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
- Cervical Screening Test if due
- Chlamydia if age < 30
- Smoking cessation
- Alcohol cessation
- Discuss genetic carrier screening
- 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
- Discuss genetic carrier screening
- 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

### 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)
- Chlamydia if <30 or area of high prevalence
- OGGT (or HbA1c if OGTT not tolerated) if risk factors for GDM
- ELFT, TFT, VD for specific indications only
- Varicella serology (if no Hx of Varicella or vaccination)
- Cervical Screening Test 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) K15-22+6 if desired or if presents too late for first trimester testing. Not if twins or diabetes
- 3. NPT ≥ K10 (not Medicare funded)
- Discuss and refer for CVS/amiocentesis if appropriate
- Discuss/offer genetic carrier screening

### 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
- K24-28: OGGT, if + refer to ANC, FBC. If Rh negative: blood group/antibodies screen; offer Anti-D
- Repeat Syphilis serology K26-28 if increased risk; K20, K26-28 and K34-36 if high risk
- dTpa K20-32 in each pregnancy
- K34: if Rh neg. offer Anti-D
- K36: FBC

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

### Additional information

#### Rh negative?
Offer Anti-D
- 28 and 34 weeks
- Sensitising events
- Refer to 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 OGGT. 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