Antenatal Shared Care Summary

GP first visit (6-12 weeks)

- Confirm LMP and arrange dating ultrasound if indicated.
- Obstetric/Gynaecological Hx.
- Past medical and surgical Hx.
- Psychosocial risk factors.
- Medication, allergies.
- Recommend folic acid.
- Lifestyle advice re: smoking, alcohol, recreational drug use.
- Advice re: listeria avoidance. Discuss and offer influenza vaccine.
- Physical exam: BP, weight, heart, breasts, abdominal examination.

Patients are seen in the Antenatal Clinic at approx 25 weeks. GP to continue care until then. Please refer earlier if high risk.

First trimester routine tests

- Blood group / rhesus / antibodies. Full blood picture.
- Hepatitis B surface antigen. Hepatitis C antibodies.
- HIV antibodies. Rubella titre.
- Syphilis serology.
- Blood sugar level: if random BSL >7.8 needs OGTT, fBSL >5.1=GDM.
- Midstream urine.
- Chlamydia screen: 1st void urine + SOLVS (self-obtained low vaginal swab).

Other tests

- Pap smear if due: may be done up until 24 weeks gestation.
- OGTT if high risk of diabetes.
- Vitamin D (vit D) screening if at risk. Women at risk include: those with darker skin, limited exposure to sunlight, malabsorption and obesity or veiled women.
- Women who are Vit D deficient (<50 nmol/ml) require supplementation with 5000IU Vit D3 + 1000mg calcium for 6-8 weeks, then repeat Vit D levels. If still deficient, continue treatment and recheck levels in 4 weeks.
- Haemoglobinopathy screening if at risk. Women at risk include:
  - MCV <80 or MCH <27and Ferritin NAD
  - PMHx or FHx of anaemia
  - PMHx or FHx Haemoglobinopathy
  - Ethnic groups: Mediterranean, Middle East, African, Asian, Pacific Island, South America, Maori.
  - Also screen partner if woman is known to have a Haemoglobinopathy.

All antenatal referrals and results for women who reside in the fsh catchment area should be sent directly to fsh Antenatal Clinic, Fax no. (08) 61529762

For an updated list of the postcodes within the catchment area for each maternity service, please see the FSH Antenatal Shared Care Guidelines for GPs search under Health Professionals).

Fetal screening

GP to organise:

- Preferred: first trimester screen (10 – 13 weeks) USS and blood test.
- Ideal time: blood test at 10 weeks and USS at 12 weeks.

OR

- Second trimester screen (maternal serum screen).
- Blood test only 15 – 17 weeks. 19 weeks anatomy ultrasound.

April 2006 HP 3131 Prenatal screening and diagnostic tests

High risk women:

- Non-invasive prenatal testing is a high-level screening test for Trisomy 21, 18 and 13.
- Available at KEMH if high risk for pregnancy loss or vertical transmission with invasive testing.?
- Contact Maternal Fetal Medicine on (08) 9340 2848 for more information.

Assessments – guide only

(See more frequently if indicated)
NULLIPS: 4 weekly till 28 weeks, fortnightly until 36 weeks, thereafter seen at FSH **MULTIPS**: 4-6 weekly then at 28, 32, 36, thereafter seen at fsh

At each appointment check:

- Weight
- BP
- Urinalysis
- Fetal heart rate from 20 weeks (or earlier if Doppler available).
- Fundal height from 24 weeks. Fetal movements from 24 weeks.

At 20 weeks:

- Recommend iron supplements if not already taking them (see full Antenatal Shared Care Guidelines for more information on iron supplements).
- Iron and vit D/calcium supplements should be taken at different times to prevent malabsorption.

At 26 - 28 weeks:

- Full blood picture +/- iron studies. Blood group and antibody screen if Rhesus negative.
- Anti-D given if Rhesus negative. Diabetes screen: Oral Glucose Tolerance Test **for all women**.
- Fasting, 75g load, two hour test **(NOT Glucose Challenge Test)**.

Women at risk of anaemia

- Full blood picture and iron studies on booking.
- Dietary advice at booking.
- Recommended iron supplements.
- Recheck full blood picture and iron studies at 28 weeks.
- Exclude folate and B12 deficiency if Hb unchanged from booking.

At 36 weeks seen in antenatal clinic:

- Antenatal clinic will organise low vaginal and rectal swab for group B streptococcus screening.
- Anti-D given if Rhesus negative.
- Full blood picture if indicated.

Rhesus negative women

Prophylaxis:
All rhesus negative women need:

- Blood group, rhesus and antibody screen at 26-28 weeks followed by first anti-D injection 625IU at 28 weeks (injection to be given by GP. See below for where to access anti-D).
- Second anti-D injection 625IU at 34-36 weeks. No blood test required pre-injection. (Injection to be given at KEHM).
- Anti-D is also required after sensitising events and postnatally if baby Rhesus positive.
- First trimester sensitising events: Give 250IU (threatened miscarriage, abortion, chorionic villus sampling, ectopic) if multiple pregnancy give 625IU.
- First/third trimester sensitising events/postnatal: Give 625IU (amniocentesis, external cephalic version, abdominal trauma, antepartum haemorrhage).

Perform Kleihauer test prior to giving anti-D to check adequacy of dose.

Australian Red Cross January 2006

Anti-D is available from:

Red Cross (Perth)	(08) 9325 3030
Western Diagnostics (Myaree)	(08) 9317 0863
SJOG Path (Subiaco)	(08) 9382 6690
SJOG Path (Murdoch)	(08) 9366 1750
Clinipath (West Perth)	(08) 9476 5222

Postnatal GP check 6 - 8 weeks

- Women with GDM need an OGTT, then repeat 1-2 yearly.
- Pap smear (if due).
- Check perineum, uterine size. Discuss breastfeeding.
- Postnatal depression screen. Contraception.
- Update immunisations especially pertussis. Medications: review/adjust any changes made during pregnancy e.g. thyroxine, anticonvulsants, antihypertensives.
- Third degree tears: if women have problems Please refer to Gynaecology clinic for an outpatient review.
- Fourth degree tears: women are routinely reviewed at FSH General Gynaecology clinic at approx 6 weeks postpartum.
- Vit D deficiency, women who are treated for vit D deficiency in pregnancy and reach normal vit D levels still require a maintenance dose (1000IU vit D3 + 1000mg calcium) until breast feeding