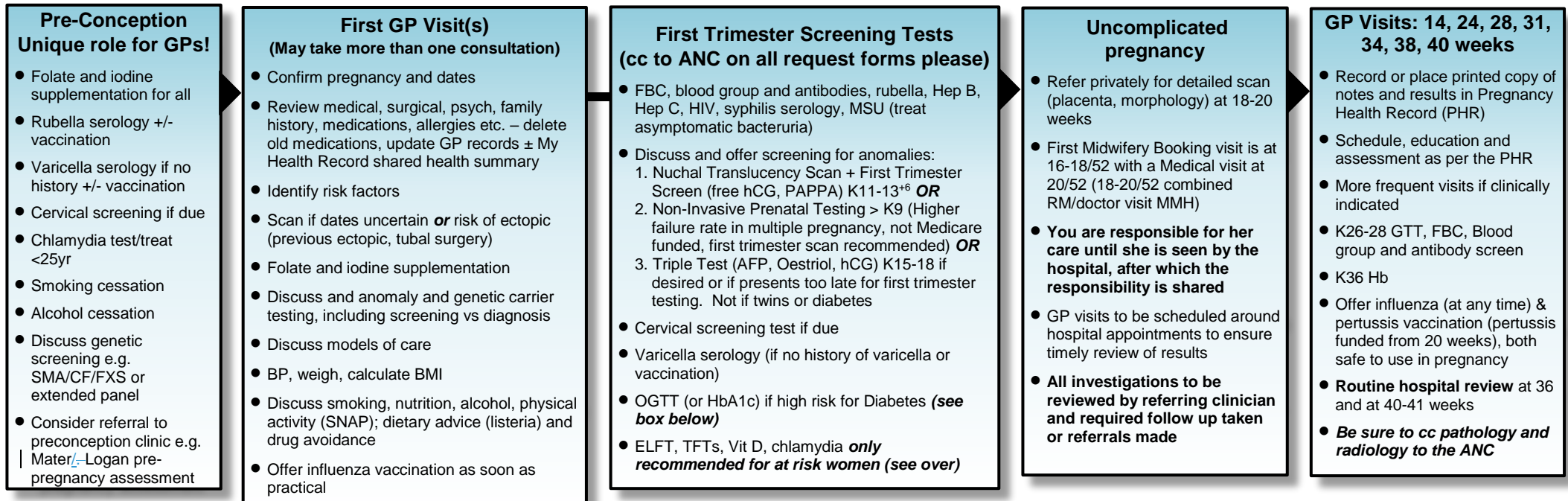


South Brisbane Antenatal Shared Care Process



General Information

High Risk for Diabetes in Pregnancy?

- Previous GDM or baby > 4500g, polycystic ovarian syndrome, strong family history, glycosuria, BMI > 30, maternal age ≥ 40, ethnicity
- **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 Disease or Obstetric Complications? EARLY or URGENT Hospital 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 who will liaise or make further referrals if required
- **Be sure to cc pathology and radiology and give women a copy of their results**

Rh Negative Mothers

- If antibody negative, offer 625 IU anti-D at 28 and 34 weeks and for sensitising 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					
Hub fax (for initial referral)	Central Referral Hub: 1300 364 248			3163 8053	
ANC fax (for updated information)	5541 9132	3299 8202	3488 3436	3163 8053	
Secure e-Referral	Medical Objects or HealthLink available for all centres				
ANC phone	5541 9144	3299 8527	3488 3434	3163 1861	
For Urgent Referral or Advice					
O&G Registrar/GP Obs on Call	5541 9111	3299 8027	3488 3758	3163 6611	
Obstetrician on call	-	3299 9097	3488 3111	3163 6612	
Triage Midwife	5541 9144	3299 8811	3488 3044	3163 1861	
Mental Health (MH) Services	3089 2734	3089 2734	3825 6000	3163 7990	
For urgent MH referral/advice	1300 642255 (1300 MHCALL) for all centres				
Pregnancy Complications					
Complications, e.g. bleeding, pain, threatened or incomplete miscarriages, phone 24/7 Haemodynamically unstable women? Direct to ED/PAC	On-Call GP Obstetrician 5541 9111	<20 3299 9309		On-Call Obstetrician 3488 3111	Pregnancy Assessment Centre (PAC) 3163 6577
		>20 3299 8811			
		EPAU FAX 3089 2016			
		ED: 3299 8899			

Maternity GP Shared Care

Additional Information and Advice

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

- Chlamydia--test women < 25 years old and other high-risk women by first-pass urine PCR.
- ELFTs recommended for obese women or women with 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 <75 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 letter as follow-up tests or other investigations or management may be needed.

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 3299 8456 Redland 3488 3111 Mater PAC 3163 6577

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 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 left-overs

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.
- Most should be referred to birth suites, pregnancy/maternity assessment/observation units or emergency department at booking hospital

Beaudesert 5541 9111 Logan MAC 3299 8811 Redlands 3488 3111 Mater PAC 3163 6577

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 is in all the pregnancy multivitamins.
- Avoid or limit the intake of large/predatory fish due to their mercury content (Orange Roughy/Sea Perch, Shark/Flake, Swordfish, Marlin etc.)

More Information and education

Courses and online education/information for GP interested in Antenatal Care are available through:

- BSPHN www.bsphn.org.au (For information and resources click on programs, then maternity shared care; for downloadable referral templates, click on forms and referrals, then obstetrics)
- 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