

GP Shared Antenatal Care Protocol

Gestation	Provider	Action
Please ensure women book at 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 HbA1c for women with: <ul style="list-style-type: none"> - previous diabetes in pregnancy - previously elevated blood glucose - polycystic ovarian syndrome - maternal age ≥ 40 - Ethnicity Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African - Family history DM or sister with GDM - pre-pregnancy BMI $> 30 \text{ kg/m}^2$ - Previous macrosomia (baby with birth weight $> 4500 \text{ g}$ or $> 90^{\text{th}}$ centile) - medications: corticosteroids, antipsychotics <p>Results <5.9% no further action, 75g oGTT at 24-28 weeks $\geq 5.9\%$ GDM, refer to GDM Care at booking hospital</p> <ul style="list-style-type: none"> Genetic Counselling at risk women inc <u>35+ years</u> 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 Pertussis immunisation - recommended between 20 and 32 weeks gestation, give as early as possible (from 20 weeks) only if at high risk of early delivery 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 TPHA (for high risk groups) - repeat antibody screen (if Rh negative) - 75g oGTT (0, 1 and 2 hour)
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
34 weeks	GP	<ul style="list-style-type: none"> Routine visit + Discuss Low Vaginal Swab <u>Confirm 36/40 ANC visit</u> 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/PAP/Contraception/Pelvic Floor Health/Breast Check Assess for PND/EPDS Assess baby