

Metro North Antenatal Shared Care

Pre-conception

- Folate and iodine supplementation
- Rubella serology +/- vaccination
- Varicella serology if no history +/- vaccination
- COVID-19 vaccination
- Influenza vaccination
- Cervical Screening Test if due
- Chlamydia if age <30
- Smoking cessation
- Alcohol cessation
- Discuss genetic carrier screening
- If significant medical, genetic, psychological illness that impacts pre-conception, gestation or birth refer to preconception clinic &/or genetics service

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/family/obstetric history, medications, allergies etc + update GP records
- Identify risk factors for pregnancy
- Discuss genetic carrier screening
- Order first trimester screening tests
- Perform physical examination as per Pregnancy Health Record (PHR)
- Weight, BMI – discuss healthy weight gain, nutrition and physical activity
- Discuss smoking, alcohol, other drugs, Listeria, Toxoplasmosis etc.
- COVID-19 vaccination
- Influenza vaccination
- Discuss models of care
- **Complete referral early** – indicate if high risk, you wish to share care, or preference for Birth Centre (RBWH) or Midwifery Group Practice
- Send GP Smart Referral or eReferral to Central Patient Intake (CPI)
- Ask woman to complete online registration

First Trimester screening tests (GP)

(cc ANC on all request forms) – all requests to be reviewed and actioned by referring clinician

- FBC, ferritin, blood group and antibodies, Rubella, Hep B, Hep C, HIV, syphilis serology + dry swab (PCR) if lesions/chancres present, MSU (treat asymptomatic bacteriuria)
- Chlamydia if <30 or area of high prevalence
- If risk factors for GDM, OGTT (or HbA1c if OGTT not tolerated)
- ELFTs, TFT, Vit D for specific indications only
- Varicella serology (if no history of Varicella or vaccination)
- Cervical Screening Test if due
- Discuss/offer genetic carrier screening
- Discuss/offer prenatal screening
 1. Nuchal translucency scan + first trimester screen (free B-hCG, Papp-A) K11-13+6 or
 2. Triple test (AFP, estriol, free B-hCG) K15-20 if desired or if presents too late for first trimester testing (not twins or diabetes)
 3. NIPT > K10 (not Medicare funded); anatomical scan at K13 still recommended
- Discuss and refer for CVS/amniocentesis if appropriate

Uncomplicated Pregnancy

- Rh D NIPT to predict fetal RhD status in non-alloimmunised RhD negative pregnant women from K15
- 18-20 week morphology scan including cervical length measurement
- Arrange to see woman after scan
- Cervix length - if TA cervix length <35mm, a TV USS should be performed. If TV cervix length <25mm, commence vaginal progesterone (200mg nocte from 16-36 weeks) and refer to MFM
- First ANC visit with midwife K16-20
- Obstetrician review if required
- All investigations to be reviewed and followed up by referring clinician
- Other referrals if applicable

GP visits

- Schedule as per PHR or specific facility
- More frequent if clinically indicated
- Record in PHR
- Assessment/education as per PHR
- K24-28: OGTT, (if + refer to ANC), FBC. If Rh negative: blood group/antibodies screen; offer Anti-D
- K26-28: repeat syphilis serology
- Pertussis vaccine K20-32 in each pregnancy
- K28-36: RSV vaccine
- K34: If Rh neg – offer Anti-D
- K36: FBC, repeat syphilis serology
- Dry swab (syphilis PCR) at any stage if lesions/chancres present

ANC visits

- K36
- K41

Contacts	RBWH	Caboolture	Redcliffe
For referral or advice			
GP Liaison Midwife	3647 3960 3646 1305	5433 8800	3049 2301
O&G Registrar on call	3646 8111	5433 8120	3883 7777
Obstetric Medicine Registrar	3646 8111	-	-
Perinatal Mental Health (Metro North)	3146 2525 or perinatal-mental-health@health.qld.gov.au		
Pregnancy complications			
<20 weeks: Care of complications e.g. bleeding, pain, threatened or incomplete miscarriages	3646 8111 O&G Registrar on call	5433 8120 O&G Registrar on call	3883 7777 Early Pregnancy Assessment
<20 weeks: haemodynamically unstable women	3646 8111 DEM	5433 8888 ED	3883 7777 ED
>20 weeks: complications (RBWH > K14)	3647 3931 Obstetric Review Centre	5433 8670 Birth Suite	3883 7714 Birth Suite

Additional Information

High risk for GDM?

- Previous GDM or baby >4500g or >90th centile; previous elevated BGL; PCOS; FHx; BMI >30; maternal age ≥40; previous perinatal loss; multiple pregnancy; high risk ethnicity; medications: corticosteroids, antipsychotics
- First Trimester OGTT or HbA1C
- Post bariatric surgery OGTT not suitable. First trimester HbA1c or fasting BGL if diabetes history or risk factors
- Urgent hospital ANC referral if abnormal
- Specify reason and include results in referral. Send GP Smart Referral or eReferral to CPIU

Rh negative?

- RhD NIPT to predict fetal RhD status through Lifeblood or SNP
- Offer Anti-D:
 - 28 and 34 weeks
 - Sensitising events
- For details and dosages, refer to <https://www.blood.gov.au/guideline-prophylactic-use-rh-d-immunoglobulin-pregnancy-care>.

Medical condition or obstetric complications?

Early/urgent hospital ANC referral?

- GP referrals are promptly triaged
- Please specify urgency and reasons in referral
- Send GP Smart Referral or eReferral to CPIU