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 reproductive carrier screening e.g., CF, SMA & 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 & dates. Scan after 6/40
- 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.
- 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 *(see over)*
- 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, high risk 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 & 34 weeks and for sensitisng events.
- Dose can be given at local Hospital, OR by GP—order via Fax from QML or Mater Blood Bank, delivered via courier to surgery.
  - QML **3371 9029**
  - Mater **3163 8179**
- AntiD not indicated for threatened miscarriage ≤ 12/40 (or ToP ≤ 10/40)

CONTACTS	Beaudesert	Logan	Redland	Mater
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	**0482 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: October 2024

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 (BMI > 30), hypertension or known or suspected renal or liver disease.
- Routine TFTs *are not* recommended in low-risk pregnant women. 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 with 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 and re-test after 3 months.
- Toxoplasma, cytomegalovirus, and herpes serology should *not* be performed routinely. If risk factors indicate a need for testing, please include risk in your referral as follow-up tests or other investigations or management may be needed.

Nutrition and Supplements

- Folate - 0.5 mg for all low risk, 5 mg if high risk (diabetic, obese, previous, or familial neural tube defect, anticonvulsants). Start one month before conception & continue to 12 weeks.
- Iodine 150mcg/day - recommended preconception, during pregnancy and while breastfeeding (folate + iodine supplement is available)
- 2-3 serves daily of calcium-rich food/drink (1g/day) OR add 500mg minimum daily supplement. RANZCOG recommend universal 400IU/day Vitamin D (e.g., 600mg Ca + 1000IU Vit D)
- Iron only needed if deficiency is identified however low dose is included in all pregnancy supplements. Avoid Vit A in pregnancy.
- Added supplements needed for women post Bariatric Surgery – seek Dietitian input.
- Avoid or limit intake of large/predatory fish due to mercury content (Orange Roughy /Sea Perch, Shark/Flake, Swordfish, Marlin etc.)

Preventing Infections

- Toxoplasmosis - Avoid feeding raw/undercooked meats to pets, avoid cat faeces/litter, wear gloves when gardening.
- Cytomegalovirus - 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)
- Listeriosis - Avoid soft cheeses, un-pasteurised milk, pate, raw eggs, hot dogs, undercooked and deli meats, reheated leftovers, precut fruit, bean sprouts.

Early Low Dose Aspirin (100-150mg)

Commence before 16/40, stop at 36/40 to reduce incidence of placental disorders such as Pre-eclampsia & fetal growth restriction (FGR), preterm birth & perinatal mortality in those at increased risk. Take in the evening.

High Risk Factors - recommend if patient has one or more of:

- Hypertension
- Renal disease
- Auto-immune diseases e.g., SLE or anti-phospholipid syndrome
- Diabetes (Type 1 or Type 2)
- Previous History of pre-eclampsia

Moderate Risk Factors – consider if two or more are present:

- Primiparous
- BMI > 35
- Age > 40
- Multiple pregnancy
- Family history of pre-eclampsia (mother or sister)
- More than 10 years since last pregnancy

More Online Information and Education 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)
- www.maternity-matters.com.au has consumer and clinician resources and links to reputable websites.

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 MAC 2891 8811
Redlands 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 back through ANC
- Perceived change in fetal movements beyond 28 weeks or no FH detected – arrange IMMEDIATE hospital review.
- Most should be referred to booking hospital birth suites, pregnancy/maternity assessment/observation units or Emerg. Dept.

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For feedback on this document, please email MSHHS GPLO Maternity Team at GPLO_Maternity_Share_Care@health.qld.gov.au

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