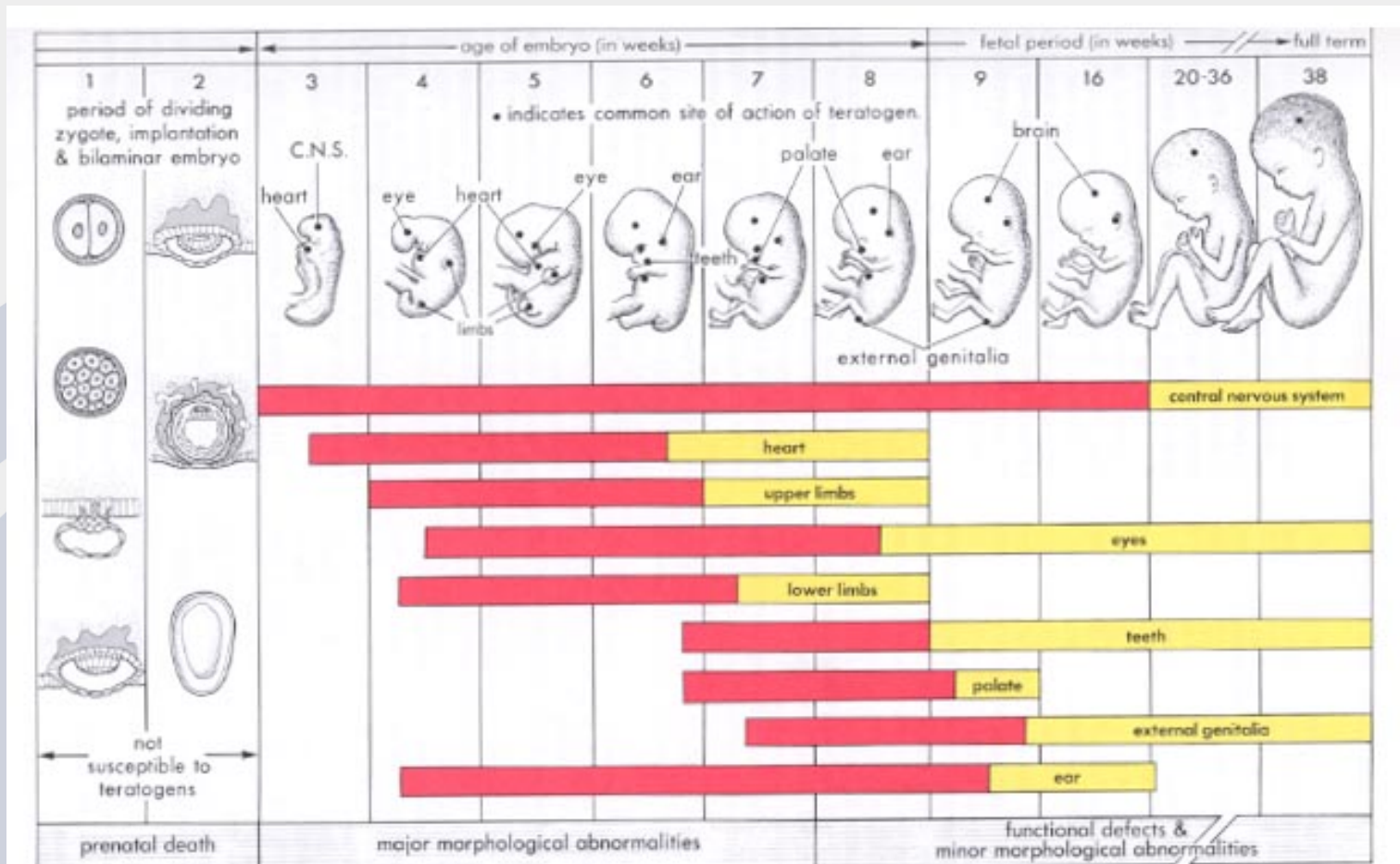


Number of drinks



Timing of exposure

- Susceptibility depends on developmental stage at time of exposure



NATIONAL SNAPSHOT



CLINICAL PRACTICE GUIDELINES NHMRC
NHMRC Antenatal care - Module I
Released by DOHA 2012

2013 RANZCOG DIPLOMATES PRACTICE PROFILE

- 2400 diplomates, 500 NSW
- 93% provide antenatal care.
- 33% provide intrapartum care
- 88% practice share care

CERTIFICATE/DIPLOMA TRAINEES

506 GPs: Diploma Training Program

- Certificate of Women's Health: 70
- DRANZCOG: 320
- DRANZCOG Advanced: 116

CLINICAL PRACTICE GUIDELINES

NHMRC Antenatal care - Module I

- Antenatal care is a routine part of pregnancy for most of the 280,000 women who give birth in Australia each year.
- Woman-centred approach
- Primip without complications, usual schedule of ten visits
- Subsequent uncomplicated pregnancies: Usually seven visits
- Assessment of a woman's risk and need for additional care continues throughout pregnancy.

So you are pregnant, now what?

- GP review to confirm diagnosis
- Dating scan
- Date the pregnancy
- Booking bloods
- Models of care
- Continuity of care and carer
- Collaborative practice



EDC

- Only LMP: the first day of the LMP plus 282 days (Nguyen 1999)
 - Unsure LMP : USS 8wks - 13⁶gestational age, detect multiple pregnancies and accurately time fetal anomaly screening.
 - Accuracy of EDC is influenced by the regularity/length of a woman's menstrual cycle and the timing of any ultrasound assessment.
 - Certain LMP & menstruation regular
- USS bw 6 -13 wks gestation: if the two dates < 5days use the LMP estimate; if the dates differ > 5 days, use the ultrasound estimate;
- USS bw 13 - 24 weeks pregnancy — if the two dates differ by 10 days or less, use the LMP estimate; if the dates differ by more than 10 days, use the ultrasound estimate

CLINICAL ASSESSMENT :

- Initial contact: Plan first antenatal visit (long appointment) <10wks
- Discuss LMP and offer USS scan between 8 and 14 wks if needed
- Measure height and weight and calculate body mass index
- Measure blood pressure & test for proteinuria
- ? Previous mental health disorders and psychosocial factors that affect mental health
- Edinburgh Postnatal Depression Scale as early as practical
- Routine breast/pelvic examination not recommended.

SCREENING

- Blood group and antibodies, full blood count and haemoglobin
- offer testing for HIV, hepatitis B, rubella non-immunity, syphilis and asymptomatic bacteriuria
- offer testing for hepatitis C to women with identified risk factors
- offer women younger than 25 years chlamydia testing — in areas with a high prevalence of sexually transmitted infections, consider offering chlamydia and gonorrhoea testing to all pregnant women
- consider offering testing for vitamin D deficiency (high risk)
- offer screening for chromosomal abnormalities to be carried out between 11 and 14 weeks of pregnancy

What happens at the hospital end?

- Notes review
- First visit (face to face review)
- RANZCOG position
- College of midwives
- Obstetrix
- Model of care
- Antenatal classes

GP Shared Antenatal Care Protocol

Gestation	Provider	Action
Please ensure women book at 6-8 weeks for their 14 week ANC appointment		
< 10 weeks	GP (1 or 2 visits)	<ul style="list-style-type: none"> Confirm pregnancy. Discuss options of care. Healthy pregnancy advice. Consider dating scan if applicable (optimal around 8/40) Full history and assess suitability for shared care <ul style="list-style-type: none"> - general/obstetric/gynaecological - depression risk factors - past history of depression, lack of social support, recent life stressors, drug and/or alcohol abuse, domestic violence. Pap smear (if nil in last 2 years) Arrange pathology tests with appropriate counselling <ul style="list-style-type: none"> - FBC - Rubella serology - HepB surface antigen - MSU - Blood group & antibody screen - TPHA - HIV +/- Hep C - Varicella IgG Genetic Counselling at risk women Inc 35+ years Nuchal translucency counselling and referral Referral for morphology U/S Refer to Booking Clinic. GP to provide patient with hardcopy of pathology results for 1st antenatal clinic visit
11 - 13.6 weeks	Ultrasound	<ul style="list-style-type: none"> Nuchal Translucency screen + biochemistry
11.5 - 14 weeks	GP	<ul style="list-style-type: none"> Review with woman / couple & all results Influenza vaccination
14 weeks	Antenatal Clinic	<ul style="list-style-type: none"> 1st Hospital Antenatal Clinic visit with Midwife
16 weeks	Antenatal Doctor's Clinic	<ul style="list-style-type: none"> Hospital Antenatal Clinic visit or notes review
18 - 19 weeks	Ultrasound	<ul style="list-style-type: none"> Morphology ultrasound
20 weeks	GP	<ul style="list-style-type: none"> Review 18/40 U/S Result Routine visit <ul style="list-style-type: none"> - blood pressure - fundal height (symphysis to fundus in cms) - fetal movements - fetal heart sounds
24 weeks	GP	<ul style="list-style-type: none"> Routine visit Discuss signs of preterm labour Arrange for 26-28 weeks (with copy of results to ANC): <ul style="list-style-type: none"> - repeat Hb - repeat antibody screen (if Rh negative) - short GCT (50 gram load). If = or > 7.8 perform 75 gram GTT
28 weeks	Antenatal Clinic	<ul style="list-style-type: none"> Routine visit Rh D Immunoglobulin Immunisation if Rh negative
31 weeks	GP	<ul style="list-style-type: none"> Routine visit Pertussis Immunisation (if not administered at 28 week antenatal clinic visit)
34 weeks	GP	<ul style="list-style-type: none"> Routine visit + Discuss Low Vaginal Swab Confirm 36/40 ANC visit Repeat Hb if previous <105 (with copy of results to ANC)
36 weeks	Antenatal Clinic	<ul style="list-style-type: none"> Routine visit (Rh D Immunoglobulin Immunisation if Rh negative) Low Vaginal Swab for Group B Streptococcus Discussion re signs of labour + birth plan
38	GP	<ul style="list-style-type: none"> Routine visit
40 weeks	Antenatal Clinic	<ul style="list-style-type: none"> Arrange and discuss ANC visit at 41/40 - Induction of labour
41 weeks	Antenatal Clinic	<ul style="list-style-type: none"> Routine visit + Fetal assessment + plan for Induction of labour
D/C - 6 weeks postnatal	GP	<ul style="list-style-type: none"> Review summary of labour/puerperium sent by hospital Assess mother - BP/PV/PAI/Contraception/Pelvic Floor Health/Breast Check Assess for PND/EPOS Assess baby

GP Shared Antenatal Care Key Contacts - February 2016

Booking In		
Hospital	Phone	Fax referral forms to:
Hornsby Ku-ring-gai Hospital	9477 9254	9477 9824
Royal North Shore Hospital	9463 2377	9926 4061
Northern Beaches - Manly	9976 9727 / 9976 9758	9976 9880
Northern Beaches - Mona Vale	9998 0712 / 9998 0947	9998 0948
Ryde	9858 7549	

Questions & Advice			
Only for GPs use - pager numbers not to be given to patients			
Advice about clinical problems	Hornsby Ku-ring-gai Hospital	O&G Registrar	Ph: 9477 9123 - ask for O&G Registrar to be paged Fax: 9477 9824
	Royal North Shore Hospital	O&G Registrar	Ph: 9926 7111 (Page # 41893) Fax: 9926 5299
	Manly Hospital	O&G Registrar	Ph: 9976 9611 (Page # 55124)
	Mona Vale Hospital	O&G Registrar	Ph: 9998 0333

To have a patient seen for an unplanned clinic visit			
Hornsby Ku-ring-gai Hospital			
During working hours	Sue Stanek	GP Liaison Midwife / Towards Normal Birth	Ph: 8438 9046
After working hours	Birthing Unit	Team Leader	Ph: 9477 9260
Royal North Shore Hospital			
During working hours	Susanna Maher (Mon & Wed only) Joanna Yetsenga	GP Shared Antenatal Care Liaison Midwife N/MUM	Mob: 0409 513 971 Ph: 9463 2377 Ph: 9463 2340
After working hours	Birthing Unit		Ph: 9463 2100
Mona Vale Hospital			
All hours as clinic hours limited at	Birthing Unit	Team Leader / NUM	Ph: 9998 0949 Ph: 9998 0288
During working hours	Jodie Adams	GP liaison midwife	Ph: 9976 9157 jodie.adams@health.nsw.gov.au
Manly Hospital			
During working hours	Antenatal Clinic Jodie Adams	Antenatal Clinic Coordinator	Ph: 9976 9727/9758 Ph: 9976 9157
After working hours	Birthing Unit	Team Leader	Ph: 9976 9756/9757
SAC Education & General Administrative Enquiries		Sydney North Health Network	Ph: 9432 8250 Email: info@snhn.org.au



Thank you
and any
questions?



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