

# Number of drinks

**STANDARD DRINK GUIDE**

**Each of these drinks is approximately ONE STANDARD DRINK**



The guide illustrates eight types of drinks, each representing one standard drink. Each drink is shown with a horizontal dashed line indicating the volume level. The drinks are arranged in two rows of four. The first row includes a tall beer glass, a beer bottle, a stubbie beer bottle, and a can of pre-mixed spirits. The second row includes a bottle of alcoholic soda, a wine glass, a champagne flute, and a shot glass.

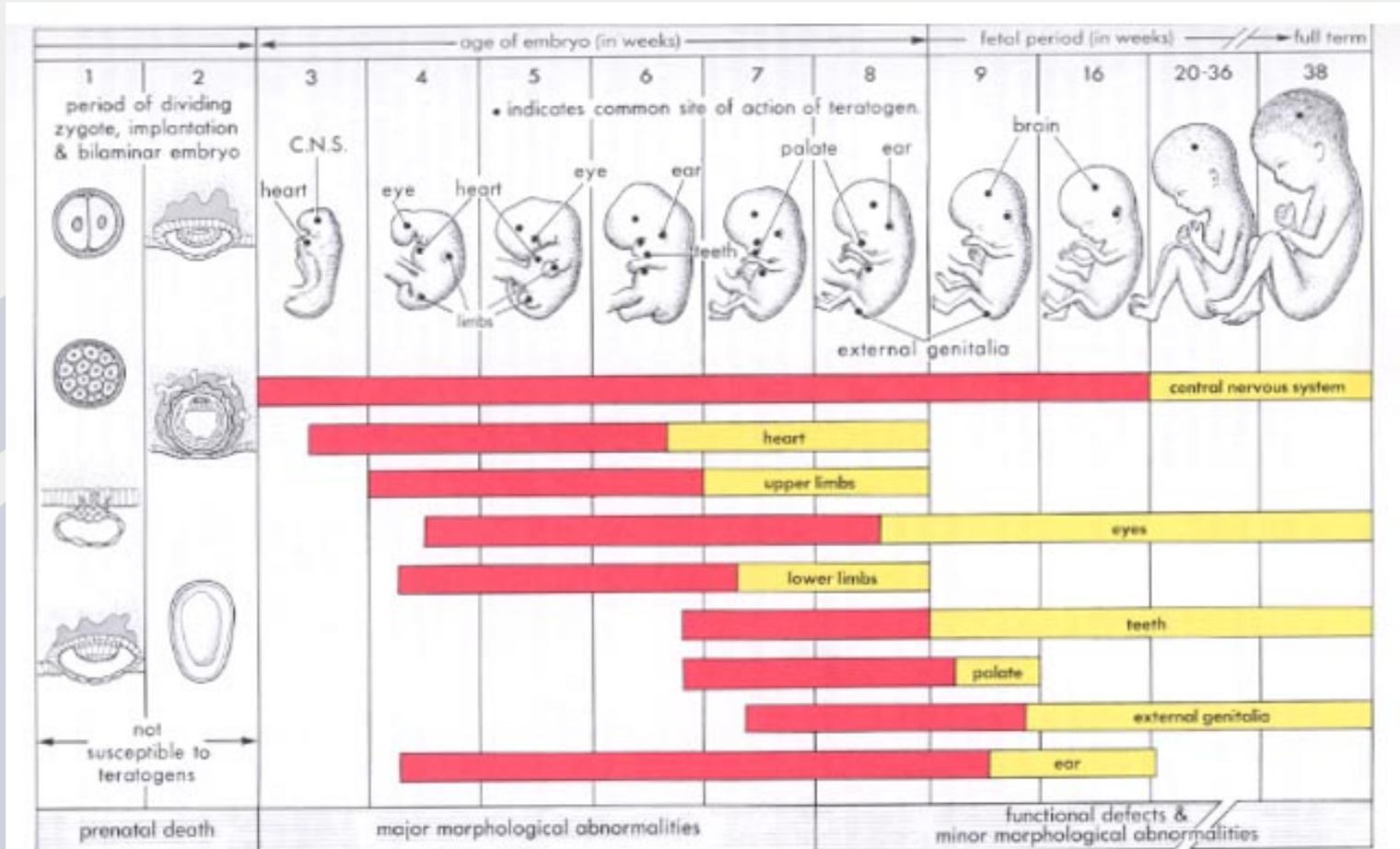
Drink Type	Volume
1 middy of full strength beer	285ml
2/3 stubbie of full-strength beer	-
1 stubbie of mid-strength beer	-
2/3 can of pre-mixed spirits or full-strength beer	-
2/3 bottle of alcoholic soda	-
1 small glass of red or white wine	100ml
1 small glass of champagne	100ml
1 nip of spirits	30ml

**Many single serve bottles, cans and glasses contain more than one standard drink. The number of standard drinks contained in an alcoholic drink is stated on the label.**



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

## 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			
<b>Hornsby Ku-ring-gai Hospital</b>			
During working hours	Sue Stanek	GP Liaison Midwife / Towards Normal Birth	Ph: 8438 9046
After working hours	Birthing Unit	Team Leader	Ph: 9477 9260
<b>Royal North Shore Hospital</b>			
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
<b>Mona Vale Hospital</b>			
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
<b>Manly Hospital</b>			
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
<b>SAC Education &amp; General Administrative Enquiries</b>		Sydney North Health Network	Ph: 9432 8250 Email: info@snhn.org.au



Thank you  
and any  
questions?



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