## GP Antenatal Shared Care Protocol Summary

**Antenatal Clinics – RPA Women and Babies, Canterbury Hospital**

### ANSC GP role
- ANSC GP responsible for care prior to antenatal clinic (ANC) visit
- 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
- Schedule GP visits around ANC appointments and timely review of results
- Document visits in antenatal record card (yellow card)

### Referrals
- ALL women should be referred for hospital ‘booking in’ appointment once pregnancy is confirmed
- ‘Booking in’ appointment should be attended ~12- 14 weeks gestation
- Women with risk factors or significant complications require early referral

<table>
<thead>
<tr>
<th>Timing</th>
<th>Investigations and actions</th>
<th>Discussion and considerations</th>
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<tbody>
<tr>
<td>6-10 weeks</td>
<td><strong>Confirm pregnancy</strong></td>
<td>Discuss SNAP: nutritional advice including folic acid and iodine supplements; drug avoidance (alcohol, smoking, other drugs); physical exercise</td>
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<td></td>
<td>Conﬁrm pregnancy (B-hCG) and dates (scan if dates uncertain or risk of ectopic)</td>
<td>Referral to genetic counselling if hereditary condition, consanguinity, previous baby with a genetic, chromosomal or congenital abnormality, recurrent miscarriages, abnormal thalassemia screen</td>
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<td>Review medical, surgical, psychosocial factors, family history, previous pregnancies outcomes, medications, allergies etc.</td>
<td>Consider Vitamin D screening (if high risk)</td>
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<td>Complete examination including B/P, weight, calculate BMI, cardiac, respiratory, abdomen, thyroid, breast exam and identify any risk factors</td>
<td>Consider screening for thyroid disease (if high risk)</td>
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<td></td>
<td>Offer seasonal influenza vaccination</td>
<td>Models of antenatal care including timing and content of antenatal visits</td>
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<td></td>
<td><strong>Tests</strong></td>
<td>Arrange early “consultation in pregnancy” appointment if considered a risk of complication of pregnancy.</td>
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<td></td>
<td>Routine antenatal screening blood tests</td>
<td>All referrals for early or high risk consults will be triaged by the ANC and the hospital will determine the timing and allocation to specialist clinic/s.</td>
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<td>- FBC, blood group, antibody screen, - HepB sAg, anti-HCV, anti-HIV, syphilis serology, rubella, varicella</td>
<td>FAX referral to ANC RPA 9515 7452 or Canterbury 9787 0431</td>
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<td>- Thalassaemia screening, include HbEPG – screen partner if result abnormal</td>
<td>Contact GP Liaison Midwife ph 0425 230 662 (if required)</td>
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<td></td>
<td><strong>Administration</strong></td>
<td>if not already attended)</td>
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<tr>
<td>12-14 weeks</td>
<td><strong>Hospital Antenatal Clinic (ANC) Booking In appointment</strong></td>
<td>Models of antenatal care including timing and content of antenatal visits</td>
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<td>Review history, test results and clinical assessment</td>
<td>Parent education and breastfeeding assessment</td>
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<td>Complete psychosocial assessment – referral if required</td>
<td>If risk factors identified, refer for early consult at hospital specialist clinic.</td>
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<td></td>
<td>RPA - Triage for risk of pregnancy complications and model of care. Confirms suitability for GP ANSC - GP contacted via letter</td>
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<td></td>
<td>Canterbury - Triage for risk of pregnancy complications and model of care. Women will have VMO/Staff Specialist appointment if requesting ANSC</td>
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<td>Complete administrative details.</td>
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<td>18-20 weeks</td>
<td><strong>Tests</strong></td>
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<td>Blood group and antibody screen</td>
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### Tests

- Blood group and antibody screen
- Arrange early testing for hyperglycaemia in pregnancy for identified at risk patients (if not already attended)

- Attend morphology scan (RPA or external provider)
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<th><strong>Use of a fetal doppler for fetal heart rate monitoring is recommended</strong>&lt;br&gt;<strong>Concerns regarding reduced or absent fetal movements, contact relevant hospital labour ward or birthing unit</strong></th>
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### 20-22 weeks

**Routine antenatal visit**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height measurement, fetal movements* (from 20 weeks *) and fetal heart sounds.
- Review morphology scan

**Canterbury Hospital - Obstetrician Visit**
- Review morphology scan, any test results and conduct routine antenatal visit (see below)
- Confirms suitability for GP ANSC - GP contacted via letter

**Tests**
- 26-29 weeks: Arrange testing for hyperglycaemia in pregnancy-75gm oPGTT (as per guidelines)
- FBC and antibodies
- 28 weeks: Recommend pertussis vaccination
- Offer seasonal influenza vaccination (if not already given)
- Complete ultrasound referral form:
  - RPA - 3rd trimester ultrasound (36-37 weeks)

### 16-28 weeks (4 weekly visits)

**Routine antenatal visit**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height measurement, fetal movements* and fetal heart sounds .

**Tests**
- 32-36 weeks: Arrange testing for hyperglycaemia in pregnancy-75gm oPGTT (as per guidelines)
- FBC and antibodies
- 28 weeks: Recommend pertussis vaccination
- Offer seasonal influenza vaccination (if not already given)
- Complete ultrasound referral form:
  - RPA - 3rd trimester ultrasound (36-37 weeks)

**Hospital review**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds
- Review results of all investigations
- Prophylactic Anti-D injection for Rh negative women

### 30 weeks

**Routine antenatal visit**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds
- Review results of all investigations
- Prophylactic Anti-D injection for Rh negative women

**Hospital review**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds
- Review results of all investigations
- Prophylactic Anti-D injection for Rh negative women

### 32-36 weeks (2nd weekly visits)

**Routine antenatal visit**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds

**Tests**
- Repeat FBC
- 35-37 weeks: Group B streptococcus (GBS) screen

**Hospital review**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds
- Review results of all investigations
- Prophylactic Anti-D injection for Rh negative women

### 36-37 weeks

- Attend 3rd trimester ultrasound

### 37 weeks

**Routine antenatal visit**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds
- Review results of all investigations
- Prophylactic Anti-D injection for Rh negative women

### 38-40 weeks (weekly visits)

**Routine antenatal visit**
- Monitor maternal and fetal well-being including maternal weight, B/P, fundal height, fetal movements* and fetal heart sounds

**Routine postnatal visit**
- Attend baby health check (2 & 6 weeks)
- Attend maternal health check (6 weeks)
- Complete psychosocial assessment and screening – arrange referral if required
- Cervical screen (if due)
- Arrange 75gm oFGTT ~ 3-4 months post-partum for women diagnosed with GDM

### 40-41 +1 weeks

- Visits as arranged with hospital clinic

### Postnatal

- Attend baby health check (2 & 6 weeks)
- Attend maternal health check (6 weeks)
- Complete psychosocial assessment and screening – arrange referral if required
- Cervical screen (if due)
- Arrange 75gm oFGTT ~ 3-4 months post-partum for women diagnosed with GDM

#### Key Contacts

| Clare Jordan GP Liaison Midwife | ph. 0425 230 662 ( Mon- Thurs ) |
| RPA Women and Babies | ph. 9515 6111 |
| Canterbury Hospital | ph. 9787 0000 |

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