



# Antenatal

## Outpatient Referral Guideline

Please use this guide to complete the appropriate tests so women can be accurately triaged within the antenatal clinics.

Referral should include:

- Woman's complete medical, obstetric and family history
- All investigation results (see below)
- Please commence pregnancy health record if possible (source from Office Max Australia)

Pregnancy details	
<ul style="list-style-type: none"> <li>• Gestational age (in weeks) and EDC by either ultrasound or dates</li> <li>• Gravida, parity</li> </ul>	<ul style="list-style-type: none"> <li>• Date of last known menstrual period</li> <li>• Pre-pregnancy height, weight and BMI and blood pressure</li> <li>• Preference of care: Shared care, Hospital care, MGP care</li> </ul>
Investigation	
<ul style="list-style-type: none"> <li>• FBC</li> <li>• Blood Group and Antibodies</li> <li>• Rubella, Hep B, Hep C, HIV, Syphilis</li> <li>• Optional: Varicella, CMV, Vitamin D, TSH</li> <li>• E/LFTs and urine protein-creatinine ratio for women with BMI &gt;30, history of HT or &gt;40y</li> <li>• MSU</li> <li>• Most recent CST/pap smear</li> <li>• Ultrasounds as indicated (dating, CFTS, morphology)</li> </ul>	<ul style="list-style-type: none"> <li>• FASTING blood glucose on ALL women and early OGTT for women with risk factors:               <ul style="list-style-type: none"> <li>○ BMI &gt; 30kg/m<sup>2</sup>, Ethnicity (Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African), Previous GDM, previous elevated BGL, maternal age ≥40y; family history DM (1<sup>st</sup> degree relative or sister with GDM), previous macrosomic baby &gt;4.5kg (or &gt;90 percentile growth), PCOS, Medications (corticosteroids, antipsychotics), multiple pregnancy</li> <li>○ <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0027/145728/f-gdm-diagnosis.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0027/145728/f-gdm-diagnosis.pdf</a></li> </ul> </li> </ul>
Care details	
<ul style="list-style-type: none"> <li>• Offer to all women: NUCHAL TRANSLUCENCY U/S with Papp A and free beta HCG at 11-13+6 weeks. If abnormal see procedure below for HIGH RISK pregnancy</li> <li>• NIPT optional from 10 weeks</li> <li>• MORPHOLOGY SCAN arranged for 18-20 weeks</li> </ul>	
<b>LOW RISK patients</b>	Send referral letter by 14 weeks unless interested in the MIDWIFERY GROUP PRACTICE PROGRAM then send ASAP <ul style="list-style-type: none"> <li>• First visit appointment by 20-22 weeks</li> </ul>
<b>HIGH RISK patients</b>	Send referral letter IMMEDIATELY <ul style="list-style-type: none"> <li>• Urgent first visit appointment at 10-14 weeks or possibly a ward review</li> <li>• Hervey Bay: Dial 4325 6820 to talk to on call PHO or Complex Care Coordinator or leave a message for a return call</li> <li>• Bundaberg: Dial 4303 8416 to talk to on call PHO or 4303 8400 to talk to Antenatal clinic care coordinator</li> </ul>
<b>RISK FACTORS</b>	E.g. twins; prior fetal or neonatal problems (blood disorders, rhesus incompatibility, growth restrictions) morbid obesity BMI >40 first trimester, diabetes, or other conditions <ul style="list-style-type: none"> <li>• RHESUS NEGATIVE Patients: Anti D required at 28 and 34 weeks if you share care.</li> <li>• PETUSSIS vaccination now recommended at 20-32/40 gestation</li> <li>• Source: <a href="https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/petussis-whooping-cough">https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/petussis-whooping-cough</a></li> <li>• FLU vaccination at any time in pregnancy</li> </ul>
Enquiries	
	Monday to Friday, 9am to 4pm
<b>Phone:</b>	(07) 4325 6820      (07) 4325 6824      Hervey Bay      Complex Care Coordinator
	(07) 4303 8400      (07) 4303 8430      Bundaberg      Antenatal Clinic Coordinator