Brisbane South Antenatal Shared Care

Process

Pre-Conception Unique role for GPs!

- Folate and iodine supplementation for all
- Rubella serology +/- vaccination
- Varicella serology if no history +/- vaccination
- Influenza Vaccination in season + and COVID (follow current guidelines)
- Cervical screening if due
- Chlamydia test/treat <30yrs
- Smoking cessation
- Alcohol cessation
- Discuss and offer genetic screening e.g., SMA/CF/FXS (or extended panel)
- Consider referral to preconception clinic e.g., Mater, Logan Pre-pregnancy assessment

First GP Visit(s)
(May take more than one consultation)

- Confirm pregnancy and dates.
- Scan if dates uncertain ***or*** risk of ectopic (previous ectopic, tubal surgery) *or* previous pregnancy complications/medical risks
- Folate and iodine supplementation for all
- Review medical, surgical, psych, family history, medications, allergies etc.- update GP records ± create My Health Record shared health summary.
- Identify risk factors for pregnancy.
- Discuss and offer genetic carrier testing, anomaly screening +/- NIPT.
- BP, weigh, calculate BMI, Physical examination as per PHR.
- Discuss smoking, nutrition, alcohol, physical activity; dietary advice (listeria) & drug avoidance; Assess emotional well-being and screen for DFV if safe to do so
- Consider early Aspirin use if risk factors for pre-eclampsia/IUGR – before 16 weeks (Cease at 36 weeks)
- Offer influenza and COVID (follow current guidelines) vaccination as soon as practical
- Discuss models of care

First Trimester Screening Tests
(cc to ANC on all request forms please)

- FBC, Ferritin, blood group and antibodies, rubella, Hep B, Hep C, HIV, syphilis serology, MSU (treat asymptomatic bacteriuria)
- Discuss and offer Genetic Carrier Screening to all - SMA/CF/FXS (or extended panel)
- Discuss and offer screening for anomalies:
  1. Nuchal Translucency Scan + First Trimester Screen (free hCG, PAPPA) K11-13^{+6} ***OR***
  2. Non-Invasive Prenatal Testing > K9 (Higher failure rate in multiple pregnancy, not Medicare funded, first trimester scan recommended) ***OR***
  3. Triple Test (AFP, Oestriol, hCG) K15-22 if desired or if presents too late for first trimester testing. Not if twins or diabetes

  Discuss/ offer CVS/Amniocentesis if appropriate.
- Cervical screening test if due
- Varicella serology (if no varicella history /vaccination)
- OGTT (or HbA1c) if high risk for Diabetes ***(see box below)***
- ELFT, TFTs, Vit D, chlamydia ***only recommended for at risk women (see over)***

Uncomplicated pregnancy

- Refer privately for detailed scan (placenta, morphology, cervical length) at 18-20 weeks.
- First Midwifery Booking visit at 14-16/40 with medical visit at 14-20/40 (18-20/40 combined RM/doctor visit MMH)
- **You are responsible for her care until she is seen by the hospital, after which the responsibility is shared.**
- GP visits to be scheduled around hospital appointments to ensure timely review of results.
- **All investigations to be reviewed by referring clinician and required follow up taken or referrals made.**

GP Visits: 14, 24, 28, 31, 34, 38, 40 weeks
(More frequent if clinically indicated)

- Record or place printed copy of notes and results in Pregnancy Health Record (PHR)
- Schedule, education, and assessment as per the PHR
- K26-28 GTT, FBC, Ferritin, Syphilis Serology, Blood group and antibody screen
- K36 Hb, (Ferritin if indicated), Syphilis serology (further syphilis serology as clinically indicated)
- Offer influenza & COVID vaccinations (any time) & pertussis vaccination (20-32 weeks in each pregnancy)
- **Routine hospital review** at 36 and at 40-41 weeks
- ***Be sure to cc pathology and radiology to the ANC.***

General Information

High Risk for Diabetes in Pregnancy?

- Previous GDM or baby > 4500g, PCOS, strong family hx, BMI > 30, maternal age ≥ 40, previous perinatal loss, multiple preg, ethnicity, glycosuria, Medications – steroids/antipsychotics
- **OGTT by 12 weeks (or HbA1c if OGTT not tolerated). URGENT Hospital ANC referral if abnormal (Fasting ≥ 5.1 mmol or 1-hr ≥ 10 mmol or 2-hr ≥ 8.5 mmol; HbA1c ≥5.9)**
- Please specify reason and include a copy of the results in the referral letter **to your local service**.

Medical or Obstetric Complications? EARLY or URGENT ANC referral:

- GP referral letters are triaged by consultant within same week. Please specify urgency and reasons in the referral letter
- Refer to local service - will liaise or make further referrals if required.
- ***Be sure to cc pathology and radiology and give women a copy of their results.***
- Cervical length < 35mm transabdo USS – arrange TVS; If < 25mm (TVS) commence 200mg vaginal progesterone daily; If < 10mm, URGENT referral? cerclage

Rh Negative Mothers

- If antibody negative, offer 625 IU anti-D at 28 and 34 weeks and for sensitisng events.
- Dose can be given at local Hospital; or
- Dose can be given by GP—order via Fax from QML or Mater Blood Bank, delivered via courier to surgery.
  - QML **3371 9029**
  - Mater **3163 8179**

CONTACTS	Beaudesert	Logan	Redland	Mater
Contact Details for Referrals, Pathology				
Secure e-Referral	**SMART Referrals or Medical Objects/Health Link**			
	Central Referral Hub: 1300 364 248			**3163 8053**
Updated information to be sent via Smart Referral or ANC Fax	**5541 9132**	**3299 8202**	**3488 3436**	**3163 8053**
ANC phone	**5541 9144**	**2891 8527**	**3488 3434**	**3163 1861**
Perinatal Mental Health Services	**3089 2734**	**3089 2734**	**3825 6214**	**3163 7990**
GP Liaison Midwife	**0428 677 281 or GPLO GP- 2891 5754**			**3163 1861**
For Urgent Referral or Advice				
O&G Registrar	**-**	**2891 8027**	**3488 3758**	**3163 6611**
Obstetrician/GP Obs on call	**5541 9174**	**3089 6963**	**3488 3111**	**3163 6612**
Triage Midwife	**5541 9181**	**2891 8811**	**3488 3044**	**3163 1861**
For urgent MH referral/advice	**1300 642255 (1300 MHCALL) for all centres**			
Pregnancy Complications				
Complications e.g., bleeding, pain, incomplete miscarriages, altered fetal movts. PHONE 24/7 ***Haemodynamically unstable women? Direct to ED/PAC***	**On-Call GP Obstetrician 5541 9174**	**<20w 2891 8456 >20w 2891 8900 EPAU FAX 3089 2016 ED: 2891 8899**	**On-Call Obstetrician 3488 3111**	**Pregnancy Assessment Centre (PAC) 3163 6577**

Modified by MSHHS and MMH from an original created by Drs Michael Rice, Mano Haran and Heng Tang

Version: November 2023

Maternity GP Shared Care
Additional Information and Advice

Additional Tests – chlamydia, ELFT, TSH/TFTs, Vit D, TORCH serology

- Chlamydia--test women < 30 years old and other high-risk women by first-pass urine PCR.
- ELFTs recommended for obese women or women with hypertension or known or suspected renal or liver disease.
- Routine TFTs *are not* recommended in low-risk women during pregnancy. TSH generally drops in first trimester with the rise in HCG. If a woman has a TSH lower than the lab reference range, check free T4/T3—if these are normal, the woman *does not* need referral, if elevated, they will need clinical review, possibly referral – liaise with your local team.
- Women with pre-existing hypothyroidism should have a TSH <2.5 in first trimester and <3.0 in the rest of the pregnancy. Lab reference ranges will reflect pregnancy recommendations if the woman is identified as being pregnant. Weekly doses usually need to go up by 30% during pregnancy, which is an extra 2 doses/week. Advise women to commence the higher dose as soon as they know they are pregnant.
- Vitamin D levels or supplementation are recommended for obese *or* dark-skinned women *or* those who have little sun exposure *or* who cover themselves for religious or cultural reasons. Levels <50 may require supplements of 2000 IU/day. Levels <15 require higher doses. Re-test after 3 months.
- Toxoplasma, cytomegalovirus, and herpes serology should *not* be performed routinely. If there is a risk factor indicating a need for testing, please include it in your referral as follow-up tests or other investigations or management may be needed.

Preventing Infections

- Avoid feeding raw/undercooked meats to pets, avoid cat faeces/litter, wear gloves when gardening.
- Good hand hygiene; Care with urine, saliva, nappies of young children
- Influenza and COVID Vaccination at any stage antenatally and pertussis vaccinations between 20-32 weeks (but up to time of delivery if missed; requires two weeks to be fully effective)
- Avoid soft cheeses, un-pasteurised milk, pate, raw eggs, hot dogs, undercooked and deli meats, reheated leftovers, precut fruit, bean sprouts.

Nutrition and Supplements

- Folate, folate, folate! 0.5 mg for all low risk, 5 mg for high risk (diabetic, obese, previous, or familial neural tube defect, anticonvulsants). Start a month before conception and continue to 12 weeks.
- Iodine 150mcg/day is recommended preconception, during pregnancy and while breastfeeding and a folate + iodine supplement is available. Multivitamins are optional, if chosen, pregnancy/breastfeeding formulas are preferred as they contain iodine and folate, but no Vit A. Iron is only needed if deficiency is identified however a low dose is included in all pregnancy supplements.
- Added supplements needed for women post Bariatric Surgery – seek Dietitian input.
- Avoid or limit the intake of large/predatory fish due to their mercury content (Orange Roughy /Sea Perch, Shark/Flake, Swordfish, Marlin etc.)

Early Pregnancy Complications (<20 weeks)

- Nausea and vomiting: decrease iron (but continue iodine and folate), try ginger, acupressure, pyridoxine 75 mg/day in divided doses, doxylamine (Cat A) Metoclopramide (Maxolon Cat A) and Phenothiazines like Prochlorperazine (Stemetil Cat C, po/pr/iv, safe in first trimester); Ondansetron may be effective but is relatively expensive. Even mild dehydration/ketonuria may benefit from IV fluids.
- Bleeding: check blood group and antibodies. Threatened miscarriage in rhesus-negative women without antibodies after 12 weeks requires anti-D, before 12 weeks anti-D is not required unless the miscarriage completes, or you are concerned the woman may not re-present.
- Bleeding and pain: consider ectopic pregnancy!
- Consider advice from, or referral to, early pregnancy assessment unit (EPAU), pregnancy assessment centre (PAC) or emergency department at booking hospital (appointments may be required)

Beaudesert 5541 9111 Logan EPAU 2891 8456 Redland 3488 3111 Mater PAC 3163 6577

Late pregnancy complications (>20 weeks)

- Bleeding – can do spec exam but avoid PVE. Exclude cervical dilatation. Re-check placental site on original morphology scan, Rhesus negative mums need anti-D
- Abdominal pain - can do spec exam but no PVE. Exclude cervical dilatation. Anti-D may be required for abruption.
- Ruptured membranes - Review at hospital preferred. Can do spec exam but no PVE.
- Fundal height > 3cm above or below expected for gestational age – arrange USS & if IUGR confirmed, refer to ANC by Fax *and* Phone Obstetrician/Registrar; if LGA confirmed, refer to ANC by Fax
- Perceived change in fetal movements beyond 28 weeks or no FH detected – arrange IMMEDIATE hospital review.
- Most should be referred to birth suites, pregnancy/maternity assessment/observation units or emergency department at booking hospital.

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More Information and education

Online education/information for GPs interested in Antenatal Care are available through:

- General Practice Liaison Officer (GPLO) Program webpage: https://metrosouth.health.qld.gov.au/referrals/general-practice-liaison-officer-gplo-program
- Mater Mothers www.materonline.org.au (Click on Shared Care Alignment for a range of resources for GPs) www.matermothers.org.au (Click on Mater Mothers' Hospital for resources for women)
- Maternity Shared Care workshops will be promoted via the Brisbane South PHN website events calendar https://bsphn.org.au/support/workforce-development-education/calendar/
- www.maternity-matters.com.au has consumer and clinician resources and links to reputable websites

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www.materonline.org.au | www.https://metrosouth.health.qld.gov.au/referrals/general-practice-liaison-officer-gplo-program