

Welcome back! Session 2

Case scenario discussions

Time	Task	Who
11:00	Group work; Medical conditions in pregnancy – Meet your patient and then work through 3 states	Dr Julie Buchanan Dr Maggie Robin CM Erin Hutley-Clarke CM Anne Williamson CM Kristen Winton CM Jan Tyrrell
12:00	Reconvene and present back	Dr Maggie Robin
1:00	Workshop conclusions	Dr Maggie Robin

Case scenarios

- We will now break into 4 groups
- Each group will discuss a different case study with the support of a Mater clinician
- Each group must identify a scribe and a presenter .
- You should allocate 10-15 minutes to discuss each of the 3 states in your scenario and allow time to prepare your presentation
- We will then reconvene & each group will have 15 minutes to present their case for discussion with the larger group.

Case presentations

Mater Mothers Hospital; Virtual Alignment 3

US/S costs—clinics compared

Accurate as of April 2021—not an exhaustive list, not Mater endorsed!

Practice	Under 12 weeks (\$51.80 rebate)	NTS (\$60.40 rebate)	Morphology (\$86.30 rebate)
City Scan	\$121 HCC BB viability, dating	\$220	\$181
Exact Radiology	BB viability, dating scans	\$180 (available at Sunnybank, Inala, Chapel Hill, Ipswich Riverlink and Underwood)	\$175 (\$210 for multiples, rebate \$127.50) Follow up scan post morphology \$140 (rebate \$85)
I-MED Radiology	\$116.80 unless too soon for dating, will BB follow up scan	\$190.40 for all	\$216.30 for morphology & third trimester scans
Qld Xray	\$171.77 HCC BB viability, dating	\$235 for all	\$230 for morphology (all) \$190.40 third trimester scans BB HCC
Qscan	\$111* *BB Meadowbrook	\$250*	\$276* for morphology & third trimester scans
QDI	BB	\$220.40 not available at all sites (book well in advance, prefer 12 weeks)	\$196.30* for morphology & third trimester scans (prefer 20-22 weeks)
So + Gi (4D)	\$190	\$360 (\$575 for NIPT + dating scan, \$94 rebate, \$870 NIPT + NTS rebate \$102)	\$360 (\$90-\$120 rebate) \$350 third trimester scans (\$90-\$100)

USS ordering

From May 1, 2020, not need to list a condition for women to receive a rebate for a NTS

For scans less than 12 weeks, the items apply when the scan is for “determining the gestation, location, viability or number of fetuses”

For the 12 – 16 week scan, Medicare rebates apply where clinically appropriate.

For scans after 20 weeks, there is a Medicare rebate for *only one scan* unless the scans are ordered by a DRANZCOG or FRANZCOG holder

Carrier Screening



SMA, CF, FXS -- ~\$400, no Medicare rebate



Extended carrier screens -- \$\$\$ (\$750+) and no Medicare rebate



Offer, inform, refer with informed consent, including financial



Consider: what will she/they do with what they find?



Resources: [Maternity-Matters](#)

[Clinicians](#)

consumers [preconception](#)

consumers [post conception](#)



Mackenzie's Mission

ABOUT THE STUDY

Mackenzie's Mission will provide reproductive genetic carrier screening to 10,000 Australian couples who are either planning to have children or are in early pregnancy



NTS + NIPT?

Please order NTS for first trimester scan if you are organising a NIPT for the most accurate, most comprehensive early anomaly testing:

- Ensures the correct, detailed scan is booked

Let radiology know if you have organised a NIPT and that you do not want the calculation of trisomy risk

PAPPA provides some risk assessment for pregnancy complications, but it is debatable whether this warrants the additional testing

[Presentation](#) by Dr Glenn Gardener

Routine Anti-D prophylaxis mater

Anti-D can be ordered from the Red Cross via QML or Mater Pathology, who will deliver it to surgeries.

Please record the routine administration at 28 and 34-36 weeks on page 1 of the women's section of the PHR.

625 IU (125 µg) is recommended for ALL Rh negative women unless they are antibody positive. If they are antibody positive, they won't be having GPSC!

Binding All clinical form creation

General Practitioner (GP) (stamp or print details):	
Name:	Shared care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	<input type="checkbox"/> Discontinued
	Phone:
	Fax:
Email:	Pager:

Early pregnancy bleeding and pain:	3163 5132
Antenatal appointments:	3163 8330
General enquiries:	3163 8111
13HEALTH:	13 43 25 84
Domestic Violence Hotline:	1800 811 811

GPs: Please refer to the "Mater Mothers' Hospital GP Maternity Shared Care Guideline" at materonline.org.au (maternity services) for the MMH/GP shared services protocol, guidelines for consultation and referral and the antenatal appointment schedule.

Anti D Prophylaxis (for Rh Negative women only) Yes → Week 28: (initial) No Week 34-36: (initial)

Disclaimer - Important Information

This document is not nor should it be treated as a complete obstetric record for the patient. Copies of the complete obstetric record for the mother will be available to the mother's treating healthcare provider/s on request. Any notes in this document must be read in conjunction with any documents attached to it and the patient's clinical record. The documents will be updated at each visit.

Mater Health Services does not warrant that this document is a comprehensive or up to date record. Any treating healthcare provider/s should contact Mater Health Services (07 3163 1918) for the current information about the patient.

This document does not replace the need to obtain a valid consent from the mother in relation to any procedure.

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PREGNANCY HEALTH RECORD 22

Routine Anti-D prophylaxis

QHealth

Please record the routine administration on page 7 of the clinician's section of the PHR.

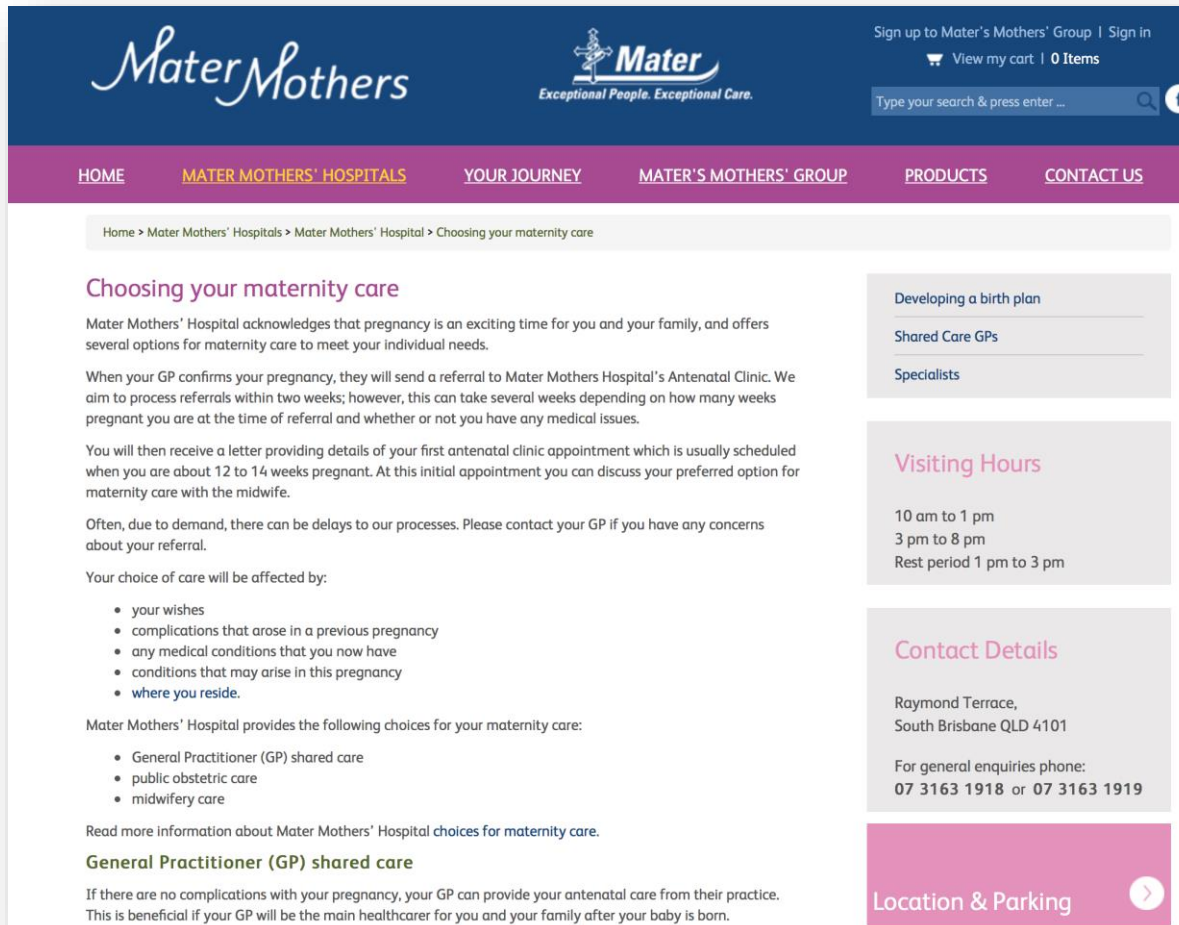
Immunisation			
Anti D Prophylaxis (Rh D negative women only)	<input type="checkbox"/> Not required	Print name:	
	<input type="checkbox"/> 28 weeks If no, reason: <input type="text"/> Batch number: <input type="text"/>	Designation: <input type="text"/> Signature: <input type="text"/>	
	<input type="checkbox"/> 34-36 weeks	Print name:	
	If no, reason: <input type="text"/> Batch number: <input type="text"/>	Designation: <input type="text"/> Signature: <input type="text"/>	
dTpa (diphtheria, tetanus and whooping cough) vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gestation: <input type="text"/>	Batch number: <input type="text"/>
	Date given: <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> weeks	<input type="text"/>
Influenza vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gestation: <input type="text"/>	Batch number: <input type="text"/>
	Date given: <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> weeks	<input type="text"/>
Other (specify)	Date given: <input type="text"/> / <input type="text"/> / <input type="text"/>	Gestation: <input type="text"/>	Batch number: <input type="text"/>
		<input type="text"/> weeks	<input type="text"/>
		Print name:	
		Designation: <input type="text"/> Signature: <input type="text"/>	

Administration of Anti-D

- Rh D immunoglobulin should be given slowly by deep IMI **within 72 hours** of a sensitising event
- Document in PHR and notify MMH (e.g., completed miscarriage 1st trimester, bleed 2nd or 3rd trimester – PAC review)
- RhD immunoglobulin can be ordered upon receipt of a signed and completed request form and delivered via routine courier service
 - a) Mater Blood Bank Fax 07 3163 8179
 - b) QML Blood Bank Fax 07 3371 9029

If your practice has an immunization fridge you may be able to order and keep a small supply.

Models of care information



The screenshot shows the Mater Mothers Hospital website. The header includes the Mater Mothers logo, the Mater logo with the tagline 'Exceptional People. Exceptional Care.', and navigation links for 'Sign up to Mater's Mothers' Group', 'Sign in', 'View my cart', and '0 Items'. A search bar is also present.

The main navigation menu includes: HOME, MATER MOTHERS' HOSPITALS, YOUR JOURNEY, MATER'S MOTHERS' GROUP, PRODUCTS, and CONTACT US.

The breadcrumb trail reads: Home > Mater Mothers' Hospitals > Mater Mothers' Hospital > Choosing your maternity care.

Choosing your maternity care

Mater Mothers' Hospital acknowledges that pregnancy is an exciting time for you and your family, and offers several options for maternity care to meet your individual needs.

When your GP confirms your pregnancy, they will send a referral to Mater Mothers Hospital's Antenatal Clinic. We aim to process referrals within two weeks; however, this can take several weeks depending on how many weeks pregnant you are at the time of referral and whether or not you have any medical issues.

You will then receive a letter providing details of your first antenatal clinic appointment which is usually scheduled when you are about 12 to 14 weeks pregnant. At this initial appointment you can discuss your preferred option for maternity care with the midwife.

Often, due to demand, there can be delays to our processes. Please contact your GP if you have any concerns about your referral.

Your choice of care will be affected by:

- your wishes
- complications that arose in a previous pregnancy
- any medical conditions that you now have
- conditions that may arise in this pregnancy
- where you reside.

Mater Mothers' Hospital provides the following choices for your maternity care:

- General Practitioner (GP) shared care
- public obstetric care
- midwifery care

Read more information about Mater Mothers' Hospital choices for maternity care.

General Practitioner (GP) shared care

If there are no complications with your pregnancy, your GP can provide your antenatal care from their practice. This is beneficial if your GP will be the main healthcarer for you and your family after your baby is born.

Additional information on the right side of the page includes:

- Developing a birth plan**
- Shared Care GPs**
- Specialists**
- Visiting Hours**
 - 10 am to 1 pm
 - 3 pm to 8 pm
 - Rest period 1 pm to 3 pm
- Contact Details**
 - Raymond Terrace,
South Brisbane QLD 4101
 - For general enquiries phone:
07 3163 1918 or 07 3163 1919
- Location & Parking**

Midwifery Group Practice

Quick Links

- ▶ [Midwifery Group Practice](#)
- ▶ [How to book into the program](#)
- ▶ [Your care](#)
- ▶ [Pregnancy Check-ups](#)
- ▶ [Frequently Asked Questions](#)
- ▶ [Further Information](#)
- ▶ [Contact details](#)

Pregnancy—Midwifery Group Practice

Mater's Midwifery Group Practice (MGP) is designed to ensure that you receive dedicated, consistent care throughout your pregnancy, labour and birth, and during the early weeks after your baby is born. Your partnership with your 'named' midwife will mean that you will get to know each other very well, along with other MGP midwives



The program cares for women who are generally well, and have little risk of complications. If complications do arise, the midwives liaise with Mater Mothers' Hospital's obstetric team, so that you and your baby will receive the specialist care you need, while still being supported by your midwife.

How to book into the program

If you wish to participate in Mater's MGP you should be:

- planning to have a natural birth with no unnecessary interventions

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Pregnancy Checklist	
<input type="checkbox"/>	Decide on where and how you wish to have your child—do you wish to be looked after privately or publicly? Do you wish to be looked after by a midwife, general practitioner (GP) or obstetrician?
<input type="checkbox"/>	Screening for depression during and after pregnancy is recommended for all women. Depression is a common, significant complication both during pregnancy and after baby is born.
<input type="checkbox"/>	When was your last Cervical Screening Test or Pap Smear? It is recommended that it is up to date.
<input type="checkbox"/>	The following tests are recommended: Full Blood Count; Blood Group and antibodies; Rubella immunity, Hepatitis B, Hepatitis C, HIV and Syphilis serology and a urine test for kidney disease and infections. If you have a high risk of diabetes, you are advised to have a first trimester glucose tolerance test or HbA1c.
<input type="checkbox"/>	Chicken Pox, thyroid, chlamydia, iron stores or vitamin D levels may be recommended, depending upon your history.
<input type="checkbox"/>	Supplements of folic acid and iodine are recommended.
<input type="checkbox"/>	Reliable information on safe use of drugs and alcohol, diet, exercise and lifestyle activities in pregnancy can be found on www.matermothers.org.au/journey , www.pregnancybirthbaby.org.au , www.raisingchildren.net.au/pregnancy
<input type="checkbox"/>	Smoking during pregnancy is associated with significant health problems and if you are a smoker, we would like to work with you to help you to stop during this pregnancy. www.quitnow.gov.au
<input type="checkbox"/>	It is recommended that alcohol be stopped as it is known to cause problems for you and/or your baby. If you are having difficulty stopping, we would like to work with you to help you to stop drinking alcohol.
<input type="checkbox"/>	It is recommended that you have a free* influenza vaccine from your GP as soon as they are available. They can be safely given at any time in your pregnancy.
<input type="checkbox"/>	If you are not sure when you fell pregnant, a scan is recommended to confirm how many weeks pregnant you are.
<input type="checkbox"/>	There is a blood test (B HCG and PAPP-A) and an ultrasound test (the Nuchal translucency scan) that can be done between 11 and 13 weeks of pregnancy. This test assists to determine your chance of having a child with genetic conditions including Down Syndrome, as well as confirming how many weeks pregnant you are and baby's anatomy.
<input type="checkbox"/>	The noninvasive prenatal test (NIPT, cost ~ \$400) gives information about a limited range of chromosomal abnormalities, including Down Syndrome and there are tests for chromosomal conditions including cystic fibrosis, spinal muscular atrophy and fragile X syndrome (~\$400 for these 3 tests). These blood tests do not have any Medicare funding.
<input type="checkbox"/>	An ultrasound test, the morphology scan, is recommended and usually done between 18 and 20 weeks of pregnancy to check on the position of the placenta, anatomy and development of the baby.
<input type="checkbox"/>	It is recommended that you have a visit with your midwife or doctor to follow up the results of any blood tests or ultrasound scans as soon as practical after the test. Don't just assume everything is OK if you have not been contacted.
<input type="checkbox"/>	If you have a Rhesus negative blood group, it is recommended that you have an injection, commonly called AntiD, if you have vaginal bleeding during pregnancy and routinely at 28 and 34 weeks. If you have any vaginal bleeding, it's very important that you let us know as soon as possible. Most Rh-negative women who bleed in pregnancy will require an injection within 72 hours of the bleeding starting. This significantly reduces the risk of you developing antibodies which could harm your baby.
<input type="checkbox"/>	It is recommended that you have a free* whooping cough booster from 20 weeks' gestation in each and every pregnancy, even if the pregnancies are less than two years apart.
<input type="checkbox"/>	At 26–28 weeks of pregnancy, your blood count and blood group antibodies are checked again and a glucose tolerance test is recommended, unless it is already known that you have diabetes.
<input type="checkbox"/>	Visits are generally recommended every four weeks from week 12 until 28 weeks, every three weeks until 34 weeks and every two weeks until 40 weeks, with follow up at 41 weeks if you have not yet had your baby. If you have special needs or other health concerns, you may be asked to come in more often or you can choose to be seen more often.
<input type="checkbox"/>	A blood test for anaemia is recommended at 36 weeks of pregnancy.
<input type="checkbox"/>	If you choose to have Shared Antenatal Care with your GP, you will usually be seen at the hospital for a booking in appointment at 16–20 weeks (earlier if you are at higher risk) and 36 weeks.
<input type="checkbox"/>	How do you plan to feed your baby?

*There may be a fee to see your GP | Dr Wendy Burton | Creative Commons License | February 2021

PDF available for [downloading](#) or page 57 of the Mater Guideline

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www.materonline.org.au



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Mater Education offers a diverse range of CPD courses suited to General Practitioners

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Clean hands are safe hands

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Featured Event

Cancer education evening on 25 June 2019 - Alexandra Hills Hotel, Alexandra Hills

Read more

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www.materonline.org.au/

Alignment program dates

Please visit the [events page](#) for program dates.

[Click here](#) if you would like to register an **expression of interest** for a Shared Care program.

Program resources

A range of program resources has been developed to assist in completing the MMH GP Maternity Shared Care Program and Advanced Program, and to enhance clinical knowledge and MMH referral processes.

Guidelines and policies

A list of guidelines and policies relating to GP Maternity Shared Care is available to assist you along with a MMH patient [catchment map](#).

Aligned GPs

Once you are aligned and have given permission for your practice details to be listed they will appear on the [Mater Mothers' Hospital](#) website. Please advise the program administrator via email mscadmin@mater.org.au if your details need to be updated.

Patient Referrals

To refer an uninsured patient to Mater Mothers' Hospital please complete our [antenatal referral form](#).

Further information

For further information about the Shared Care please contact the GP Liaison Midwife on telephone **07 3163 1861**, mobile 0466 205 710 or email GPL@mater.org.au.

For event registration enquires please contact the Program Administrator by email mscadmin@mater.org.au.

GP Advisors for the MMH GP Maternity Shared Care Alignment Program are supported by PHN Brisbane South.

Online Qhealth education resources

QHealth has a range of power points, video conferences, knowledge assessments and flowcharts available online which flow from their Maternity and Neonatal Guideline work.

GP relevant topics include

Covid-19

Obesity

Early Pregnancy Loss

Vaginal Birth after caesarean section (VBAC)

Breastfeeding initiation

Neonatal Examination

Neonatal Jaundice

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All critical form creation and amendments must be conducted through Health Informatics.
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ANTENATAL REFERRAL
Fax number: 07 3163 8053

Unit Record No. _____

Surname _____

Given Names _____

Date of Birth _____ Sex Female

Patient details

Surname _____ Given name(s) _____

Date of birth _____ Next of kin _____ No. of kin contact _____

Address _____

Suburb _____ State _____ Postal code _____

Preferred contact home phone Preferred contact mobile _____

Medicare eligible? Yes No Medicare number _____ Referral number _____ Expiry date _____

Please advise all patients bring their Medicare card when presenting to Mater. Medicare ineligible patients will incur a fee for appointments/ treatment provided which varies by presentation. Insurance provider and policy number must be provided before bookings can be processed.

Private health insurance? Yes No and name _____ Policy number _____

Are you part of Aboriginal or Torres Strait Islander origin?
 Yes, Aboriginal Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander No

Will the baby identify as Aboriginal or Torres Strait Islander? Yes No

Interpreter Yes No Language _____ Is the patient of refugee background? Yes No

Special care carer _____

Referral

This referral is for an initial consultation with a doctor for the planning and co-ordination of care for this pregnancy. Women will be subsequently offered a choice of appropriate management options. To improve efficiency and reduce waiting times, this named referral will be shared with other specialists. The consultation may be bulk billed. Medication in Australia with NO out of pocket expenses for this patient.

Dear Dr Paul Bretz (Mater Mothers Babies and Women's Health Services) Referral date _____

Thank you for seeing this woman whose LNMP was _____ and whose EDC is _____

She is G _____ P _____ Weight _____ Height _____ BMI _____

This patient is high risk and requires early assessment? Yes No

High risk pregnancy details

Past genetic, medical, surgical, and obstetric history

Allergies

Name of medication/ food/ other	Description of previous reaction

Clear form
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Print form

ANTENATAL REFERRAL 100

ANTENATAL REFERRAL
Fax number: 07 3163 8053

Unit Record No. _____

Surname _____

Given Names _____

Date of Birth _____ Sex Female

Medication name	Strength	Dose	Medication name	Strength	Dose

Models of care

I have discussed models of care and this woman would like:

GP Shared Care? Yes No I have completed the MMH alignment program? Yes No

I have completed an alignment program with the following hospital _____ Date completed _____

If aligned and not for GPSC please give reason _____

Midwifery care? Yes No Midwifery Group Practice? Yes No

Second choice if Midwifery Group Practice full _____

Relevant investigations (attach investigations or results)

Pathology service provider _____

Pap smear or cervical screening? Yes No Results? Normal Abnormal

Screening for fetal anomalies discussed? Yes No Testing accepted? Yes No

Referral given? Yes No

First trimester HBA1c for BMI >30, previous GDM, maternal age >40, PCOS or previous macrosomic baby? Yes No

18/40 morphology ultrasound ordered? Yes No FBC? Yes No

Rubella serology? Yes No Urine M/C/S? Yes No

HIV? Yes No Syphilis serology? Yes No

Blood group & antibody? Yes No Hepatitis B serology? Yes No

Hepatitis C serology? Yes No

Referring Doctor's details (please complete all fields clearly or affix stamp)

Doctor's name _____ Provider number _____

Practice address _____

Phone number _____ Fax number _____

Email _____ Signature _____

Mater staff use only

Date received _____ Referral accepted Age _____ EDC _____ Current gestation _____

Referral declined Other _____ Out of Area

GP notified Date notified _____ Woman notified Date notified _____

First appointment midwife and obstetrician Woman notified of date of first appointment _____

Medicare eligible Medicare ineligible AND insured Medicare ineligible and NOT insured

Date sent to billing office _____

Notes _____

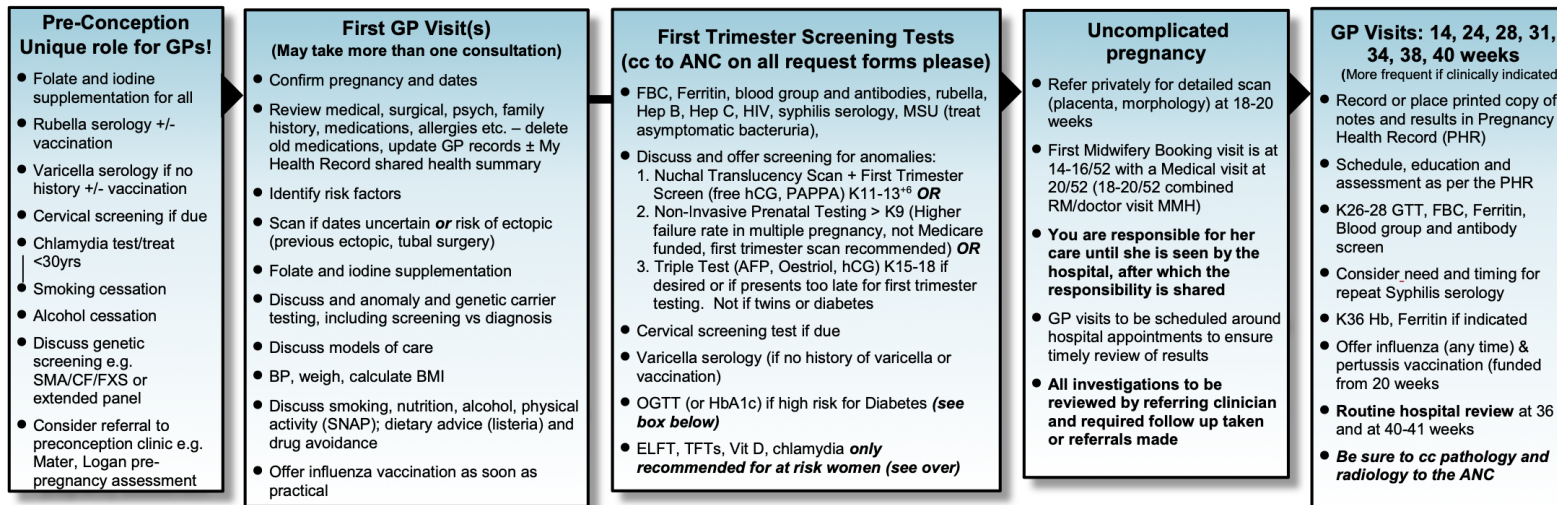
Midwife name _____ Signature _____ Date _____

All critical form creation and amendments must be conducted through Health Informatics. Binding margin - do not write. Do not reproduce by photocopying.

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Viewable online at BSPHN

South Brisbane Antenatal Shared Care Process



General Information

High Risk for Diabetes in Pregnancy?

- Previous GDM or baby > 4500g, polycystic ovarian syndrome, strong family history, glycosuria, BMI > 30, maternal age ≥ 40, ethnicity
- OGTT by 12 weeks (or HbA1c if OGTT not tolerated), URGENT Hospital ANC referral if abnormal (Fasting ≥ 5.1 mmol or 1-hr ≥ 10 mmol or 2-hr ≥ 8.5 mmol; HbA1c ≥ 5.9)**
- Please specify reason and include a copy of the results in the referral letter to your local service.

Medical Disease or Obstetric Complications? EARLY or URGENT Hospital ANC referral:

- GP referral letters are triaged by consultant within same week
- Please specify urgency and reasons in the referral letter
- Refer to local service who will liaise or make further referrals if required
- Be sure to cc pathology and radiology and give women a copy of their results**

Rh Negative Mothers

- If antibody negative, offer 625 IU anti-D at 28 and 34 weeks and for sensitising events
- Dose can be given at local Hospital; or
- Dose can be given by GP—order via Fax from QML or Mater Blood Bank, delivered via courier to surgery
- QML 3371 9029
- Mater 3163 8179

CONTACTS	Beaudesert	Logan	Redland	Mater	
Contact Details for Referrals, Pathology					
Hub fax (for initial referral)	Central Referral Hub: 1300 364 248			3163 8053	
ANC fax (for updated information)	5541 9132	3299 8202	3488 3436	3163 8053	
Secure e-Referral	Medical Objects or HealthLink available for all centres				
ANC phone	5541 9144	3299 8527	3488 3434	3163 1861	
For Urgent Referral or Advice					
O&G Registrar/GP Obs on Call	5541 9174	3299 8027	3488 3758	3163 6611	
Obstetrician on call	-	3089 6963	3488 3111	3163 6612	
Triage Midwife	5541 9144	3299 8811	3488 3044	3163 1861	
Mental Health (MH) Services	3089 2734	3089 2734	3825 6000	3163 7990	
For urgent MH referral/advice	1300 642255 (1300 MHCALL) for all centres				
Pregnancy Complications					
Complications, e.g. bleeding, pain, threatened or incomplete miscarriages, phone 24/7 Haemodynamically unstable women? Direct to ED/PAC	On-Call GP Obstetrician 5541 9111	<20	3299 8456	On-Call Obstetrician 3488 3111	Pregnancy Assessment Centre (PAC) 3163 6577
		>20	3299 8811		
		EPAU FAX 3089 2016 ED: 3299 8899			

Modified by BSPHN and MMH from an original created by Drs Michael Rice, Mano Haran and Heng Tang

Version October 2020

www.materonline.org.au | www.bsphn.org.au



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Referral process

- Women with *pre-existing* medical conditions identified in the antenatal referral don't need separate referrals to specialist clinics. The obstetrician will sort it out at the first visit
- If a woman *develops* a medical condition after referral, fax a new referral to ANC with results
- GDM testing positive? NOTIFY antenatal clinic promptly



Results acknowledgement and follow up

If you order it, you are responsible for follow up and referrals

- The cc result is not seen by clinicians until contact with the woman is made
- What to you do with what you have found is in the MMH GP Maternity Shared Care Guideline
- Unsure? Phone a friend



Who can you call?

For clinical advice or if a woman requires urgent review:

ANC Consultant: 3163 1330

Mon-Fri 830 – 1630 and Fri 830-1230

- Obstetric/gynae registrar: 3163 6611*
- Obstetric consultant: 3163 6612*
- Obstetric Medicine registrar page via switch 3163 8111*

*available prn 24 hours

The GP Liaison office is open Mon - Fri 0730 - 1600 for general advice and assistance.

- Telephone 07 3163 1861 (you can leave a message) mobile 0466 205 710 or email GPL@mater.org.au



The referral pathway

- All women should be referred to their local obstetric hospital
- A comprehensive referral = appropriate triage
- Local obstetricians will liaise with or refer women onto MMH prn
- If complications arise, contact her *local* obstetric service, they can sort it out



Pertussis Immunisation

Since April 2019, funded from 20 weeks (was 28) for every pregnancy

Best given from 20-32 weeks, but ok and funded up until birth

Why the change?

- Protection of premature babies
- Similar antibody levels in cord blood from 2nd and 3rd trimester vaccination, with perhaps even higher levels from the 2nd trimester immunisation
- It is safe for both mum and bub
- We will now have a broader target to hit



Pertussis Immunisation

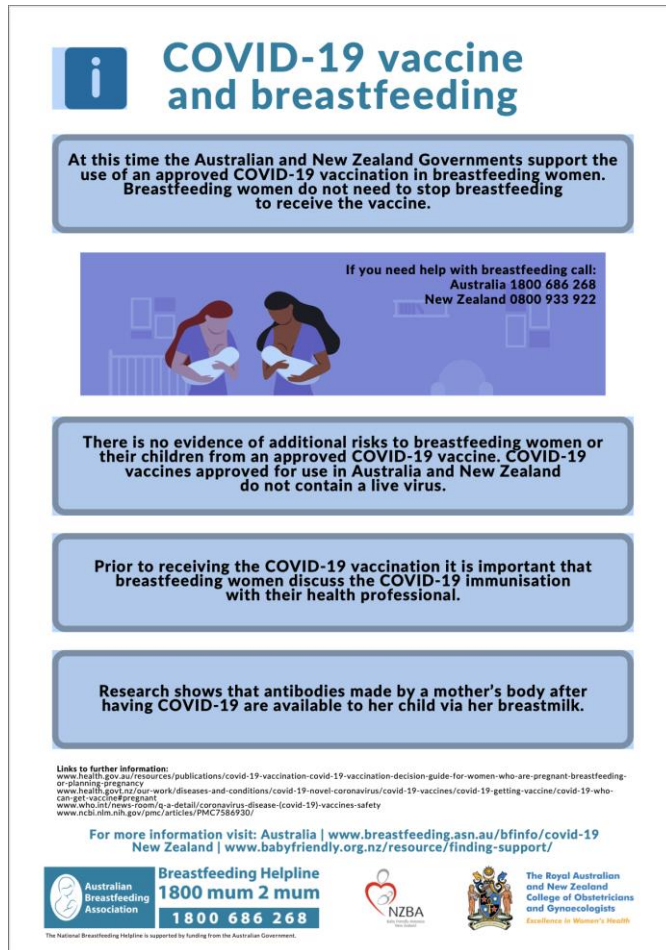
- For simplicity's sake, change practice and immunise women for pertussis with review of their morphology scan if seen at or after 20/52
- If a woman has received a pertussis before 20 weeks, it does not have to be repeated in the current pregnancy. The data shows transfer of antibodies as early as 13 weeks

PS, Influenza

- The influenza vaccine can be administered at any gestation and provides additional protection for the first six months of an infant's life



Covid Immunisation



i COVID-19 vaccine and breastfeeding

At this time the Australian and New Zealand Governments support the use of an approved COVID-19 vaccination in breastfeeding women. Breastfeeding women do not need to stop breastfeeding to receive the vaccine.

If you need help with breastfeeding call:
Australia 1800 686 268
New Zealand 0800 933 922


There is no evidence of additional risks to breastfeeding women or their children from an approved COVID-19 vaccine. COVID-19 vaccines approved for use in Australia and New Zealand do not contain a live virus.


Prior to receiving the COVID-19 vaccination it is important that breastfeeding women discuss the COVID-19 immunisation with their health professional.


Research shows that antibodies made by a mother's body after having COVID-19 are available to her child via her breastmilk.

Links to further information:
www.health.gov.au/resources/publications/covid-19-vaccination-covid-19-vaccination-decision-guide-for-women-who-are-pregnant-breastfeeding-or-planning-pregnancy
www.health.gov.au/work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-getting-vaccine/covid-19-who-can-get-vaccine#pregnant
[www.who.int/news-room/q-a-detail/coronavirus-disease-\(covid-19\)-vaccines-safety](http://www.who.int/news-room/q-a-detail/coronavirus-disease-(covid-19)-vaccines-safety)
www.ncbi.nlm.nih.gov/pmc/articles/PMC7586930/

For more information visit: Australia | www.breastfeeding.asn.au/bfinfo/covid-19
New Zealand | www.babyfriendly.org.nz/resource/finding-support/

 **Breastfeeding Helpline**
1800 mum 2 mum
1800 686 268

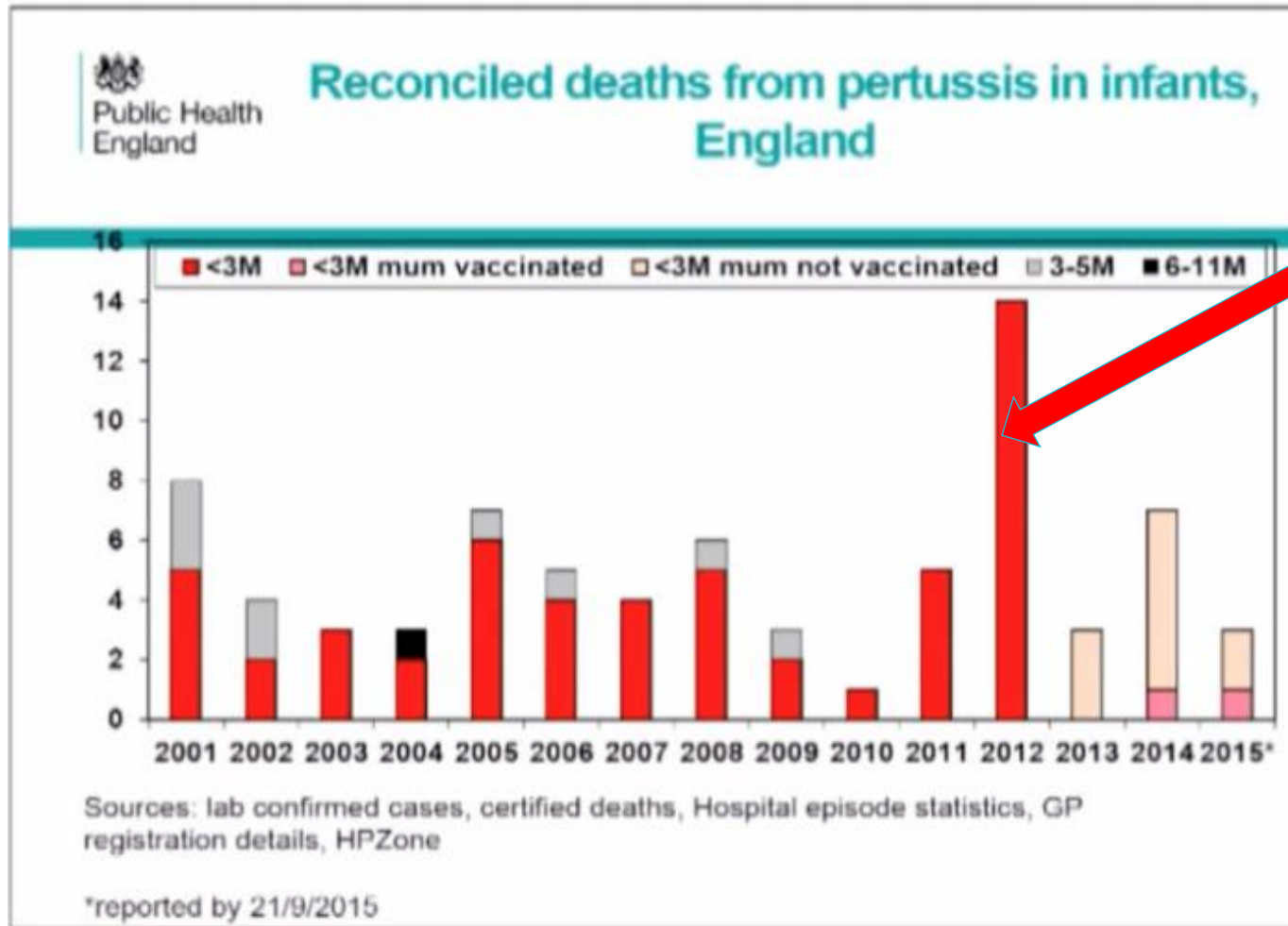
 **NZBA**
New Zealand Breastfeeding Association

 **The Royal Australian and New Zealand College of Obstetricians and Gynaecologists**
Excellence in Women's Health

The National Breastfeeding Helpline is supported by funding from the Australian Government.

- RANZCOG “Although the available data do not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy.”
- There are no concerns about using preconception nor while breastfeeding
- Overseas experience is that there are no emerging issues/concerns

UK pertussis deaths in infants



Antenatal pertussis vaccination introduced Oct 1 2012

Serological testing for varicella

immunity from infection and/or vaccination

- Check preconception ? History of infection or x 2 vaccines
- If no history of infection or vaccination, can test for infection or give vaccines PRIOR to conception

No point testing for seroconversion after vaccination – the test is not sensitive enough to confirm protection!

- Protection (commensurate with the number of vaccine doses received) should be assumed if a child or adult has documented evidence of receipt of age-appropriate dose(s) of a varicella-containing vaccine
- Reference

Safer Baby Bundle

5 key messages:

1. Smoking matters
2. Growth matters
3. Movements matter
4. **Sleep position matters**
5. Timing of birth matters

Resources, including free [Learning modules](#) are available [online](#)

Learn ways to prevent stillbirth based on the latest research and clinical best practice.



#Quit4Baby

Smoking is one of the main causes of stillbirths. Quitting at any time during your pregnancy reduces the risk of harm to your baby. However, quitting as early as you can means a better start in life for your baby. Free help with quitting is available.



#GrowingMatters

Your baby's growth will be regularly measured during pregnancy to check they are growing at a healthy rate. If your baby shows signs of not growing well enough, your maternity health care professional will monitor the growth of your baby closely and discuss with you how to manage this.



#MovementsMatter

It is important to get to know the pattern of your baby's movements. If you are concerned about your baby's movements, particularly from 28 weeks, contact your midwife or doctor immediately. Do not wait for your next checkup.



#SleepOnSide

Going-to-sleep on your side from 28 weeks of pregnancy can reduce your risk of stillbirth, compared with going-to-sleep on your back. Either left or right side is equally safe.



#LetsTalkTiming

The aim is to make every pregnancy and birth as safe as possible for you and your baby. It is important to speak with your maternity healthcare professional about your individual risk of stillbirth and how this may influence the timing of birth.



Safer Baby

WORKING TOGETHER TO REDUCE STILLBIRTH



The Safer Baby program is a new evidence based initiative to reduce the number of babies that are stillborn in Australia.

Decreased fetal movements?

Refer promptly to the pregnancy assessment centre (PAC) as review for CTG monitoring is recommended

Consumer resources are available at [Movements matter Still Aware](https://www.movementsmatter.org.au)



#movementsmatter

Your baby's movements matter.

Why are my baby's movements important?

! If your baby's movement pattern changes, it may be a sign that they are unwell.

Around half of all women who had a stillbirth noticed their baby's movements had slowed down or stopped.

What should I do?

In any instance, if you are concerned about a change in your baby's movements, **contact your midwife or doctor immediately.**

You are not wasting their time.

How often should my baby move?

! There is no set number of normal movements.

You should get to know your baby's own unique pattern of movements.

Babies movements can be described as anything from a kick or a flutter, to a swish or a roll.

You will start to feel your baby move between **weeks 16 and 24** of pregnancy, regardless of where your placenta lies.

What may happen next?

Your midwife or doctor should ask you to come into your maternity unit (staff are available 24 hours, 7 days a week).

Investigations may include:

- Checking your baby's heartbeat
- Measuring your baby's growth
- Ultrasound scan
- Blood test

Common myths about baby movements

✗ It is not true that babies move less towards the end of pregnancy. You should **continue to feel your baby move** right up to the time you go into labour and whilst you are in labour too.

✗ If you are concerned about your baby's movements, **having something to eat or drink to stimulate your baby DOES NOT WORK.**

FIND OUT MORE: [movementsmatter.org.au](https://www.movementsmatter.org.au)

Endorsed by: Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG), Bears of Hope and Sands and organisations below. We thank Tommy's UK for allowing us to adapt their campaign for our purpose. Contact us at stillbirth@mater.uq.edu.au

Stillbirth CENTRE OF RESEARCH EXCELLENCE | Mater Research | SCV | VICTORIA | Tommy's | STILL AWARE | FEMININE SOCIETY | PSANZ | MIDWIVES | Stillbirth Foundation

Antenatal item numbers

16500 Rebate \$41.35 Antenatal Attendance

Telehealth 91853 Telephone 91858

16591 Rebate \$125.05 “Planning and management, by a practitioner, of a pregnancy if:

- (a) the pregnancy has progressed beyond **28** weeks gestation; and*
- (b) the service includes a **mental health assessment (including screening for drug and alcohol use and domestic violence)** of the patient; and*
- (c) a service to which item 16590* applies is not provided in relation to the same pregnancy*
Payable once only for a pregnancy”

(16590 = planning to undertake the delivery for a privately admitted patient)

Postnatal item numbers

16407 Postnatal professional attendance

(other than a service to which any other item applies) if the attendance:

- (a) is by an obstetrician or general practitioner; and
- (b) is in hospital or at consulting rooms; and
- (c) is between 4 and 8 weeks after the birth; and
- (d) lasts at least 20 minutes; and
- (e) includes a mental health assessment (including screening for drug and alcohol use and domestic violence) of the patient; and
- (f) is for a pregnancy in relation to which a service to which item 82140 applies is not provided (participating midwife)

Payable once only for a pregnancy

Fee: \$73.95 **Benefit:** 75% = \$55.50 85% = \$62.90 (compared with 36, Benefit \$73.95)

16408 Home visit

for a woman who was admitted privately for the birth. Midwife (on behalf of and under the supervision of the medical practitioner who attended the birth) Obstetrician or GP can claim. 1-4 weeks post partum, at least 20 min duration

Fee: \$55.05 **Benefit:** 85% = \$46.80