



# Illawarra Antenatal Shared Care Program

## CLINICAL PATHWAY – 2018

\* Visit may be omitted if **low-risk & multiparous** (+same partner)  
**NB=> Arrange tests at earlier visit**

Earliest visit 6-10 wks	Weeks 8-12	Weeks 12-14	Wk 16	Wk 20	Wk 24	Wk 28	Wk 31	Wk 34	Wk 36	Wk 37	Wk 38	Wk 39	Wks 40 +	Postnatal
<b>GP</b> <i>Visits may be combined</i>	<b>GP</b>	<b>Hospital</b> **Cat A=1 visit (history only) **Cat B= 2 visits (Hx+Dr)	<b>GP</b> <i>* may omit if low-risk multip</i>	<b>GP</b>	<b>GP</b> <i>* may omit if low-risk multip</i>	<b>GP</b>	<b>Hospital visit</b>	<b>GP</b>	<b>GP</b> <i>* may omit if low-risk multip</i>	<b>Hospital visit</b>	<b>GP</b> <i>* may omit if low-risk multip</i>	<b>GP</b>	<b>Hospital visit</b>	<b>GP</b>
<p><b>Order</b> “Antenatal Profile” bloods: FBC, Group A/Bodies Hep B SAG, Hep C, HIV RPR/ TPHA Rubella</p> <p><b>If high risk for GDM:</b> 75gGTT</p> <p>Also, MSU, U/A Chlamydia &lt;25yrs or ‘at risk’</p> <p>Cervical Screening if due</p> <p><b>Consider</b> Vit D(high risk) TFT, varicella HbEPG</p>	<p><b>Review</b> pathology results</p> <p><b>Complete</b> Antenatal Record Card</p> <p><b>Offer NT Scan</b> Note result with PAPP-A</p> <p><b>REFER if High risk</b></p> <p><b>book into hospital ASAP</b></p> <p><b>Phone ANC</b> 4253 4284</p>	<p><b>Send with patient:</b></p> <p>- yellow card (filled in)</p> <p>- test results</p> <p>- Referral letter to Antenatal Clinic</p> <p><b>Please note wish for Shared Care</b></p> <p><b>Early discussion topics</b> Options for care Previous experience/ expectations Pathology/ U/S results Immunisations Lifestyle changes – BMI, Smoking, Breastfeeding Vitamin supplementation Dental check Family History Medical History “Get Healthy in Pregnancy”</p>	<p><b>Order</b> U/S for 19 weeks <i>results sent to clinic with woman</i></p> <p><b>Commence Auscultation FHR with Doppler</b></p>	<p><b>Review Discuss U/S</b> results - refer to specialist if needed</p> <p><b>Commence Measure fundal height</b> (compare to gestational age)</p> <p><b>Discuss</b> Antenatal Classes Breastfeeding Diet and exercise Common pregnancy concerns VTE risk Pelvic floor</p>	<p><b>Order</b> Antibodies FBC and GTT <i>If not GDM – (to be completed by 28wks)</i></p> <p><b>Recheck Vit D</b> (if low)</p>	<p><b>Review</b> FBC A/B &amp; GTT result + Refer if required</p> <p><b>Rh Negative Anti-D</b> 28-30 wks <b>In DAU</b> Ph 42534256</p> <p><b>Rescreen</b> VDRL (ATSI women)</p> <p><b>Offer immunisation</b> *Boostrix @ 28wks *Fluvax anytime in pregnancy</p>	<p><i>Visit with Dr’s clinic/ NBAC Clinic</i> then return to GP at 34wks</p>	<p><b>Rh Negative women:</b> Arrange Anti-D in Day Assessment Unit Ph 42534256 <i>(no bloods required)</i></p>	<p><b>Attend</b> Strep B swab if GP visit attended (unless positive in early urine) 1 swab</p>	<p><i>Visit with Dr’s clinic/ NBAC Clinic</i></p> <p><b>Attend</b> Group B Strep test (if not prev)</p> <p><b>Mode of birth discussed</b></p>	<p><b>Discuss</b> Labour/ birth concerns</p> <p>Breastfeeding</p> <p>Postnatal support</p> <p>VTE risk</p>	<p><i>Visit with Dr’s Clinic</i></p>	<p><b>1-week check: Neonatal check</b></p> <p><b>6-week postnatal check: Discuss &amp; refer if necessary:</b></p> <ul style="list-style-type: none"> <li>- Pelvic examination</li> <li>- Contenance assessment</li> <li>- Breastfeeding</li> <li>- Child &amp; Family Support</li> <li>- Contraception</li> <li>- Immunisation (e.g. rubella – check immunity if low antenatally)</li> <li>- PND</li> <li>- <b>Follow-up</b> Hep B/C if req.</li> <li>- <b>Order GTT if GDM</b></li> <li>- Pap smear</li> </ul>	
<p>3<sup>rd</sup> trimester scan(s) if abnormal growth risk, malpresentation, placental location</p>														
<p><b>Return to the first available doctor’s appointment in Antenatal Clinic if:</b></p> <ul style="list-style-type: none"> <li>Multiple pregnancy</li> <li>Gestational Diabetes</li> <li>Placenta praevia detected</li> <li>Hb &lt;95g/l</li> <li>Generalised pruritus</li> <li>Uterine growth &lt;3cm or &gt;3cm Gestation (weeks)</li> <li>Foetal abnormality is suspected/detected</li> <li>Malpresentation after 36 weeks.</li> </ul> <p>OR Any other problem that requires attention before a routine clinic.</p> <p><b>NB. Increased uterine activity- straight to BU ph.4222 5270</b>            Necessity for support services (social work/ drug &amp; alcohol) – next MWC</p>														
<p><b>Please send all test results to clinic with woman (for next hospital visit)</b></p>														

**Urgent High Risk Bookings**  
 Speak to NUM:  
 Phone: 4253 4256 or 4253 4284

**NOTE: AT EVERY antenatal visit, GPs must check:**  
 urinalysis, fundal height (compared with gestational age),  
 blood pressure, fetal heart rate & review BGL for GDM women.

**Refer any deviations from pathway or concerns immediately to:**  
**HOSPITAL Obstetric REGISTRAR – phone 4222 5000 - page 508**  
 or Birthing Unit – 4222 5270

**MOTHERSAFE 1800 647 848**

**EPAS (bleeding in pregnancy <20wks) – Ph 42534270 FAX 4222 5930, Fax letter, hCG, FBC, Group, Abs, U/S – they will call woman to confirm appointment**

**This Antenatal Clinical Pathway details minimum care GPs provide to women during their antenatal period**

(updated January 2018)

\*1st pregnancy, no complications, 10 visits/ subsequent uncomplicated pregnancies, 7 visits/ Assessment of risk and need for additional care continues throughout pregnancy (NHMRC, 2011)

[ANSC Coordinator ph:42534271]