

SLHD ANTENATAL SHARED CARE (ANSC) PROTOCOL (March 2017)

Antenatal Clinics : RPA Women and Babies, Canterbury Hospital

Any investigations requested by the GP for the woman under his/her care must be followed up by the GP concerned. It is the responsibility of the provider ordering the test or noting an abnormal finding to ensure appropriate follow-up and communication, irrespective of whether a copy is sent to the hospital.

Stage of Pregnancy	Antenatal Encounter	<i>Please ensure: All routine tests are attended by GP; A patient's next appointment is made in advance; "Did Not Attend" appointments are followed up</i>
6-10 weeks	<p>Confirm pregnancy</p> <ul style="list-style-type: none"> • Discuss pregnancy nutrition and health • Discuss antenatal care options with patient • Complete investigations including: <ul style="list-style-type: none"> › Routine antenatal screening blood tests <ul style="list-style-type: none"> • FBC, blood group, antibody screen, • HepB sAg, anti-HCV, anti-HIV, syphilis serology, rubella, varicella, • Thalassemia screening, include HbEPG – <i>screen partner if result abnormal</i> › Consider an STI check. Recommend HVS PCR or first stream (not midstream) urine PCR for chlamydia for women aged < 29 years or with new partner › MSU – MC & S › Maternal weight and B/P measurement › Recommend seasonal influenza vaccination › Pap smear (if due) • Discuss prenatal screening - i.e Combined First Trimester Screening (cFTS): nuchal translucency and biochemistry; Non- Invasive Prenatal Testing (NIPT) • Refer to genetic counselling if family history of hereditary condition, consanguinity, abnormal thalassaemia screen in both parents, recurrent miscarriages, previous baby with a genetic, chromosomal or congenital abnormality, cannot decide about prenatal screening (Ph. 9515 5080) • Phone and arrange early "consultation in pregnancy" appointment - i.e. considered a risk of complication of pregnancy (GP Liaison Midwife Ph. 0425 230 662 or O&G Registrar) <p>Administration</p> <ul style="list-style-type: none"> • Complete "yellow" antenatal record card (including medical history) and note external pathology provider • Complete ultrasound request forms : nuchal translucency (cFTS) (11-13⁺⁶ wks) and 18-20 week morphology scan • Refer patient for first hospital "booking in" appointment (on-line) - or if RPA Birth Centre (Ph. 9515 6405) 	<p>Note external pathology provider to "cc" screening blood tests results to Antenatal Clinic (Fax: RPA 9515 7452 ; Canterbury 9787 0431)</p>
If < 20 weeks	Arrange early testing for hyperglycaemia in pregnancy for identified at risk patients (as per guidelines)	
12-18 weeks	<p>Midwife Booking /First Hospital Visit</p> <ul style="list-style-type: none"> • Complete history and administrative details, discuss antenatal parenting education • Psychosocial assessment completed and referral if appropriate • Complete investigations including: <ul style="list-style-type: none"> › Blood group and antibody screen › 14-20 weeks: early testing for hyperglycaemia in pregnancy for identified at risk patients (if not attended) › B/P measurement 	
18-20 weeks	• Morphology ultrasound at booked hospital or external provider	
20-22 weeks	<p>Obstetrician Visit</p> <ul style="list-style-type: none"> • Confirms suitability for GP ANSC - GP contacted via letter 	
<p>Use of a fetal doppler for fetal heart rate monitoring is recommended</p> <p>* Concerns regarding reduced or absent fetal movements, contact relevant hospital labour ward or birthing unit</p>		
16-28 weeks	<ul style="list-style-type: none"> • Routine antenatal visit every four weeks or as required. Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements * and fetal heart sounds (from 20 weeks + preferably to use a fetal doppler) • Investigations including: <ul style="list-style-type: none"> › 26-29 weeks : Test for hyperglycaemia in pregnancy: 75 gm oGTT (as per guidelines) › FBC and antibodies • 28 weeks: Recommend pertussis vaccination <p>Refer any problems to the appropriate hospital Specialist Clinic</p>	
30 weeks	<p>Hospital review</p> <ul style="list-style-type: none"> • Anti D injection given if indicated 	
32-36 weeks	<ul style="list-style-type: none"> • Routine antenatal visit every two weeks or as required. Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements * and fetal heart sounds • Complete investigations including: <ul style="list-style-type: none"> › FBC, antibodies if required for Rh negative women › Genital swab for Group B Streptococcus (GBS) : 35-37 weeks 	
37 weeks	<p>Hospital review</p> <ul style="list-style-type: none"> • Anti D injection given if indicated 	
38-40 weeks	<ul style="list-style-type: none"> • Routine weekly visits or as required. Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements * and fetal heart sounds <p>Seek advice if any abnormality or concern</p>	
41 + ¹ weeks	<p>Visits as arranged with the hospital clinic</p>	
Postnatal	<ul style="list-style-type: none"> • Baby check (2 weeks) • Maternal postnatal check (6 weeks) • Psychosocial assessment (6-8 weeks) 	

Birth Centre : RPA Women and Babies (March 2017)

Any investigations requested by the GP for the woman under his/her care must be followed up by the GP concerned. It is the responsibility of the provider ordering the test or noting an abnormal finding to ensure appropriate follow-up and communication, irrespective of whether a copy is sent to the hospital.

Stage of Pregnancy	Antenatal Encounter	<i>Please ensure: All routine tests are attended by GP; A patient's next appointment is made in advance; "Did Not Attend" appointments are followed up</i>
6-10 weeks	<p>Confirm pregnancy</p> <ul style="list-style-type: none"> • Discuss pregnancy nutrition and health • Discuss antenatal care options with patient • Complete investigations including: <ul style="list-style-type: none"> ▸ Routine antenatal screening blood tests <ul style="list-style-type: none"> • FBC, blood group, antibody screen, • HepB sAg, anti-HCV, anti-HIV, syphilis serology, rubella, varicella, • Thalassaemia screening, include HbEPG – <i>screen partner if result abnormal</i> ▸ Consider an STI check. Recommend HVS PCR or first stream (not midstream) urine PCR for chlamydia for women aged < 29 years or with new partner ▸ MSU – MC & S ▸ Maternal weight and B/P measurement ▸ Recommend seasonal influenza vaccination ▸ Pap smear (if due) • Discuss prenatal screening - i.e Combined First Trimester Screening (cFTS): nuchal translucency and biochemistry; Non- Invasive Prenatal Testing (NIPT) • Refer to genetic counselling if family history of hereditary condition, consanguinity, abnormal thalassaemia screen in both parents, recurrent miscarriages, previous baby with a genetic, chromosomal or congenital abnormality, cannot decide about prenatal screening (Ph. 9515 5080) • Phone and arrange early "consultation in pregnancy" appointment - i.e. considered a risk of complication of pregnancy (GP Liaison Midwife Ph. 0425 230 662 or O&G Registrar) <p>Administration</p> <ul style="list-style-type: none"> • Complete "yellow" antenatal record card (incl medical history) and note external pathology provider • Complete ultrasound request forms- Nuchal translucency (cFTS) (11-13⁺⁶ wks) and 18-20 week scan • Refer patient directly to RPA Birth Centre (Ph. 9515 6405) 	<p>Note external pathology provider to "cc" screening blood tests results to Birth Centre Fax: 9515 6791</p>
If < 20 weeks	Arrange early testing for hyperglycaemia in pregnancy for identified at risk patients (as per guidelines)	
ASAP	First Birth Centre Information Session	
16-18 weeks	<p>Birth Centre Visit</p> <p>Complete history and administrative details</p> <ul style="list-style-type: none"> • 14-20 weeks: early testing for hyperglycaemia in pregnancy for identified at risk patients (if not attended) • B/P measurement 	
18-20 weeks	<ul style="list-style-type: none"> • Morphology ultrasound at booked hospital or external provider 	
22 weeks	<p>Birth Centre Visit</p> <ul style="list-style-type: none"> • VMO visit as appropriate 	
<p>Use of a fetal doppler for fetal heart rate monitoring is recommended</p> <p>* Concerns regarding reduced or absent fetal movements, contact hospital labour ward</p>		
24-28 weeks	<ul style="list-style-type: none"> • Routine antenatal visit every four weeks or as required - monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds (from 20 weeks onwards preferably to use a fetal doppler) • Complete investigations including: <ul style="list-style-type: none"> ▸ 26-29 weeks : Test for hyperglycaemia in pregnancy : 75 gm oGTT (as per guidelines) ▸ Repeat FBC and antibody screen • 28 weeks : Recommend pertussis vaccination 	
30 weeks	<p>Birth Centre Visit</p> <ul style="list-style-type: none"> • Review results of 28 week tests • Anti D if indicated 	
32 weeks	<ul style="list-style-type: none"> • Routine antenatal visit: Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds 	
34 weeks	Birth Centre Visit	
36 weeks	Second Birth Centre Information Session	
36 weeks	<ul style="list-style-type: none"> • Routine antenatal visit: Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds. • Complete investigations including: <ul style="list-style-type: none"> ▸ Repeat FBC and antibody screen if Rh negative ▸ Genital Swab for Group B Streptococcus (GBS) : 35-37 weeks 	
From 37 weeks	<p>Weekly visits with the Birth Centre</p> <ul style="list-style-type: none"> • Anti D if indicated at 37/40 	
Postnatal	<ul style="list-style-type: none"> • Baby check (2 weeks) • Maternal postnatal check (6 weeks) • Psychosocial assessment (6-8 weeks) 	