

19. MMH antenatal shared care process flowchart

Pre-conception—unique role for GPs

- Folate & iodine supplementation
- Rubella serology +/- vaccination
- Varicella serology if no history +/- vaccination
- Cervical screening if due
- Smoking cessation
- Alcohol cessation
- Pre-conception clinic MMH if medical condition/s
- Consider screening for genetic conditions e.g. SMA/CF/FXS*

First GP visit/s

(may take more than one visit)

- Confirm pregnancy & dates
- Scan if uncertain dates or risk of ectopic (previous ectopic, tubal surgery)
- Folate & iodine supplementation for all
- Review medical/surgical/psych/family history, medications, allergies etc., update GP records
- Identify risk factors for pregnancy
- Discuss screening vs diagnostic testing
- Discuss diet & drug avoidance—Listeria, alcohol, cigarettes etc.
- Complete Mater referral
- Indicate if you wish to share care & confirm you are aligned
- Recommend & administer influenza vaccination
- If woman agrees to a My Health Record, consent for & upload shared health summary

First trimester screening tests (cc to MMH ANC on pathology & radiology request form please)

- FBE, blood group & antibodies, rubella, Hep B, Hep C, HIV, syphilis serology, MSU (treat asymptomatic bacteruria) Cervical screening if due
- Discuss/request/review prenatal screening or first trimester screening/testing for anatomical, chromosomal & genetic anomalies:
 1. Nuchal translucency scan + first trimester screen (free hCG, PAPP) K11-13+6 or
 2. Maternal serum screening (AFP, Oestriol, hCG) K15-20 if desired or if presents too late for first trimester testing. (Not if twins or diabetic)
 3. Non-Invasive Prenatal Test * (NIPT) > K9 (K13 anatomical scan is recommended)
 4. SMA/CF/FXS or other genetic testing as indicated*
- Varicella serology (if no history of varicella or vaccination)
- HbA1c (first trimester only) or OGTT if high risk for diabetes
- ELFT, TFTs, Vitamin D for specific indications only

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 41 mmol/mol or 5.9%
- If positive, refer promptly, specify the reason & include the results Fax to 3163 8053

Medical disease or obstetric complications? EARLY/URGENT Hospital ANC referral:

- GP referral letters are triaged within two working days
- Please specify urgency & reasons in the referral letter. Fax to 3163 8053
- cc MMH ANC on pathology & radiology

Rh Negative mothers

- If antibody negative, offer 625 IU anti-D at 28 & 34 weeks

For urgent referral or advice contact Mater Mother's Hospital:

- Obstetric Consultant 07 3163 1330 (clinic hours)
- GP Liaison 07 3163 1861, ANC team leader 07 3163 8611 (clinic hours)
- After Hours O&G Registrar 07 3163 6611 Consultant 07 3163 6612

BMI > 35 recommend folic acid 5 mg daily

- In addition to routine bloods, order first trimester HbA1c, E/LFT, urine protein/creatinine ratio. OGTT 25-28 weeks if first trimester test normal.
- If antibody negative, offer 625 IU anti-D at 28 & 34 weeks

Pregnancy Assessment Centre (PAC) Open 24/7

- For urgent obstetric related care at any stage in pregnancy and for 6 weeks after the birth. Team Leader: 07 3163 6577
- Women who reside out of catchment should be referred to their local hospital.

Uncomplicated pregnancy

- Send referral to Mater ANC fax 3163 8053
- Refer privately for detailed scan (dating, morphology) to be done at 18-20 weeks
- Arrange to see patient after morphology scan
- First MMH ANC visit with midwives & obstetric doctor K 18-20
- You will be responsible for care until she is seen by a doctor in the hospital

GP visits: 14, 24, 28, 32, 34, 38, 40 weeks

(more frequently if clinically indicated)

- Record in Pregnancy Health Record (place printed copy of computer obstetric record in the blue folder)
- GTT, FBC; if Rh Neg blood group/antibody screen at K26-28 & 625 IU Anti D offered
- k20-32, recommend & administer Pertussis
- K34, if Rh Neg, 625 IU Anti D offered
- K36, FBC
- cc MMH ANC on pathology & radiology

Mater Mothers' Hospital visit: 36 weeks

(more frequently if clinically indicated)

Mater Mothers' Hospital visit: 40+ weeks *prn*