Updates for RPA Women and Babies/Canterbury Hospital – 20 April

Revised Antenatal Visit Schedule
In response to COVID-19, SLHD has revised the antenatal visit schedule. Please review resources below

- Click here to view teleconference with Prof Jon Hyett – Head of High Risk Obstetrics RPA overviewing SLHD revised antenatal visit schedule
- Click here for Prof Hyett cover letter in regard to revised antenatal schedule
- Click here for revised antenatal visit schedule (updated 14 April 2020 to include routine GDM screening 26-28 weeks and pertussis vaccination b/n 20-32 weeks)

GP Liaison Midwife – currently on leave
Clare Jordan (GP Liaison Midwife) is currently on leave from 9/4/2020 until 10/5/2020. There is no replacement during this period.

For any clinical concerns, please contact the O&G Registrar on call via relevant hospital switch RPA Hospital ph. 9515 6111, Canterbury ph. 9787 0000.
ANC can be contacted for non-urgent clinical concerns RPA ph.95158090 (message bank)

Management postdates pregnancies
Click here for update regarding postdates pregnancies – RPA Women and Babies

Early Pregnancy Assessment Service (EPAS)
Update available soon

Telehealth MBS items – Ante/Postnatal
Click here for a summary of antenatal and postnatal Telehealth MBS Items

Sydney Healthpathways
Click here to view relevant Healthpathways to assist with antenatal and postnatal care of your patients

Hospital Discharge
Information provided by hospital in regard to postnatal discharge

- Women are encouraged to return home after the birth as soon as possible, if mother and baby are well.
- Mothers who are healthy and well, are encouraged to return home within:
  - 4 - 24 hours following a normal birth
  - 12 - 48 hours following a forceps or vacuum birth
  - 72 - 96 hours following a caesarean birth.
- Women who reside within SLHD demographic boundaries will be offered the Midwifery @ Home service (postnatal home visiting).
- As a minimum requirement, at least one postnatal visit will be offered in the home then additional home visits are provided on the basis of individual clinical and psychosocial needs and can continue up to 14 days postpartum if needed.
- Women who return home within 12 hours after the birth will require a home visit within 24 hours of discharge.
- Postnatal telephone consults are also offered.
- A comprehensive examination of the baby should take place within 72 hours of birth. Most home visiting midwives are accredited to perform the comprehensive newborn examination.
- A medical officer must perform the examination of babies in the following categories (which means the midwife needs to refer the baby to the GP):
  - mother diabetic
  - congenital abnormality
  - complications from birth or acquired in the postnatal period e.g. intrauterine hypoxia, neonatal infection, difficult instrumental delivery.
- SLHD is currently in the process of developing two community postnatal clinics where mother and baby can be assessed if a home visit isn’t possible. Further information will be distributed when available.

Newborn health checks
Newborn and infant health checks and immunisations should continue as per My Personal Health Record “blue book” schedule i.e 2 and 6 weeks.

There may be a small number of families who will seek GP review in the first 7-10 days after early hospital discharge and midwifery home review.

For information on completing a Newborn Check, visit: Sydney Healthpathways – Newborn Check

Bookings and first hospital appointment
RPA Women and Babies
- All women must book their first hospital “booking in” appointment on-line, regardless of risk
- All women must have a completed Obstetric Referral Form /referral letter from their GP to commence antenatal care. All relevant clinical information must be noted for triage by antenatal clinic
- Change in process: Both routine and high-risk referral forms + relevant bloods, U/S results are to be FAXED to antenatal clinic (9515 3454) prior to first hospital appointment. These “booking in” appointments are now being conducted via teleconferencing.

Canterbury Hospital
- All women must book their first hospital “booking-in” appointment ph. 9787 0250 or ph. 9787 0560
- All women must have a completed Obstetric Referral Form /referral letter from their GP to commence antenatal care. All relevant clinical information must be noted for triage by antenatal clinic
- No change in process: Low risk women for routine referral must bring Obstetric Referral Form + relevant bloods, U/S results to first hospital visit. Currently, these visits are continuing as face- to- face.
- High risk women for early or urgent referral should have Obstetric Referral Form FAXED to antenatal clinic (9787 0431) for triage

Consumer information in response to COVID-19
- HealthDirect – Pregnancy Birth and Baby have patient information on their website
  - Coronavirus (COVID-19) and pregnancy
- RANZCOG Statement
  - Information for pregnant women and their families
Importance of monitoring fetal movements

With reduced face-to-face antenatal visits, it is important for women to get to know the pattern of their baby’s movement. Women should be informed to contact the hospital immediately if they have any concerns.

Below are some resources available for both health professionals and consumers

- **Decreased fetal movements eLearning guide for health care providers**—Clinician education (Stillbirth CRE)
- **Movements Matter**—Clinician and consumer resources (Stillbirth CRE)
- **Your Baby’s Movements And What They Mean**—Parent information (PSANZ Stillbirth and Neonatal Death Alliance)
- **Your Baby’s Movements Matter**—Parent information (Stillbirth CRE)

Service Updates in response to COVID-19

**Antenatal Thyroid Services (RPA Hospital)**

Effective from 30/3/2020

In order to minimise the number of visits and time spent in hospital, all consultations will be provided by telecommunication only.

Please refer to the following online resources to guide clinical management:

- Click here for Flowchart ANSC (referral criteria)
- Click here for Sydney Community HealthPathways - Thyroid Disease in Pregnancy

If there are any clinical concerns, please do not hesitate to contact either Dr Ash Gargya or Julie Hetherington in the Endocrinology and Metabolism Centre on ph. 9515 7225.

**Gynaecology services (RPA Hospital)**

RPA have restricted their gynaecology ambulatory activities further.

Effective from 30/03/20:

- Monday and Wednesday semi urgent/urgent gynaecology clinics will be stopped.
- Urgent gynaecology patients will be seen in parallel with EPAS clinic daily. Maximum number should not exceed five.
- All IVF procedures will be stopped and consultations provided via telecommunication only
- MESH clinic will provide consultations via telecommunication only.

**SLHD Child and Family Health Services**

**Child and Family Health Nursing** continues to offer families a service as follows:

- Telephone calls where appropriate
- Telehealth via zoom
- Clinic appointments where clinically indicated.
- Home visits where there is no other option – initial phone call and a short home visit to complete developmental checks
- Breast Feeding Support clinic appointments – bookings via Child Health Information Link (CHIL) ph. 9562 5400
- Linking parents via social media where consent has been given
- Proposed trial of virtual parent groups via zoom
- **Child Health Information Link (CHIL)** continues to operate ph 9562 5400 for appointment bookings and offer telephone advice.
An update from the National Cervical Cancer Screening Program (17 April 2020)

“The Department of Health is closely monitoring the impact of the COVID-19 pandemic on health services. It is important for people to keep seeing their healthcare provider for their cervical screening and any follow up investigations recommended. If you have received a reminder about cervical screening and you have any questions or concerns, please call your doctor or healthcare provider to talk about your circumstances.

More information on COVID-19 is available through the Department of Health website or through the COVID-19 hotline on 1800 020 080. The information for Healthcare Providers now contains guidance for clinicians on how to manage patients during this time.”

Click here for detailed document ‘Guidance for managing National Cervical Screening Program (NCSP) participants during the COVID-19 Pandemic’

Antenatal “yellow” Record Cards

RPA Women and Babies and Canterbury Hospital will be moving towards the use of the NSW Health Antenatal Record Card. These are the antenatal record cards currently used by other maternity facilities within CESPHN area i.e The Royal Hospital For Women (RHW), St George and Sutherland Hospitals. During transition, either card can be completed for your patient.

The NSW Health Antenatal Record Card (and other resources) can be ordered through Stream Solutions.

- Antenatal Yellow Cards (Product Code: NH612060), free of charge
- Having a Baby book (Product Code: KF110001), free of charge

Stream Solutions do have a minimum order requirement and will charge postage and handling costs. For antenatal record cards a minimum order = 1 pack = 250 cards (3.79kg). To date P&H: 1-5 kgs - $16.50 (incl gst); 5-15kgs - $33.00 (incl gst).

You may wish to place an order for the whole practice if you have several GPs participating in an ANSC GP Program.

Please contact Stream Solutions on 1300 786 075 / 02 8398 2660 or via email StreamDirectHelpdesk@stream.net.au or streampmunswh@stream.net.au to set up an account and place order.

Available online learning options for health professionals

Wanting to complete some on-line learning to update skills and knowledge around antenatal and postnatal care? Click here to view available on-line modules covering these topics. Completion of modules count towards your 2020-2022 ANSC points. We hope to re-commence the CPD program soon via Webinar Series.

SLHD Vitamin D supplementation in infants

SLHD is currently implementing the recommendation around babies of women who have low Vitamin D levels being commenced on multivitamins. Currently there is no change to guidance on Vitamin D testing in pregnancy, but you may like to view the policy for discussion and consideration of the issues. GPs may receive a letter from hospital if an infant has required this supplementation.

Click here to view SLHD policy regarding Vitamin D supplementation in infants.