



Take home messages from this update:

Communicate, communicate, communicate.

When you have assembled your exhaustive history and have completed your examination and investigations, promptly send your referral to the MMH ANC so that the booking can commence and triage can be most effectively and efficiently done.

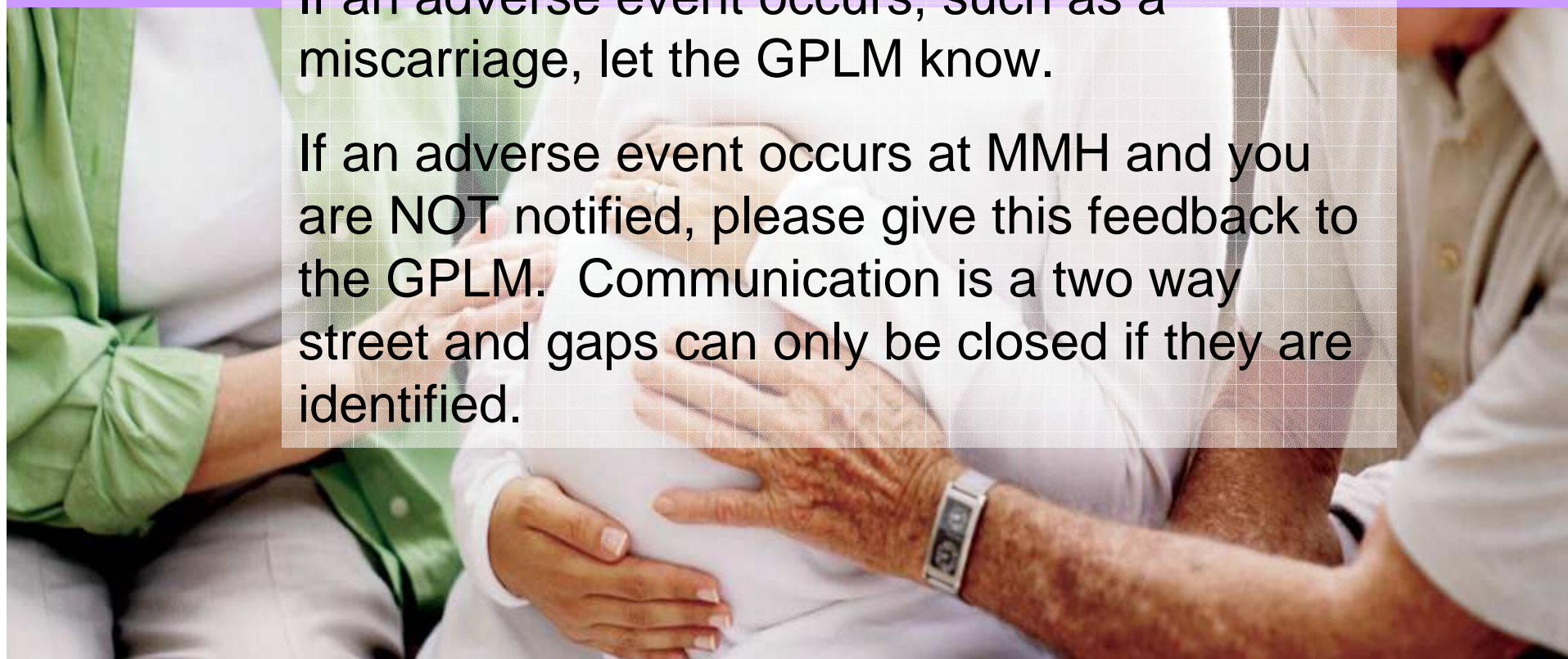
Use the template!

Copy the MMH ANC on ALL of the investigations.



If an adverse event occurs, such as a miscarriage, let the GPLM know.

If an adverse event occurs at MMH and you are NOT notified, please give this feedback to the GPLM. Communication is a two way street and gaps can only be closed if they are identified.





The protocol for use of Anti D has undergone a number of changes in the past and may change again in the future. Anti D is no longer recommended for threatened miscarriages in the first trimester. Please administer prophylactically as per the guidelines (at 28 and 34 weeks) to Rh negative women. Anti D can be ordered through the QML couriers. This information is within the guideline document (p21) and you will receive written notification of this protocol with the booking information.



The appointments schedule used to be every 4 weeks until 26 weeks, every 2 weeks until 36 weeks and every week until delivery, but it has changed. For primigravida women or multigravida women with a different partner, it is now the initial visit, then every 4 weeks from 12-28 weeks (time an 18-20 week visit as close as possible to the morphology scan) every 3 weeks until 36 weeks, every 2 weeks until 40 weeks and an appointment with the obstetrician at 41 weeks if required. Multigravida women with the same partner do not need to present for the 24, 31 or 40 week visit.



Consultation with women and care givers

I am sure that we are all aiming to provide high quality clinical care. This involves ongoing education on our part and seeking advice from others. We are able to access physiotherapists, dietitians, social workers, pharmacists, lactation consultants, physicians, midwives and obstetricians, giving our patients a very broad range of advice and assistance from these professionals. **USE THEM!**



IF IN DOUBT, PHONE A FRIEND!!!





Item numbers for MSC

16500 Rebate \$37.90 (\$44.55) Antenatal Attendance

16591 Rebate \$114.60 (\$134.80) Planning and management of a pregnancy that has progressed beyond 20 weeks provided the fee does not include any amount for the management of the labour and delivery if the care of the patient will be transferred to another medical practitioner, payable once only for any pregnancy that has progressed beyond 20 weeks, not being a service to which item 16590 applies (planning to undertake the delivery for a privately admitted patient)



To apply the best practice share care models in antenatal and postnatal care, we all need to be

Clinically competent

Up to date

Following the Guidelines

Thinking

Communicating