Specialists list](#) > Gynaecology

## Gynaecology

Abnormal pap smear / cervical dysplasia / abnormal cervix

Cervical polyp

Dyspareunia (deep or superficial)

Fibroids

Heavy menstrual bleeding (HMB)

Infertility/RPL/PCOS

Intermenstrual bleeding

Known or suspected endometriosis

Mirena®/progesterone releasing IUD Insertion or removal, for HMB or HRT

Ovarian cyst / pelvic mass

Pelvic floor dysfunction (e.g. prolapse and/or incontinence)

Pelvic pain/dysmenorrhea/PMS

Post-coital bleeding

Post-menopausal bleeding (vaginal bleeding more than 12 months following last menstrual period)

Primary/ secondary amenorrhoea

Vulva lesion/ lump/genital warts/ boil/ swelling/ abscess/ ulcer/ Bartholin's cyst

# Gynaecology

## Emergency

If any of the following are present or suspected, phone 000 to arrange immediate transfer to the emergency department or seek emergent medical advice if in a remote region.

- Ectopic pregnancy
- Ruptured haemorrhagic ovarian cyst
- Torsion of uterine appendages
- Acute/severe pelvic pain
- Significant or uncontrolled vaginal bleeding
- Severe infection
- Abscess intra pelvis or PID
- Bartholin's abscess / acute painful enlargement of a Bartholin's gland/cyst
- Acute trauma including vulva/vaginal lacerations, haematoma and/or penetrating injuries
- Post-operative complications within 6 weeks including wound infection, wound breakdown, vaginal bleeding/discharge, retained products of conception post-op, abdominal pain
- Urinary retention
- Molar pregnancy
- Inevitable and / or incomplete abortion
- Hyperemesis gravidarum
- Ascites, secondary to known underlying gynaecological oncology

### Emergency referrals

All urgent cases must be discussed with the on call Registrar to obtain appropriate prioritisation and treatment. Contact through:

- RBWH switch (07) 3646 8111,
- TPCH switch (07) 3139 4000,
- Redcliffe switch (07) 3883 7777 or
- Caboolture switch (07) 5433 8888

Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

## Conditions (in-scope services)

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the out of scope section.

- [Abnormal pap smear / cervical dysplasia / abnormal cervix](#)
- [Cervical polyp](#)

### Send referral

<b>Hotline</b>	<b>1300 364 938</b>
Fax	1300 364 952
Electronic	eReferral system
Referral template	<a href="#">eReferral templates</a>
Mail	<b>Metro North Central Patient Intake</b> Aspley Community Centre 776 Zillmere Road ASPLEY QLD 4034

- ▶ [Specialist list](#)
- ▶ [Outpatient clinic information](#)
- ▶ [General referral criteria](#)
- ▶ [Named referrals](#)

### Locations

- ▶ [Caboolture Hospital](#)
- ▶ [Redcliffe Hospital](#)
- ▶ [Royal Brisbane and Women's Hospital](#)

### Health Pathways

Access to Health Pathways is free for clinicians in Metro North Brisbane.

For login details email: [healthpathways@brisbanenorthphn.org.au](mailto:healthpathways@brisbanenorthphn.org.au)

Login to Brisbane North Health Pathways: [brisbanenorth.healthpathwayscommunity.org](http://brisbanenorth.healthpathwayscommunity.org)

### Resources



## Gynaecology

Abnormal pap smear / cervical dysplasia / abnormal cervix

Cervical polyp

Dyspareunia (deep or superficial)

Fibroids

Heavy menstrual bleeding (HMB)

**Infertility/Recurrent Pregnancy Loss (RPL)/Polycystic Ovarian Syndrome (PCOS)**

Intermenstrual bleeding

Known or suspected endometriosis

Mirena/Progesterone Releasing IUD Insertion or Removal for Heavy Menstrual Bleeding (HMB) or Hormone Replacement Therapy (HRT)

Ovarian cyst / pelvic mass

Pelvic floor dysfunction (e.g. prolapse and/or incontinence)

CPC Enhanced Guidelines V0.7  
Effective: 20 June 2017 Review: 20 June 2018 Page 18 of 23 Pelvic Pain/Dysmenorrhoea/Premenstrual Syndrome (PMS)

Post-coital bleeding

Post-menopausal bleeding (vaginal bleeding more than 12 months following last menstrual period)

Primary/ secondary amenorrhoea

Vulva lesion/ lump/genital warts/ boil/ swelling/ abscess/ ulcer/ Bartholin's cyst

# Infertility/Recurrent Pregnancy Loss (RPL)/Polycystic Ovarian Syndrome (PCOS)

- ▶ [Minimum referral criteria](#)
- ▶ [Primary care management information](#)
- ▶ [Essential referral information](#)
- ▶ [Other essential information](#)

## Emergency referrals

All urgent cases must be discussed with the on call Registrar to obtain appropriate prioritisation and treatment. Contact through:

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- TPCH switch (07) 3139 4000,
- Redcliffe switch (07) 3883 7777 or
- Caboolture switch (07) 5433 8888

Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

Does your patient wish to be referred?

## Minimum referral criteria

Does your patient meet the minimum referral criteria?

<p><b>Category 1</b> Appointment within 30 days is desirable</p>	<ul style="list-style-type: none"> <li>• Imminent chemotherapy required</li> <li>• All other Category 1 referral for infertility are not accepted, refer to a private specialist to avoid delay</li> </ul>
<p><b>Category 2</b> Appointment within 90 days is desirable</p>	<ul style="list-style-type: none"> <li>• Category 2 referral for infertility are not accepted, refer to a private specialist to avoid delay</li> </ul>
<p><b>Category 3</b> Appointment within 365 days is desirable</p>	<ul style="list-style-type: none"> <li>• All referrals for infertility</li> </ul> <p>NB Infertility is the failure to achieve pregnancy after 12 months or more of unprotected intercourse</p>

## Send referral

Hotline	1300 364 938
Fax	1300 364 952
Electronic	eReferral system
Referral template	<a href="#">eReferral templates</a>
Mail	<p><b>Metro North Central Patient Intake</b> Aspley Community Centre 776 Zillmere Road ASPLEY QLD 4034</p>

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- ▶ [Royal Brisbane and Women's Hospital](#)

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Login to Brisbane North Health Pathways: [brisbanenorth.healthpathwayscommunity.org](http://brisbanenorth.healthpathwayscommunity.org)

## Metro North GP Alignment Program



### Gynaecology Workshop

Saturday 4 November 2017

Skills Development Centre, Caboolture Hospital

#### ABOUT THE WORKSHOP

The GP Alignment Program is an award-winning\* series of free workshops hosted by Women's and Children's Stream, Metro North Hospital and Health Service.

The six hours of education for the **gynaecology program** covers a number of important topics including:

- gynaecology referral processes
- cervical screening
- pelvic organ prolapse/incontinence
- pelvic floor physiotherapy
- vaginal pessaries
- endometriosis and chronic pain
- heavy menstrual bleeding
- fertility

#### PRESENTERS

Presenters/facilitators include:

- specialists in obstetrics and gynaecology
- specialists in fertility
- GPs with a special interest
- Gynaecology Nurse Managers
- Continence Clinical Nurse Consultant
- Physiotherapist
- Cytopathologist

By registering, you agree to participate in the full program, including completion of a predisposing and reinforcing activity.

Closely aligned with the Metro North GP Alignment Program Maternity Workshop.

#### SPONSORS

This event is sponsored by Bayer, Merck and QML Pathology.



RACGP Accredited  
Cat. 1 QI&CPD Accredited Activity  
(40 points)

#### WORKSHOP DETAILS

**Date:** Saturday, 4 November 2017

**Venue:** Skills Development Centre  
Caboolture Hospital  
120 McKean Street  
Caboolture

<b>Program:</b>	8.30am	Registrations open tea and coffee served
	9am-4.15pm	Workshop (catered)
	4.15pm	Workshop concludes

#### REGISTRATION & ENQUIRIES

Register online at: <https://register.eventare.com/39253/metro-north-gp-alignment-program-gynaecology-workshop>

Registrations will close Sunday, 29 October 2017.  
There is no cost to register.

For all enquiries, please contact:

Program Administrator  
Phone: 07 3646 4421  
Email: [mngpalign@health.qld.gov.au](mailto:mngpalign@health.qld.gov.au)

\*2014 MMRHS Staff Excellence Awards - Highly Commended - Excellence in Clinical Education and Training  
\*2014 Queensland Health Award for Excellence - Highly Commended - Continuing Education

This is a joint initiative between Metro North Hospital and Health Service and Brisbane North PHN



MERCK



## Metro North GP Alignment Program



**MATERNITY WORKSHOP**

**Saturday, 25 MARCH 2017**

Skills Development Centre, Royal Brisbane and Women's Hospital

# Case work 1: First trimester care

# Red group – first trimester

- Julie - healthy 24 year old
- LNMP was 4 weeks ago & uHCG is positive
- This is her first pregnancy, she has no private health insurance & she wants to know what comes next
- She has a 15 min appointment
- Outline your approach

# NHMRC Iodine recommendation 2010

- NHMRC recommends **all women** who are **pregnant, breastfeeding or considering pregnancy**, take an **iodine** supplement of **150 micrograms (µg) each day**
- Women with pre-existing thyroid conditions should seek advice from medical practitioner prior to taking a supplement
- Women who are thyrotoxic, have Graves disease or a multinodular goitre should not take supplemental iodine

# Iodine supplementation

- Iodine and folic acid fortification of bread mandatory since 2009 but not high enough levels for pregnancy - supplementation still recommended
- **Most pregnancy and breastfeeding multivitamins contain iodine**
- Iodised salt recommended for women of child bearing age

[www.foodstandards.gov.au](http://www.foodstandards.gov.au)



## Nutrition Education Materials Online (NEMO)

For Professionals > Health Professionals > Nutrition Education Materials Online

### Antenatal resources

Resources are designed to be used by health professionals.

#### Approved nutrition education materials

Resource	Author
<a href="#">Folate</a>	Food Standards Australia & New Zealand
<a href="#">Healthy eating and weight gain during pregnancy</a>	NEMO Antenatal group
<a href="#">Healthy eating for breastfeeding mothers</a>	NEMO Antenatal group
<a href="#">Iron for pregnant women</a>	NEMO Antenatal group
<a href="#">Listeria</a>	Food Standards Australia & New Zealand
<a href="#">Nutrition for vegetarian pregnant &amp; breastfeeding mothers</a>	NEMO Antenatal group
<a href="#">Nutrition for vegan pregnant &amp; breastfeeding mothers</a>	NEMO Antenatal group
<a href="#">Managing morning sickness</a>	NEMO Antenatal group
<a href="#">Mercury</a>	Food Standards Australia & New Zealand
<a href="#">Gestational diabetes mellitus</a> large file 1MB	NEMO Antenatal group
<a href="#">Gestational diabetes presentation</a> large file 4.2MB	NEMO Antenatal group
<a href="#">Pregnancy weight gain chart for BMI &lt; 25kg/m2 (PDF, 495KB)</a>	NEMO Antenatal group
<a href="#">Pregnancy weight gain chart for BMI &gt; 25kg/m2 (PDF, 499KB)</a>	NEMO Antenatal group

- Home
- Finalised materials
- Aboriginal & Torres Strait Islander resources
- Allergy
- Antenatal
- Cardiovascular disease
- Culturally and linguistically diverse resources
- Cystic fibrosis
- Diabetes
- Gastroenterology
- General nutrition
- HIV
- [+] Mental Health
- Nutrition Care Process Terminology
- Nutrition support
- Oncology
- Paediatrics

# Specific STI testing

- National guidelines recommend testing *all* women under the age of 25 for **Chlamydia** as part of antenatal screen
- Statewide pregnancy health record recommends testing all high risk women for **Syphilis** in third trimester as well as first trimester



# Queensland dTpa vaccination program for pregnant women

- Vaccination during pregnancy more effective in reducing risk of Pertussis in young infants than vaccination of mother post partum
- Due to direct passive protection of newborn by trans placental transfer of high levels of Pertussis antibodies from vaccinated woman to fetus

# Queensland dTpa vaccination program for pregnant women

- Recommended as a single dose during the third trimester of **each** pregnancy (optimal time 28-32 weeks)
- Funded by Queensland Health

# dTpa recommendations for other household contacts

- Not funded but recommended that adult household contacts and carers of infants <6 months of age receive a dTpa vaccine at least 2 weeks before beginning close contact with infant.
- Booster dose of dTpa recommended if 10 years have elapsed since previous dose

# Queensland dTpa vaccination program for pregnant women



Source: Queensland Health <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/research>

# Influenza

- Pregnant women (and women planning pregnancy) are recommended to be immunised against influenza
- Can be given during any stage of pregnancy, timing of vaccination depends on time of year relative to Influenza season, vaccine availability, stage of pregnancy and anticipated duration of immunity

# Why immunise pregnant women in General Practice?

- In Australia, vaccination is predominantly undertaken in General Practices (Australian Immunisation Handbook 10th Edition)
- \*Women who received recommendation from their health care provider are 20-100 times more likely to receive the vaccine
- Metro North HHS Antenatal Clinics and Hospitals **do not** routinely provide vaccinations
- Midwives & Obstetricians may not be registered Vaccine Service Providers (VSPs)

*\*Yuen C, Tarrant M. Determinants of uptake of influenza vaccination among pregnant women – A systematic review. Vaccine. 2014;32(36):4602-4613*



# Referral for vaccination

- You may see this form
- Recommendation from obstetrician or hospital antenatal clinic for vaccinations in pregnancy

## Referral for Vaccination

Vaccination in pregnancy is very important to protect both the health of the pregnant woman and the unborn baby. The following vaccinations as indicated below are recommended for

Name: .....

Would you kindly please provide these vaccinations?

**Inactivated Influenza vaccine**

Recommended for all pregnant women at any stage of pregnancy during influenza season, particularly those who will be in the second or third trimester of pregnancy during the influenza season. This vaccine is funded by Queensland Health for pregnant women.

**dTpa ( Adacel™)**

Recommended as a single dose during the third trimester of each pregnancy even during closely spaced pregnancies less than 2 years apart, it is preferable the vaccine is given at (28–32 weeks) but it can be given at any time during the third trimester. This is a time limited program and is funded by Queensland Health.

Your assistance is greatly appreciated in providing this essential component of antenatal care.  
If you have any questions regarding vaccination in pregnancy please contact  
your local public health unit or 13 Health (ph. 13 432 584)

Metro North Public Health Unit: ph. 3624 1111

Metro South Public Health Unit: ph. 3176 4000

Practice Stamp



# Pregnancy Health Record

Immunisation			
Anti D Prophylaxis (Rh D negative women only)	<input type="checkbox"/> Not required <input type="checkbox"/> 28 weeks If <i>no</i> , reason: <input type="text"/>		Print name:
	Batch number: <input type="text"/>		Designation: <input type="text"/>
	<input type="checkbox"/> 34–36 weeks If <i>no</i> , reason: <input type="text"/>		Signature: <input type="text"/>
	Batch number: <input type="text"/>		Print name: <input type="text"/>
		Designation: <input type="text"/>	Signature: <input type="text"/>
dTpa (diphtheria, tetanus and whooping cough) vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No Date given: <input type="text"/> / <input type="text"/> / <input type="text"/>	Gestation: <input type="text"/> weeks	Batch number: <input type="text"/>
			Print name: <input type="text"/>
			Designation: <input type="text"/>
			Signature: <input type="text"/>
Influenza vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No Date given: <input type="text"/> / <input type="text"/> / <input type="text"/>	Gestation: <input type="text"/> weeks	Batch number: <input type="text"/>
			Print name: <input type="text"/>
			Designation: <input type="text"/>
			Signature: <input type="text"/>
Other (specify)	Date given: <input type="text"/> / <input type="text"/> / <input type="text"/>	Gestation: <input type="text"/> weeks	Batch number: <input type="text"/>
			Print name: <input type="text"/>
			Designation: <input type="text"/>
			Signature: <input type="text"/>

Source: Queensland Government Pregnancy Health Record

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0030/433659/pregnancy\\_rec.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0030/433659/pregnancy_rec.pdf)

# Blue group - first trimester

- Anna - healthy 32 year old aboriginal woman who is pleased as her period is overdue and her home pregnancy test is positive
- She has been stable on 100 mcg of thyroxine o.d. for several years & is taking no other medication
- She has a 15 min appointment
- Outline your approach

# Aboriginal and/or Torres Strait Islander services

## Projects



### Ngarrama (Antenatal and Birthing Services)

Midwife services at Caboolture, Redcliffe and RBWH designed specifically for Aboriginal and Torres Strait Islander women with Advanced Health Worker at each.

Home visiting by the Indigenous Health Service in P&CH



### Hospital Liaison Officer Project

Develop and implement a congruent Indigenous hospital liaison service across the Metro North, based on the principles of safety and quality, genuine stakeholder engagement, service integration and cultural competence, to best support Aboriginal and Torres Strait Islander patients to navigate the complex health care journey.



### For Me & Bub

For Me & Bub is a training program that aims to increase and maintain the skills of the maternal and child health workforce to deliver culturally effective alcohol, tobacco and other drug (ATOD) brief interventions with their clients so as to encourage and support Indigenous women to abstain from substance use during pregnancy.

The Program has two training components:

Step 1 – Online brief intervention training for all Queensland Health child and maternal health staff (*Alcohol, Tobacco and Other Drugs Brief Intervention Training: A Guide for Maternity and Child Health Workers Program*) and;

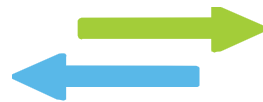
Step 2 – Face-to-face training for Queensland Health child and maternal health staff who work closely with Aboriginal and Torres Strait Islander clients (*For Me & Bub Program*).

To register for the Me & Bub Training Program please fill in the [For Me & Bub registration form](#).

# Working together to support Aboriginal and/or Torres Strait Islander families

- Ngarrama birthing service
- Brisbane North PHN Closing the Gap

The screenshot shows the Brisbane North PHN website. The header includes the PHN logo and navigation links for Health Professionals, Community, News & Events, Publications, Contact Us, and About. The main content area features a large Aboriginal artwork of a fish and the text 'Closing the Gap'. Below this, there is a sidebar with 'In This Section' containing links to Community Care, Directories, Health-Workforce Innovations, Palliative Care, Referrals Program, Referral and Patient Management, Service Navigator, Team Care Coordination, Closing the Gap, Care Coordination and Supplementary Services (CCSS), and Improved Indigenous Access to. The main content area is titled 'Closing The Gap' and includes a description of the PHN's commitment to Aboriginal and Torres Strait Islander people, the aim of the Closing the Gap strategies, and a link to the 'Care Coordination And Supplementary Services (CCSS)' page.



The screenshot shows the Queensland Health website. The header includes the Queensland Government logo and navigation links for About Us, Services, For Consumers, For Professionals, Work For Us, News, Resources, and Our Performance. The main content area is titled 'Question 8 - Aboriginal and Torres Strait Islander Support?' and 'Aboriginal and Torres Strait Islander Maternity Service'. It includes a sub-section 'Who can use this service?' and a description of the service. A photo of a woman holding a baby is visible. The page also includes a 'How can I access this service for my pregnancy?' section and a list of 'Services available:' such as Culturally appropriate support, Joint visits with Indigenous Community Health Clinics, Co-ordination of GP shared care, Pregnancy testing and counselling, Referrals to support services to help prepare for baby, High-risk pregnancy support, Pregnancy ( Antenatal) check-ups, Labour and birth care in hospital, Support and checkups after your baby is born (postnatal) in hospital and at home, and Breastfeeding support.

# Thyroxine management in pregnancy

- Women with hypothyroidism, **TSH should be < 2.5** before and during pregnancy
- Thyroxine requirements increase in pregnancy – recommend well controlled women **increase dose by 30%** at time pregnancy is confirmed; which practically translates into taking an extra dose twice a week
- Known hypo or hyper thyroidism, **check TFT every 6 - 8 weeks**
- Thyroxine can generally be decreased after birth



# Thyroid tips

- Routine testing of TFT in pregnancy in low risk women is **not** recommended

# Thyroid Tips – subclinical hypothyroidism

- If TSH >4.0, commence thyroxine
- If TSH 2.5 - 4.0, repeat TSH, Free T4, Free T3 & measure anti-thyroid antibody titres
- [https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0029/663536/thyroid-disorders-pregnancy.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0029/663536/thyroid-disorders-pregnancy.pdf)

# Thyroid Tips – subclinical hyperthyroidism

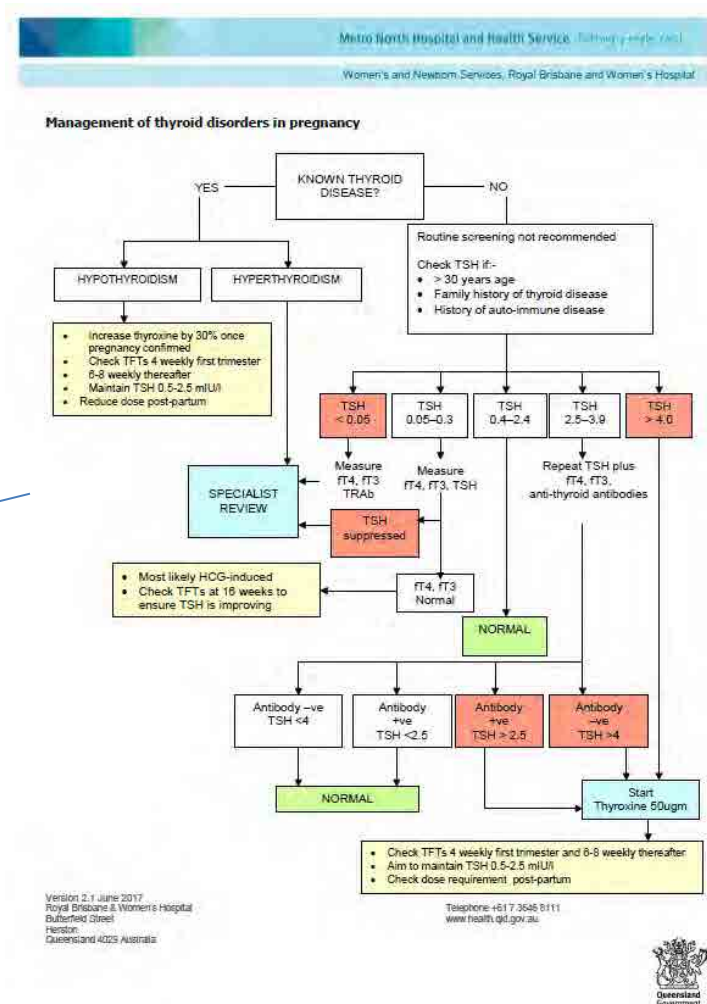
- TSH generally drops in 1st trimester with rise in HCG; typically normalises in 2<sup>nd</sup> trimester
- If TSH < 0.4, repeat TSH, Free T4, Free T3
- If TSH < 0.05, also measure TRAb
- [https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0029/663536/thyroid-disorders-pregnancy.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0029/663536/thyroid-disorders-pregnancy.pdf)

# Thyroid Management

## GP resources

## Maternity and gynaecology resources

- Metro North GP Alignment Program: Maternity resources
  - [Part 1 Redcliffe \(PDF, 4MB\)](#)
  - [Part 2 Caboolture \(PDF, 3.2MB\)](#)
  - [Maternity GP Shared Care Guideline \(PDF, 740KB\)](#)
  - [Antenatal Shared Care Flowchart \(PDF, 180KB\)](#)
  - [Thyroid disorders in pregnancy \(PDF, 88KB\)](#)
- Metro North GP Alignment Program: Gynaecology resources:
  - [Part 1 \(PDF, 944KB\)](#)
  - [Part 2 \(PDF, 1.6MB\)](#)
  - [Part 3 \(PDF, 608KB\)](#)



[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0029/663536/thyroid-disorders-pregnancy.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0029/663536/thyroid-disorders-pregnancy.pdf)

# Vitamin D deficiency

- Recommended that pregnant women at risk for vitamin D deficiency be tested in early pregnancy OR provided with vitamin D supplementation

[www.ranzcog.edu.au/college-statements-guidelines.html](http://www.ranzcog.edu.au/college-statements-guidelines.html)

<https://www.mja.com.au/journal/2012/196/11/vitamin-d-and-health-adults-australia-and-new-zealand-position-statement>

# Vitamin D deficiency

25-hydroxyvitamin D, quantification in serum, for the investigation of a patient who:

- (a) has signs or symptoms of osteoporosis or osteomalacia; or
- (b) has increased alkaline phosphatase and otherwise normal liver function tests; or
- (c) has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; or
- (d) is suffering from malabsorption (for example, because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease, or has had bariatric surgery); or
- (e) has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; or**
- (f) is taking medication known to decrease 25OH-D levels (for example, anticonvulsants); or
- (g) has chronic renal failure or is a renal transplant recipient; or
- (h) is less than 16 years of age and has signs or symptoms of rickets; or
- (i) is an infant whose mother has established vitamin D deficiency; or
- (j) is an exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item; or
- (k) has a sibling who is less than 16 years of age and has vitamin D deficiency

<http://www.mbsonline.gov.au>



# Vitamin D deficiency

- Supplements: containing vitamin D3 (cholecalciferol) 1000 IU
- **3000-5000 IU/day for at least 6-12 weeks is required to treat moderate to severe deficiency for most people.**
- Check levels after 3 months, continue 1000-2000 IU/ day with adequate calcium intake

# Orange group – first trimester

- Nicole - healthy 37 year old with a BMI of 40, presents following a positive home pregnancy test
- She states home pregnancy test performed 3/52 earlier was negative
- Nicole is unsure when she fell pregnant as periods irregular and LNMP was 7 weeks ago
- Nicole has been taking Folic Acid 0.5 mg daily and wants to know what to do next
- She has a positive family history of VTE
- 15 min appointment booked
- Outline your approach

# Obesity guidelines

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health • care • people

**MATERNITY & NEONATAL**

Queensland Maternity and Neonatal **Clinical Guideline**

**Obesity**

Queensland Clinical Guidelines <http://www.health.qld.gov.au/qcg/>

# Risk of high pre-pregnancy BMI

## Maternal Risks

- Maternal death or severe morbidity
- Thromboembolism
- Gestational diabetes
- Hypertension & Pre-eclampsia
- Macrosomia
- Induction of labour
- Instrumental delivery
- Infection post CS
- Post partum haemorrhage
- Post partum weight retention
- Anaesthetic challenges
- Excess gestational weight gain
- Lactation failure

## Fetal/Baby Risks

- Congenital abnormalities
- Poor US visualisation/difficult foetal surveillance
- Stillbirth
- Large for gestational age
- Shoulder dystocia
- Prematurity
- Neonatal death
- NICU admissions
- Less breastfeeding
- Childhood obesity and chronic disease

# Practical problems

- BP measurement
- Bed weight capacity
- Theatre trolley movement & patient shifting
- Ultrasonography – less reliable and risk of wrist/upper limb injuries for sonographers
- Listening to fetal heart/CTG
- Venous access



Image source: Donna Traves Sonographer, RBWH

# Obesity in pregnancy

- It is recommended that women with a BMI > 30 are weighed at each visit
- Advise women of their target weight gain based on **pre-pregnancy BMI** (Refer to page a6 PHR)

Target Weight Gains			
*Calculations assume a 0.5–2kg weight gain in the first trimester for single babies. Refer to dietitian if multiple pregnancies, as different goals required. Dietary and physical activity requirements discussed (refer to page b2). Refer to Queensland Clinical Guideline: <i>Obesity in pregnancy</i> for further information.	Pre-pregnancy BMI (kg/m <sup>2</sup> )	Rate of gain 2nd and 3rd trimester (kg/week)*	Recommended total gain range (kg)
	Less than 18.5	0.45	12.5 to 18
	18.5 to 24.9	0.45	11.5 to 16
	25.0 to 29.9	0.28	7 to 11.5
	≥30.0	0.22	5 to 9

<b>Anaesthetic review</b> <input type="checkbox"/> Yes → Review date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> Referred	<b>Neonatal / Paediatric review</b> <input type="checkbox"/> Yes → Review date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> Referred
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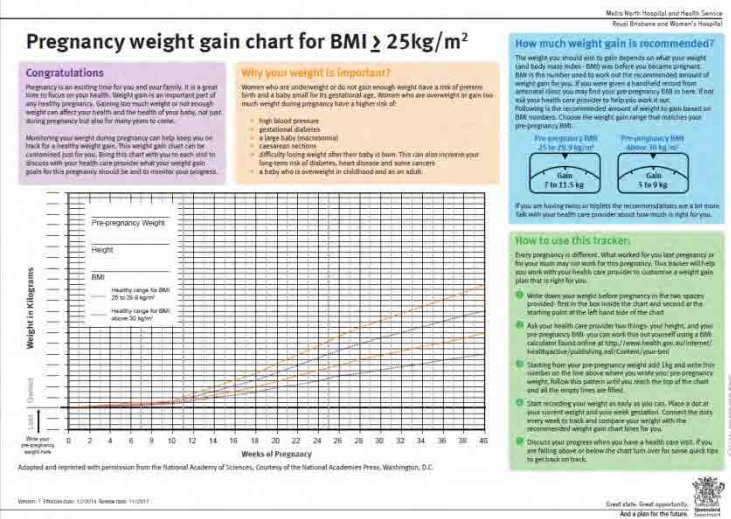
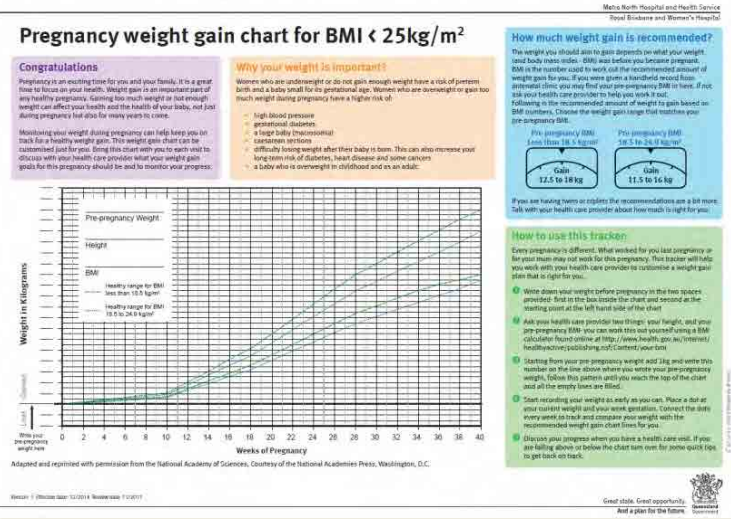
Source: Queensland Government Pregnancy Health Record

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0030/433659/pregnancy\\_rec.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0030/433659/pregnancy_rec.pdf)



# Pregnancy weight gain chart

- Two resources available depending on pre-pregnancy BMI (<25 kg/m<sup>2</sup> vs. ≥25 kg/m<sup>2</sup>)
- Weight gain chart encourages self monitoring
- Self monitoring with behaviour modification supports ongoing behaviour change



**What should I do if I am not gaining enough weight?**

Sometimes women who have morning sickness early in pregnancy find it difficult to gain enough weight. Sometimes they even lose a small amount of weight. If this happens to you, you do not need to be concerned as long as you start to gain weight in the second trimester of your pregnancy.

It is important to have three meals a day, and also have between-meal snacks, such as morning tea, afternoon tea and supper.

**Good snacks include:**

- Fruit toast
- dried fruit, nuts, and seeds.
- yoghurt
- moulded bars
- cheese & crackers
- milk drinks (i.e. milo and milk, milkshakes).

If you are unable to eat well due to nausea or vomiting and are losing weight or you are not gaining enough weight ask your midwife for a referral to see an Accredited Practising Dietitian.

If you would like more support for a healthy weight gain in pregnancy ask your midwife for a referral to an Accredited Practising Dietitian. For more information about eating well in pregnancy or to manage your pregnancy weight gain please see the following resources.

**Healthy eating during pregnancy**  
[https://www.health.qld.gov.au/nutrition/resources/antenatal\\_nrgpl.pdf](https://www.health.qld.gov.au/nutrition/resources/antenatal_nrgpl.pdf)

**Healthy weight gain during pregnancy**  
[https://www.health.qld.gov.au/nutrition/resources/antenatal\\_wght.pdf](https://www.health.qld.gov.au/nutrition/resources/antenatal_wght.pdf)

**What should I do if I am gaining weight too quickly?**

Gaining too much weight when you are pregnant can be harmful to you and your baby.

To control your weight gain, limit foods that are high in fat and sugar. Make sure you are not 'eating for two'. It is also important to include regular physical activity on most days.

Include plenty of vegetables in at least 2 of your meals each day and plan your meals and snacks. Try fruit or reduced fat yogurt for snacks.

**Being active during pregnancy**

To get the most health benefits, a good goal is at least half an hour of physical activity each day. You do not have to do it all at once. Your exercise can be spread over the day, in ten-minute blocks. Try three ten minute walks, or two fifteen-minute periods of activity. Many activities are safe during pregnancy. Some activities to try include swimming, walking, cycling on an exercise bike, yoga or pilates, low-impact aerobics, like water aerobics or a light resistance gym program.

**Limit the amount of fat you eat by:**

- limiting biscuits, cakes, chips, and crisps
- reducing the amount of fat in cooking
- choosing low fat dairy products (e.g. milk, yoghurt)
- avoiding cream and sour cream
- brining fat from meat before cooking
- using healthy cooking methods like grilling, steaming, baking
- removing skin from chickens
- limiting high fat takeaways.

**Limit high sugar foods by:**

- drinking water, not soft drink or cordial
- using 'diet' or low calorie products
- limiting fruit juices to one glass per day as these are high in sugar (even 100% juice)
- limiting chocolates, lollies, sweets and desserts.

Listen to your hunger cues and only have a snack if you are actually hungry.

Watch your serve sizes, especially of foods like rice, pasta, potato and meat.

Adapted and reprinted with permission from the National Academy of Sciences. Courtesy of the National Academies Press, Washington, D.C.

# Dietetic support at RBWH

- Group workshop and individual appointments throughout pregnancy with maternal health dietitian
- Women with BMI of 25kg/m<sup>2</sup> or above to be offered referral and encouraged to attend
- Focus is healthy lifestyle – not dieting or restricting particular foods
- Uses behaviour change principles. Topics include:
  - Importance of eating well in pregnancy
  - What eating well looks like
  - Weight gain in pregnancy & the right balance is important
  - Physical activity



Source: Women's and Newborn Services. Royal Brisbane and Women's Hospital

In 2016 an additional session commenced at Nundah Community Health

# First visit to GP

- Advise hospital of BMI so appropriate internal referrals can be made
- For women with a BMI > 30
  - Routine scheduled bloods plus E/LFT, OGTT, and urine protein/creatinine ratio
  - 5 mg of folic acid daily
  - If 1st trimester OGTT is negative, OGTT at 24-28 weeks
  - Early US – confirm gestational age
  - Detailed anomaly scan & screening for congenital anomaly for all obese women
  - Screen for cardiovascular disease

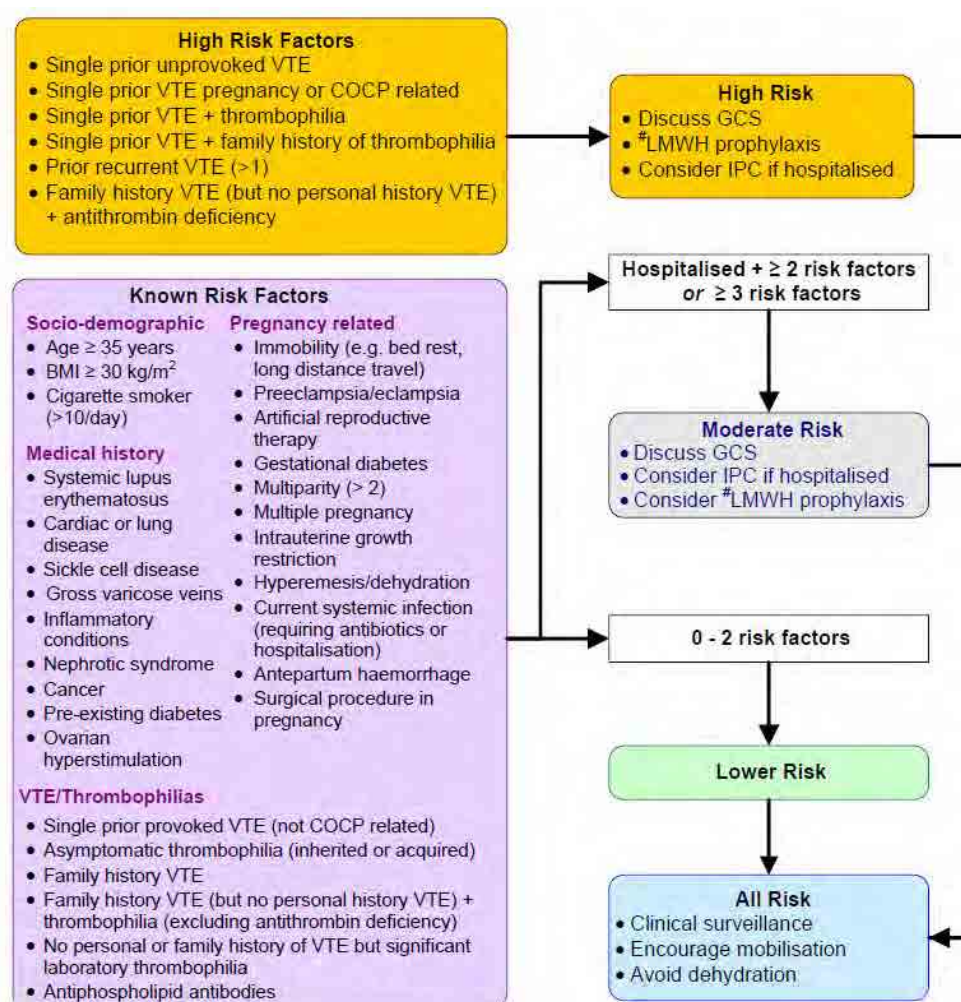
# First visit to GP

- Consider low dose aspirin 100mg/day, if obese and additional risk factors for hypertension
- Antenatal thromboprophylaxis if obese and additional risk factors for VTE
- Refer to Queensland Clinical Guidelines:  
*Venous thromboembolism (VTE) prophylaxis in pregnancy and the puerperium & Hypertensive disorders of pregnancy*

# Venous thromboembolism (VTE)

- Second leading cause of direct maternal death in Australia
- Qld Clinical Guideline: VTE prophylaxis in Pregnancy and the Puerperium updated October 2014
- All mothers both antenatal and postnatal are risk assessed for VTE at each visit
- Consider prophylaxis for women with 3 or more risk factors

# VTE antenatal assessment



# Green group – first trimester

- Carol - healthy 40 year old presenting with a positive pregnancy test. Her first child, now 23 years old was born at term weighing 4734g
- Her BMI is 24, blood tests (FBC, E/LFT, TFT, Iron studies) from 2 years ago were normal and her family is healthy
- She requests an US “just to be sure” as she knows her risk of miscarriage is high and she wants to see the baby’s heart beat ASAP
- She has a 30 min appointment
- Outline your approach



# Nuchal translucency/ first trimester USS

- Medicare rebate eligibility clinical indications include :
  - Maternal age > 35
  - Risk of miscarriage
  - **Risk of fetal abnormality**
  - Uncertain dates
  - Previous LSCS
  - Pregnancy after assisted reproduction

<http://www.mbsonline.gov.au>

# Pink group – first trimester

- Kate - 34 year old G3 P2 who has an unplanned pregnancy
- It is 6 weeks since her LNMP and she presents with PV bleeding
- She is a blood donor and upon asking, she informs you that her blood group is A Rh negative
- She has a 15 min appointment
- Outline your approach

# First trimester bleed

- Is the woman haemodynamically stable?
- What is her blood group?
- Where is the fetus?
- Is the fetus viable?

# Incomplete miscarriage treatment options

- Expectant
  - Repeat B-hCG day 8
  - Consider USS if clinically indicated (symptomatic), to assess for retained POC, or if B-hCG not fallen >90% over 7 days
  - Refer if heavy or prolonged bleeding, pain, or if infection suspected
  - Urine hCG at 3-6 weeks if no POC histopathology, failure to return to normal menstruation by 4-6 weeks, ongoing abnormal bleeding

# Incomplete miscarriage treatment options

- Medical management – refer to EPAU
  - Misoprostol reported 80-99% effective achieving complete miscarriage
  - Not TGA registered for use in pregnancy but use supported by QH & RANZCOG
  - X 2 doses administered PV on consecutive days
  - Bleeding heavier than menses & pain– provide analgesics & antiemetics
  - B-hCG Day 1 and day 8
  - Consider USS if clinically indicated (symptomatic), to assess for retained POC, or if B-hCG not fallen >90% over 7 days
  - Refer if heavy or prolonged bleeding, pain, or if infection suspected
  - Urine hCG at 3-6 weeks if no POC histopathology, failure to return to normal menstruation by 4-6 weeks, ongoing abnormal bleeding

# Incomplete miscarriage treatment options

- Surgical management

# Pregnancy of unknown location (PUL)

- An Intrauterine pregnancy (IUP) is one where a yolk sac is seen – no yolk sac = a PUL
- If you have no yolk sac, especially if the B-hCG is  $> 800-1000$ , be cautious



# Classic ectopic symptoms & risk factors

- Triad of:
  - Amenorrhea, 6-8 weeks post LNMP
  - Abdominal pain (especially shoulder/rectal)
  - Bleeding
- Risk factors include:
  - Previous ectopic pregnancy
  - Pregnancy associated with emergency contraception/POP/IUDs
  - Tubal surgery/infection/PID
  - **1/3 women diagnosed with ectopic pregnancy will have no risk factors**

# Ultrasound: Correlation with B-hCG

- IUP can usually be seen with B-hCG levels above 800 mIU/mL
- A threshold of 1500 will detect 98% of IUPs
- Pitfall - multiple pregnancy
- Higher thresholds will result in more missed ectopics
- An IUP almost always excludes ectopic (heterotopic awareness when risk factors)

# Appropriate rise in B-hCG

- B-hCG usually doubles every 48hrs between 5-8 weeks gestation in a viable IUP
- If the B-hCG is slowly rising by  $< 50\%$ , it is usually a non-viable IUP, or ectopic (99% accuracy)
- Consider multiple or molar pregnancy in rapidly rising levels
- Single B-hCG value does not differentiate between viable and nonviable pregnancy

# Termination of pregnancy (TOP)

- Women with complications or fetal abnormalities may request termination
- Qld Health capacity is limited, no dedicated service
- RBWH can do TOP beyond 22 weeks, but ethics committee process may take several weeks
- Private services are available

# Rh D negative women

- Pregnant women who are Rh D negative fall into two categories: those with and those without Anti-D antibodies
- **Women with Rh D (or any other) antibodies are not suitable for shared care**

# Routine Anti-D prophylaxis

Immunisation	
Anti D Prophylaxis (Rh D negative women only)	<input type="checkbox"/> Not required
	<input type="checkbox"/> 28 weeks
	If no, reason:
	Batch number:
	<input type="checkbox"/> 34-36 weeks
	If no, reason:
Batch number:	
Print name:	
Designation:	Signature:
Print name:	
Designation:	Signature:

Source: Queensland Government Pregnancy Health Record  
[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0030/433659/pregnancy\\_rec.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0030/433659/pregnancy_rec.pdf)

Anti-D can be ordered from Red Cross or QML Blood Bank. **Please record the routine administration at 28 and 34-36 weeks on page a4 of the Pregnancy Health Record (PHR).** 625 IU (125 µg) is recommended for ALL Rh negative women unless they are antibody positive.

# Anti-D administration

- Order via QML Blood Bank
  - Phone 07 3146 5122 & request order form
  - Fax completed form 07 3371 9029
  - Anti D delivered with first courier run of day, leaving QML at 6:30am
- If you do not have a QML service, Anti D can be ordered via Red Cross
  - Phone 07 3838 9010
  - Sent by taxi or courier, for a fee
- Anti D must be administered within 72 hours of the sensitising event



# Anti-D administration

- If you *don't* have access to anti-D, please contact and refer the woman to:
  - Hospital A & E for early pregnancy bleeding
  - Maternity Assessment Unit for routine prophylaxis
- If bleeding or this is 28/40 injection, send with copy of recent blood group and antibody result
- Blood group & antibody test not required for 34/40 injection if done at 28/40

# Changes to Anti D use

- Insufficient evidence to support use of Rh D immunoglobulin in bleeding prior to 12 weeks gestation in an ongoing pregnancy. However, if pregnancy requires curettage or spontaneous miscarriage occurs, 250 IU (50mcg) Rh D immunoglobulin should be given
- If miscarriage or termination after 12 weeks gestation, 625 IU (125  $\mu$ g) Rh D immunoglobulin should be offered

<http://www.nba.gov.au/pubs/pdf/glines-anti-d.pdf>

<http://www.ranzcog.edu.au/womens-health/statements-a-guidelines/college-statements-and-guidelines.html?showall=&start=1>

# Anti-D prophylaxis for potentially sensitising events

- Potentially sensitising events defined as any situation in which there is increased likelihood of fetal RBC' s entering maternal circulation. Include:
  - uterine bleeding in pregnancy ranging from threatened\* miscarriage to antepartum haemorrhage. However, evidence insufficient to suggest a threatened miscarriage before K12 necessitates Anti-D
  - abdominal trauma in pregnancy
  - uterine or intra-uterine intervention (such as external cephalic version, amniocentesis). However, responsibility for prophylaxis rests with the hospital at which these interventions are performed.

*\*Anti-D to be given for threatened miscarriage in 2nd trimester*