## Antenatal Shared Care Quick Guide

### Protocol

### Antenatal Encounter

<table>
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<th>Stage (weeks)</th>
<th>Antenatal Encounter</th>
<th>Provider</th>
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</table>
| Pre-conception| **Complete a pre-conception assessment**, including:  
- Discuss folate and iodine supplementation, SNAP, disease specific pregnancy planning  
- Tests: rubella serology +/- vaccination, varicella serology, **cervical smear if due, STI & HIV screen**  | GP |
| 6-10 weeks    | **Complete antenatal first consult:**  
- Confirm pregnancy (β-hCG) and dates (scan if dates uncertain or risk of ectopic)  
- Review medical, surgical, psych, family history, medications, allergies, etc.  
- Complete observations, (BP, weight, BMI), identify risk factors & offer influenza vaccination  
- Refer for genetic counselling (phone 8738 4665) if family history of hereditary condition, advanced maternal age, consanguinity, abnormal thalassaemia screen in both parents, recurrent miscarriages, previous baby with a genetic, chromosomal or congenital abnormality, cannot decide about prenatal diagnosis  
- Update GP records & PCEHR shared health summary  
- Discuss SNAP; dietary advice (listeria), drug avoidances, folate and iodine supplementation  
- Discuss models of care for pregnancy and birth  | GP |
| 12-16 weeks   | **Tests (cc to ANC on all request forms)**:  
- MSU – MC&S, Blood Group & antibody screen, FBC, VDRL Screen, Rubella titre, Varicella IgG  
- Hep B surface antigen, Hep C & HIV  
- Thalassaemia Screening, include ferritin and HbEPG – (screen partner if result abnormal)  
- Cervical smear if due and PCR for Chlamydia and gonorrhoea (for women ≤25years or with risk factors)  | GP |
|                | Fasting blood glucose for patients with risk factors for GDM (see over page for more details)  
- EUC/LFTs (in obese woman with known or suspected renal or liver disease)  
- TSH (women with pre-existing hypothyroidism)  
- TFTs (if indicated)  
- Vitamin D (woman is obese, dark-skinned, has little sun exposure or choosing to cover oneself)  
- Toxoplasma, cytomegalovirus & herpes serology (if risk factors present)  
- Discuss and offer aneuploidy screening options:  
  - **10+ weeks**: Non-Invasive Prenatal Testing (NIPT) - not if multiple pregnancy, not Medicare funded, first trimester scan still recommended  
  - **11 – 13(+6) weeks**: Nuchal Translucency Scan + First Trimester Screen (β- hCG, PAPPA)  | |
| 18-20         | **Antenatal Clinic (ANC) booking visit to complete psychosocial assessment and history, administrative details including referrals as needed, discuss antenatal parenting education, and complete Investigations**  | LHD |
| 20-22         | **Obstetrician visit to confirm suitability for GP Shared Care - GP contacted via letter**  | LHD |
| 20-30         | **One antenatal visit every four to six weeks or as required. Monitor maternal & fetal wellbeing including BP, fundal height, fetal movements, fetal heart sounds from 20 weeks & appropriate education**  
- Boostrix given (20-32 weeks)  
- Complete investigations including 75gm GTT (24-28 weeks), FBC & antibodies, repeat vitamin D if previously low  | GP |
| 28-30         | **Hospital review for Rh Negative women only (anti D injection given if indicated)**  | LHD |
| 32-36         | **One antenatal visit every two weeks or as required. Monitor maternal & fetal wellbeing including maternal BP, fundal height, fetal movements, fetal heart sounds and appropriate education**  
- Investigations: FBC, antibodies (if required), genital swab for Group B Streptococcus (36-37 weeks)  | GP |
| 36-37         | **Hospital review to take maternal weight, give Anti D (if indicated) and complete hospital education program**  | LHD |
| 38-40         | **Weekly visits or as required. Monitor maternal & fetal wellbeing including maternal weight, BP, fundal height, fetal movements, fetal heart sounds and appropriate education**  | GP |
| 41+           | Visits as arranged with the hospital clinic  | LHD |
| Postnatal     | **Baby check (2 weeks)**  
- Maternal postnatal check (6 weeks) including pap smear (if required)  
- Psychosocial assessment (6-8 weeks)  
- 75g OGTT after 6 weeks (if GDM during pregnancy)  | GP |
Antenatal Shared Care
Quick Guide

Early or urgent ANC referral
• All women should be referred to Hospital ANC for booking once pregnancy is confirmed
• Hospital booking should occur before 16 weeks
• Women with significant complications require early referral. Please cc pathology and radiology reports to relevant facility

Gestational Diabetes Screening
As per the 2018 SWSLHD Gestational Diabetes Mellitus Screening policy, all women with risk factors for GDM to be offered a fasting blood glucose in the first trimest (prior to 12 weeks gestation)
• If ≥6.1mmol/L, complete urgent referral to diabetes in pregnancy clinic
• If 5.1 - 6.0 mmol/L, refer woman for 75g OGTT to be completed prior to 20 weeks
• All women without early GDM or pre-existing diabetes should be offered a repeat 75 gram OGTT at 24-28 weeks gestation

Early Pregnancy Complications
Nausea and vomiting: decrease iron (but continue iodine and folate) and consider:
• Ginger       • Doxylamine (Cat A)       • Acupressure      • Pyridoxine 75mg/day in divided doses        • Metoclopramide (Cat A)
• Ondansetron may be effective but is expensive        • Phenothazines like prochlorperazine (Cat C, pr/pr/iv, safe in first trimester)
Even mild dehydration ketonuria may benefit from IV fluids.
Bleeding: check blood group and antibodies. Threatened miscarriage in rhesus-negative women without antibodies >12 weeks requires anti-D. Anti-D not required before 12 weeks unless miscarriage completes or there is concern the woman will not re-present
Bleeding and pain: Consider ectopic pregnancy and follow appropriate management. Contact an Early Pregnancy Assessment Service (EPAS) for advice or referral

Late Pregnancy Complications
• Complete an urgent referral to the relevant birthing unit if the following are present:
  • Rupture of membranes        • Antepartum haemorrhage        • Severe unexplained abdominal pain
  • Decreased or absent foetal movements
• Most late pregnancy complications should be referred to the relevant birthing unit or ANC
• Avoid spec exam or PVE if bleeding/ruptured membranes/antepartum haemorrhage or pre-term

Preventing Infections
• Avoid feeding raw/undercooked meats to pets, avoid cat faeces/litter, wear gloves when gardening
• Good hand hygiene; take care with urine, saliva, nappies of young children
• Influenza antenatally and pertussis vaccinations (preconception and 3rd trimester or shortly after birth)
• Avoid soft cheeses, un-pasteurised milk, pate, raw eggs, hot dogs, undercooked and deli meats, reheated left-overs

Nutrition and supplements
• Folate: 0.5mg for all low-risk pregnancies, 5mg for high risk (diabetic, obese, previous or familial neural tube defect, anticonvulsants). Start a month before conception and continue to 12/52
• Iodine: 150mcg/day is the recommended preconception, antenatal and breastfeeding supplement level
• Low dose Aspirin: Consider prescribing for women at risk of pre-eclampsia or history of pre-eclampsia in previous pregnancies
• Multivitamins: Optional however if chosen, select pregnancy/breastfeeding formulas as they contain iodine and folate but no vitamin A. Iron is only needed if deficiency is identified
• Large/predatory fish (e.g. Orange Roughy/Sea Perch, Shark/Flake, Swordfish, Marlin, etc.): Avoid or limit the intake due to their high mercury content

Contacts

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<thead>
<tr>
<th>Contacts</th>
<th>Bankstown</th>
<th>Bowral</th>
<th>Camden/ Campbelltown</th>
<th>Fairfield</th>
<th>Liverpool</th>
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<tbody>
<tr>
<td>ANC Fax</td>
<td>9722 8398</td>
<td>4861 0187</td>
<td>4634 4700</td>
<td>4654 6210</td>
<td>9616 8521</td>
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<tr>
<td>ANC Phone</td>
<td>9722 8333</td>
<td>4861 0224</td>
<td>4634 4963</td>
<td>4654 6222</td>
<td>9616 8506</td>
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<tr>
<td>Booking No.</td>
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<tr>
<td>Birthing Unit</td>
<td>9722 7870</td>
<td>4861 0224</td>
<td>4634 4099</td>
<td></td>
<td>9616-8260</td>
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<tr>
<td>Genetic Clinic</td>
<td></td>
<td></td>
<td></td>
<td>8738 4665</td>
<td>(District-wide service)</td>
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<tr>
<td>GP Liaison Midwife</td>
<td></td>
<td></td>
<td></td>
<td>0402 792 820</td>
<td>0484 627 228</td>
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Pregnancy Complications

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For urgent referral, contact the Birthing Unit | For advice, contact the GP Liaison midwife