

## Mater Mothers' Hospital Antenatal Shared Care Process

### Pre-Conception Unique role for GPs!

- Folate and iodine supplementation
- Rubella serology +/- vaccination
- Varicella serology if no history +/- vaccination
- Cervical cytology if due
- Smoking cessation
- Alcohol cessation
- Consider preconception clinic MMH if medical condition/s

### First GP Visit(s) (May take more than one consultation)

- Confirm pregnancy and dates
- Scan if uncertain dates or risk of ectopic (previous ectopic, tubal surgery)
- Folate and iodine supplementation for all
- Review medical/surgical/psych/family history, medications, allergies etc. – update GP records
- Identify risk factors for pregnancy
- Discuss aneuploidy screening vs diagnostic testing
- Discuss diet and drug avoidance – Listeria, alcohol, cigarettes etc.
- Complete Mater referral
- Indicate if you wish to share care and confirm you are aligned

### First Trimester Screening Tests (cc to MMH ANC on pathology and radiology request form please)

- FBE, blood group & antibodies, rubella, Hep B, Hep C, HIV, syphilis serology, MSU (treat asymptomatic bacteruria) Pap smear if due
- Discuss and offer aneuploidy screening:
  1. Nuchal translucency scan + first trimester screen (free hCG, PAPP) K11-13<sup>6</sup> or
  2. Triple test (AFP, Oestriol, hCG) K15-18 if desired or if presents too late for first trimester testing. (Not if twins or diabetic)
  3. Non-Invasive Prenatal Testing > K9 (Not if multiple pregnancy, not Medicare funded, first trimester scan still recommended)
- Varicella serology (if no history of varicella or vaccination)
- OGTT (or HbA1c if GTT not tolerated) if high risk for Diabetes
- ELFT, TFTs, Vit 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 > 35, 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)
- If positive, refer promptly, specify the reason and include the results **Fax 3163 8053**

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

- GP referral letters are triaged by consultant within same week
- Please specify urgency and reasons in the referral letter and fax to **3163 8053**
- **Be sure to cc MMH ANC on pathology and radiology**

### Rh Negative Mothers

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

### For Urgent Referral or Advice Contact Mater Mothers' Hospital:

- GP Liaison Midwife: **3163 1861**
- O & G Registrar on call: **3163 6611**
- MMH Consultant on call: **3163 6009**

### Early Pregnancy Assessment Unit (EPAU)

- For care of early pregnancy (< 20 weeks) complications e.g. bleeding, pain, threatened or incomplete miscarriages: **3163 5132**
- By appointment only, Mon – Fri 8:30 -12:30
- Haemodynamically unstable women should be directed to MAH ED: **3163 8485**

### Pregnancy Assessment and Observation Unit (PAOU)

- For urgent obstetric related care ≥ 20 weeks: **3163 6577** open 24/7, please call first

### 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 and 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, 31, 34, 38, 40 weeks (more frequently if clinically indicated)

- Record in Pregnancy Health Record (blue folder)
- GTT, FBC, Blood group / antibody screen at K26-28; if Rh Neg, 625 IU Anti D offered
- K34, if Rh Neg, 625 IU Anti D offered
- K36, FBC
- **Be sure to cc MMH ANC on pathology and radiology**

### Mater Mothers' Hospital visit: 36 weeks (more frequently if clinically indicated)

Women who have not given birth by 41 weeks will receive a phone call from a midwife to discuss the implications of prolonged pregnancy, book an induction of labour and offer a membrane sweep. If an interpreter is required or the woman has had a previous LSCS, she will be offered a 41-week antenatal clinic appointment