### GP Shared Antenatal Care Protocol

<table>
<thead>
<tr>
<th>Gestation</th>
<th>Provider</th>
<th>Action</th>
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| < 10 weeks | GP (1 or 2 visits) | - Confirm pregnancy. Discuss options of care. Healthy pregnancy advice.  
- Consider dating scan if applicable (optimal around 8/40)  
- Full history and assessment suitability for shared care  
  - 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:**  
  - FBC  
  - Blood group & antibody screen  
  - Rubella serology  
  - TPHA  
  - HepB surface antigen  
  - HIV +/- Hep C  
  - MSU  
  - Varicella IgG  
- **HbA1c for women with:**  
  - Previous diabetes in pregnancy - Family history DM or sister with GDM  
  - Previously elevated blood glucose - pre-pregnancy BMI>30kg/m²  
  - Polycystic ovarian syndrome - Previous macrosomia (baby with birth weight >4500g or >90th centile)  
  - Maternal age ≥40 - medications: corticosteroids, antipsychotics  
  - Ethnicity Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African  
- **Results:**  
  - <5.9% no further action, 75g oGTT at 24-28 weeks  
  - ≥5.9% GDM, refer to GDM Care at booking hospital  
- **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 | - Nuchal Translucency screen + biochemistry |
| 11.5 - 14 weeks | GP | - Review with woman / couple & all results  
- Influenza vaccination |
| 14 weeks | Antenatal Clinic | - 1st Hospital Antenatal Clinic visit with Midwife |
| 16 weeks | Antenatal Doctor’s Clinic | - Hospital Antenatal Clinic visit or notes review |
| 18 - 19 weeks | Ultrasound | - Morphology ultrasound |
| 20 weeks | GP | - 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  
  - blood pressure  
  - fundal height (symphysis to fundus in cms)  
  - fetal movements  
  - fetal heart sounds |
| 24 weeks | GP | - Routine visit  
- Discuss signs of preterm labour  
- **Arrange for 26-28 weeks** (with copy of results to ANC):  
  - 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 | - Routine visit  
- Rh D immunoglobulin immunisation if Rh negative |
| 31 weeks | GP | - Routine visit |
| 34 weeks | GP | - 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 | - 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 | - Routine visit |
| 40 weeks | Antenatal Clinic | - Arrange and discuss ANC visit at 41/40 - Induction of labour |
| 41 weeks | Antenatal Clinic | - Routine visit + fetal assessment + plan for induction of labour |
| D/C - 6 weeks postnatal | GP | - 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 |