Women at low risk of pregnancy complications may choose antenatal shared care with their G.P. Suitability for G.P. shared care and other models of care will be assessed at the first appointment at Nambour General Hospital Antenatal Clinic (ANC).

Initial referral

A referral from the G.P. should be sent to the ANC by 10 to 12 weeks, or earlier if a more urgent appointment is required.

The referral should include:

- Date of last menstrual period and/or estimated date of delivery (EDD)
- Details of any pregnancy complications to date
- Details of previous pregnancies and complications
- Other relevant medical history
- Current medication/s
- Findings of general physical examination, including baseline blood pressure and BMI
- Copies of antenatal investigations, including blood tests and ultrasound.

Referral for complications/abnormal results

- If a review is required same day, phone the ANC manager on 5470 5218.
- If an antenatal review is required urgently, fax the referral to the ANC on 5470 6341 clearly indicating an urgent review is required and the reason/s for this.

Routine antenatal pathology

**First trimester:**

- Full blood count
- Blood group antibodies
- Blood group
- Hepatitis B
- Hepatitis C
- HIV
- Syphilis
- Rubella
- Mid-stream urine
- Ward test urine

Early glucose tolerance test (GTT) should be performed if a woman is at high risk of developing gestational diabetes. Other tests may need to be performed as indicated e.g. electrolytes, liver function tests, varicella serology, vitamin D etc.

**26 to 28 weeks**

- Oral GTT
- Full blood count and blood group antibodies.

**34 weeks**

- Full blood count only.

Rhesus negative women

All women who have a rhesus negative blood group should be offered prophylactic anti-D at 28 and 34 weeks by their G.P. Antibody blood tests are required within four days prior to the 28 week anti-D injection, but not prior to the injection at 34 weeks.

To order anti-D, phone the Red Cross Blood Bank distribution on: 3838 9010 and arrange delivery, which should occur within two to three working days.

Refer to rhesus negative blood group: Antenatal management for further details.

Ultrasound scans

Combined nuchal translucency/biochemical screen: 11 to 13 weeks plus six days should be offered to all pregnant women regardless of age.

Morphology

18 to 20 weeks for morphology and placenta location should be offered to all pregnant women.

Further ultrasound scans after 20 weeks should only be performed if clinically indicated, usually to assess fetal growth or after an episode of vaginal bleeding.
Calculation of estimated due date (EDD)

Where the EDD estimated by a certain last menstrual period (LMP) falls within seven days of the EDD, which was estimated by the 10 to 13 week ultrasound, then the LMP date should be used to calculate the EDD.

Where there is a discrepancy of more than seven days, the ultrasound EDD should be used. Particular attention should be paid to the certainty with which the woman recalls LMP, prior regularity of her periods and use of any hormone contraceptive in the past three months.

Routine antenatal visits

• First visit before 12 weeks, then as per Pregnancy Health Record (PHR)
• Booking an interview with midwife at 13 to 16 weeks
• Consultant visits at 16 to 20 weeks (or combined with booking visit)
• If share caring with a G.P. women will be asked to return at 36 and 41 weeks (40 weeks if > 40 years), unless there are complications requiring earlier return to obstetric care. All other visits are with the G.P. Please record details of antenatal consultations in visit notes, document any pregnancy concerns on the Management page and record any test results in the PHR.

Antenatal visits should be scheduled every four weeks until 28 weeks, fortnightly until 36 weeks and weekly from 36 weeks onwards, unless problems develop that would necessitate more frequent review. Please forward copies of all investigation results to ANC, including the result of the second trimester morphology scan. If women identify as smokers, complete the ‘Ask again’ segment of the PHR at each appointment.

Midwives clinic

If a woman chooses midwifery care, either through a midwifery clinic, or with an eligible private practice midwife (EPPM), routine antenatal G.P. visits will not be required (unless a clinical need arises) following organisation of morphology ultrasound. Midwives will refer women back to either the G.P. or the obstetric team if indicated.

Standard antenatal consultation

Each routine visit should include:

• Discussion with the woman about any concerns or changes since the last visit
• Measurement of blood pressure with urinalysis to be done if BP>140/90
• Measurement of symphysis-fundal height (SFH) in cms after 20 weeks. If there is a discrepancy of three centimetres or more, between the SFH and the estimated gestational age, an ultrasound scan assessing fetal growth and well being should be ordered with referral to Nambour General Hospital ANC, if it is abnormal
• Auscultation of the fetal heart after 20 weeks (14 weeks if doppler available)
• Assessment of fetal lie, presentation and liquor volume after 30 weeks
• Enquiry about fetal movements from 24 weeks onwards.

Women should only be weighed at the first visit if they have a very high (>35) or low (<18) BMI. Dip-stick urinalysis is only required if there are other signs of pre-eclampsia or urinary infection.

References

- RANZCOG policy statement
  “Suitability Criteria for Models of Care and Indications for Referral Within and Between Models of Care” March 2009
- Cochrane Database of Systemic Review
  Vol. 3, 2005
- Patterns of Routine Antenatal Care for Low Risk Pregnancies—Villar et.al.

SCHHS Maternity and G.P. shared care guideline
Doc ID 000453

Nambor General Hospital Antenatal G.P. Share Care
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