Pregnancy care in the Illawarra & Shoalhaven

A guide for local GPs

For information, contact Leanne, Antenatal Shared Care Coordinator
Antenatal Clinic, Level 2, Block C, Wollongong Hospital
Tel (02) 4253 4271 | Fax (02) 4253 4257
email: Leanne.Cummins@health.nsw.gov.au
What is GP Antenatal Shared Care?

The Antenatal Shared Care Program is based aims to provide low-risk pregnant women in the Illawarra & Shoalhaven an option to see their GP for quality care throughout their pregnancy.

Benefits of the GP-ANSC program
- flexibility, choice and continuity of care
- catering for the preferences and needs of women from a diverse range of cultural and religious backgrounds.
- provides information and education of GPs caring for women during pregnancy.
- promotes communication between GPs and the hospital.

Registration & GP requirements to become part of Antenatal Shared Care
1. Contact ANSC Coordinator to visit you for an orientation/induction
2. Adhere to the clinical pathway provided
3. Send all pathology to ANSC with your patient
4. Accurate documentation on the Antenatal Record Card
5. Attend at least one ‘Shared Care Update’ every 2 years

Referring your patient to the program
Send referral letter, test results and antenatal record card with woman to first antenatal appointment (History)

Antenatal visits at the hospital:
* as early as possible
* at 30 weeks gestation
* and from 37 weeks gestation

Visits to GP for antenatal care –
- monthly until 28 weeks and
- fortnightly to 36 weeks
- weekly until term
- after birth -baby & postnatal checks.

Contacts for advice:

Wollongong Hospital:
Obstetric Registrar 42225000, page 508
Non-urgent enquiries: Contact Shared Care Coordinator 42534271
Shoalhaven Hospital:
Birth Unit: Wollongong 4222 5270 / Shoalhaven 4421 3634

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Options for Pregnancy Care

1) GP Antenatal Shared Care – Pregnancy care is shared between an affiliated GP and midwives or doctors in the antenatal clinic. Birth is with a midwife in the Birth Unit at Wollongong Hospital.

2) Midwives Clinics - Midwives hold clinics at Wollongong and Shellharbour hospitals, Woonona, Warrawong & Bellambi. The women may see a different midwife for each visit. Birth is with a midwife in the Birth Unit at Wollongong Hospital.

3) Midwifery Group Practice (MGP) - Women have continuity of care from one midwife, with the support of a team if he/ she is not available. Birth at home is an option for some women through MGP. Book early by filling out referral form (available on google drive and website) and sending to ISLHD-TWHAntenatalServices@health.nsw.gov.au.

*Conditions do apply and places are strictly limited.

4) Doctor’s Clinic - Women are seen by a hospital doctor at Wollongong or Shellharbour hospitals. The woman will see a different doctor for each visit. Birth is with a midwife in the Birth Unit at Wollongong Hospital.

5) Milnya Biyangama Boori - Aboriginal Maternal Infant and Child Health Service Illawarra. Parents whose babies will be of Aboriginal or Torres Strait Islander background can access this service based at Shellharbour. The service provides antenatal, postnatal and child and family health services.

Ph 4295 2417

6) High Risk Pregnancy Continuity of care - Multidisciplinary team consisting of staff specialist, registrar and midwives. Women have continuity throughout their antenatal care by one of three midwives that specialise in high risk pregnancy.

7) Other services - cultural and linguistically diverse people, adolescent pregnancies (CHAIN), and people with drug/alcohol or mental health issues have specialised clinics available.

8) Private Care - Continuity of care from one specialist obstetrician or an independent midwife outside Wollongong Hospital. She/he will also see women for their 6 week postnatal check. Baby is seen by the GP or child and family health nurse. Birth is usually not at Wollongong Hospital.
Antenatal examinations

All Antenatal visits have the following minimum requirements:

- History - foetal movements, etc
- Examination:
  - BP
  - Urinalysis
  - Evidence of oedema
  - Foetal presentation > 26 wks.
  - Foetal Heart Rate > 16 wks
  - Estimate fundal height > 20 wks

Fundal height should be measured from the fundus of the uterus to the top of the symphysis pubis, with the tape measure lying in contact with the skin of the abdominal wall. The measurement at the fundus should be made by palpation vertically downward.

Document all on patient's Antenatal Record Card

If you are unsure about any of the requirements above, please call the Shared Care Coordinator to provide education/information.

Early Pregnancy Assessment Service (EPAS)

Direct referral is now available if:

- < 20 weeks pregnant
- Non-viable pregnancy on ultrasound
- Experiencing bleeding &/or pain
- Stable condition
- Requiring simple analgesia only
- Pregnancy of an unknown location

Please ensure you send:

- Referral letter
- hCG quantitative
- FBC, Abs, Group
- U/S

Urgent review --> send directly to Emergency Department

EPAS Hours: Mon-Fri (excl. public holidays) - 8am – 12md
Contact: EPAS midwife: Phone 4253 4270
(or via switch Wollongong Hospital: ph.4222 5000 page 312)

Please note:

* EPAS will contact your patient after referral to arrange an appointment
* Please do not send the woman directly to EPAS without an appointment

Assessment of vaginal bleeding > 20wks – In the situation a woman presents with bleeding, or a show after 20 weeks of pregnancy, please consider sending the woman directly to Birth Unit without a vaginal assessment.

Attending a vaginal examination with a lubricant will often mean premature labour assessment cannot be assessed at hospital. The lubricant interferes with the fetal fibronectin used to assess the risk of the patient going into labour early.
Booking into hospital for antenatal care

Women phone the antenatal clinic to make their initial appointment – 4253 4284 - They need a referral letter from you at this point.

There can be up to a 6-8 week wait for women to have their history booked, therefore please ask them to book in early.

* History appointment will be made with midwife (allow 90mins) at Wollongong or Shellharbour hospitals.

Please make sure women are aware of the options of care and let the midwife know whether they prefer ‘Shared Care’.

(Subsequent appointments can be made by contacting the Antenatal Clinic. Phone: 4253 4256)

Gestational diabetes

All high risk for hyperglycaemia women have 75g GTT at booking

Risk factors for hyperglycaemia in pregnancy

- Previous hyperglycaemia in pregnancy
- Maternal age ≥40 years
- Polycystic ovarian syndrome
- Ethnicity: Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African
- Family history DM (1st degree relative with diabetes or a sister with hyperglycaemia in pregnancy)
- Preeclampsia

Results:

75g GTT - GDM is diagnosed if one of the following is present:
- FASTING ≥ 5.1mmol/L
- ONE HOUR ≥ 10.0mmol/L
- TWO HOUR ≥ 8.5mmol/L

If GDM, refer directly to the Illawarra Diabetes Centre:
304 Crown St Wollongong NSW 2500
PHONE: 1300 308 969 / 42311900 FAX: 4226 5261

(NO GTT is required at 28 weeks unless this screening is negative)

When referred to the Diabetes Centre, women will be seen in group and individualised sessions by diabetes educators and dietitians

All low risk women are assessed by 75g GTT at 26-28 weeks gestation

GDM women are encouraged to express breastmilk from 36 weeks and bring it into hospital with them to feed their babies extra colostrum if required. There is an education clinic for GDM women at 36 weeks to facilitate this. Women can also have antenatal checks done on the same day. Please encourage your GDM women to attend.

Prenatal testing

NT scan

Please follow-up your NT scans
If a woman has not yet booked into hospital, we do not know about them.

NT scans are not available at Wollongong Hospital.

Genetic counsellor

Currently NOT Available at Wollongong Hospital

Dr Davis has a prenatal diagnosis clinic on Mondays

Call 4222 5417 or

Fax referral to 4222 5698

Urgent enquiries/ Prenatal referrals - Genetic Counsellor at RWH Ph. 9382 6098

FAX 9302 6033

Clinical geneticists from Sydney Children’s Hospital are held at The Wollongong Hospital.
Management of hypertension

(170&/or/110) -> Send straight to Birth Unit
Ph 4222 5270
Severe BP

Systolic > 140mmHg
and/or
Diastolic > 90mmHg

No proteinuria

Proteinuria

Contact O&G registrar
Ph 4222 5000 – Pager 508

For any high risk referral:
Contact O&G registrar
Ph 4222 5000 – Pager 508

Day Assessment Unit

Women can be referred by you to the Day Assessment Unit for the following reasons:
- 4/24 hypertension assessment
- Anti-D Immunoglobulin administration
- Premature Pre-labour Rupture of Membranes (PPROM)
- High Risk pregnancy antenatal assessment
- Poor compliance -> work-up
- Special/ High needs
- Multiple pregnancy
- Fetal surveillance – CTG/ U/S
  Reduced fetal movements
  Placental insufficiency – IUGR, reduced AFI (amniotic fluid index), abnormal dopplers
  Post-dates

To book in: Phone 4253 4225

Antenatal Anti-D Prophylaxis

Rh negative
Antibody screen & FBC @ booking

28 week bloods - Antibody screen & FBC, GTT.

NO Antibodies

YES Antibodies

Give Anti-D
625 IU IM

2 days after test
Women to present to TWH or Southern IML Pathology (Wollongong) for review of antibody screen and administration of Anti D

34 weeks

Women to present to TWH or Southern IML Pathology (Wollongong) for administration of Anti D

No antibody test required
**Illawarra Antenatal Shared Care Program**

**CLINICAL PATHWAY – 2018**

**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

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- “Antenatal Profile” bloods: FBC, Group A/Bodies, Hep B, SAg, Hep C, HIV, RPR, TPHA, Rubella
- If high risk for GDM, TzqGTt, MSU, UI/Chlamydia <25yrs or ‘at risk’
- Cervical Screening if due
- Consider Vit D (high risk), TTF, varicella HuEPG

**Order**
- “Antenatal Profile” bloods: FBC, Group A/Bodies, Hep B, SAg, Hep C, HIV, RPR, TPHA, Rubella
- If high risk for GDM, TzqGTt, MSU, UI/Chlamydia <25yrs or ‘at risk’
- Cervical Screening if due
- Consider Vit D (high risk), TTF, varicella HuEPG

**Review**
- Pathology results
- Complete Antenatal Record Card
- Offer NT Scan Note result with PAPP-A

**Refer if High risk** book into Hospital ASP Phone ANC 4253 4284

**Please note wish for Shared Care**

**Early discussion topics**
- Options for care
- Previous experience
- Expectations
- Pathology/UrI results
- Immunisations
- Lifestyle changes – BMI, Smoking, Breastfeeding
- Vitamin supplementation
- Dental check
- Family History
- Medical History
- “Get Healthy in Pregnancy”

**Confirm EDC**
- only change if >10 days different to LMP

**Review**
- DISU results
- Refer to specialist if needed

**Commence**
- Antenatal classes
- Breastfeeding
- Diet and exercise
- Common pregnancy concerns
- VTE risk
- Pelvic floor

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

**MOTHERSAFE 1800 647 848**

**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.

**EPAS (bleeding in pregnancy <20wks)** – Phone 4253 4270 FAX 4222 5930, Fax letter, hCG, FBC, Group, Abs, U/5 – they will call woman to confirm appointment.

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

*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 4253 4271] (updated January 2018)
Exposure to Varicella Zoster during pregnancy

Mother has had chickenpox before (seropositive)

Exposure is defined as:
1) living in the same house as a person with active chickenpox (or herpes zoster)
2) face to face contact with chickenpox (or uncovered zoster lesions for at least 5 minutes)

No action required

No history, or uncertain if mother has had chickenpox in the past (seronegative)

Check IgG urgently:
Advise O&G Registrar and send woman to A&E for blood test (advise A&E that woman is presenting).
Results may take 2-4 hrs

IgG +ve
No further action

IgG –ve
Assess time of exposure

Exposure <96 hrs
Zoster immunoglobulin

Risk Factors:
- Underlying lung disease
- Immunocompromised
- Smoker
- >20 weeks gestation
Oral Acyclovir should be considered by O&G

Exposure >96 hrs

- Advise to seek medical attention immediately if chickenpox develops
- If 12-20 wks gestation- regular ultrasounds for developing anomalies
- Complications to look for – respiratory conditions, haemorrhagic rash, persistent fever
- If mother develops chickenpox >7 days before birth, baby does not require ZIG
- If mother develops chickenpox within 7 days before birth, baby requires ZIG at birth (pref. within 24 hrs, can be up to 72 hrs)
- If mother develops chickenpox 0-28 days after birth – ZIG required immediately or within 72 hrs

Adapted from Management of prenatal infections
Australian Society for Infectious Diseases 2002

Perinatal Mental Health Service
Grand Pacific Health
Are you seeing any women or men struggling with anxiety or depression in the perinatal period?
Nil / minimal waiting times for individual therapy
All sessions free of charge to clients
What is the perinatal period?
From conception to the youngest child being 12 months of age
Modes of treatment available:
- Individual therapy or both antenatal and post-natal period
- Post-natal group therapy
- Family sessions
- Home visitation (as appropriate)
- ‘Blokes with Bubs’ group for Dads
How do I refer?
Complete a mental health care plan and fax to 4226 6489
Who can I speak with about this service?
Contact our Mental Health Intake Clinician
Mon – Fri: 9am – 5pm Phone: 4220 7688

Vitamin D
According to Alexia Pape (our endocrinologist) the general pregnant population has a higher vitamin D requirement and a supplement to around 1000IU/day is usually a good idea during pregnancy and breastfeeding.
Since introducing vitamin D to our early antenatal testing, the following recommendations have been introduced:
- Minimum level of 50 nmol/L achieved
- If < 50, give 2000IU/day and recheck levels at 28 wks with other pregnancy bloods
If you identify the woman as Low or Vitamin D deficient, please follow up the baby in the early postnatal period and consider supplementation.

The pelvic floor
Whilst a vaginal examination is an important aspect of postnatal care, asking the woman if they are having pelvic floor issues is equally as important.
1. Do you ever have to rush to the toilet, to pass urine or open your bowels?
2. Do you ever leak urine?
3. Do you strain to empty your bowel?
4. Can you control your bowels, including wind?
5. Do you ever feel a vaginal heaviness or bulge?
6. Do you have any pain or loss of bladder or bowel control during sexual intercourse?

If answered YES to any of these questions, request a referral to continence physiotherapist at Wollongong Hospital
Ph (02) 4253 4502

Ignoring these bothersome symptoms will not make them go away. They will often become worse over time.
Breastfeeding – did you know?
As a GP, you are uniquely positioned to counsel mothers about the health impact of breastfeeding. “For infants, not being breastfed is associated with an increased incidence of infectious morbidity, as well as elevated risks of childhood obesity, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome. For mothers, failure to breastfeed is associated with an increased incidence of premenopausal breast cancer, ovarian cancer, retained gestational weight gain, type 2 diabetes, myocardial infarction, and the metabolic syndrome.”

Breastfeeding HELP is available for GPs:

Fact sheets available:
- Breastfeeding tips for new mothers
- Breastfeeding after breast surgery
- Breast care when your baby has died
- Expressing and storing breastmilk
- Increasing your supply of breastmilk
- Mastitis - Causes, prevention and treatment
- Preparing artificial formula feeds, sterilising bottles and teats
- Use and care of dummies (pacifiers)
- Using nipple shields
- Weaning or suppressing lactation

Fact sheets are available – see Google Drive or email ANSC Coordinator to be sent them directly (details on front of booklet)

For women:
- Support Drop-in Groups operate in the following Early Childhood Health Centres:
  - Tuesdays 2pm-3.30pm – Fairy Meadow – ph 4284 5359
  - Wednesdays 9am-10.30am - Albion Park – ph 4256 2195
  - Fridays 11.30am-1pm - Berkeley – ph 4260 7405
  - Wednesdays 10.30am-12.30pm – Nowra – ph 4424 6460

Australian Breastfeeding Association Helpline:
- Phone 1800 mum 2 mum
- Email counselling
- Interpreters available
- Information - www.breastfeeding.asn.au
- Find local lactation consultants at Early Childhood Centres or through www.lcanz.org

Antenatal Lactation Consultant available:
For complex issues, our CMC (Lactation) will see women who book through the antenatal clinic for:
- previous breast surgery/trauma; breast development issues; maternal illness/disease (e.g. GDM on insulin, Type 1 diabetes, PCOS, lupus); previous lactation failure/trauma; or neonatal developmental issues/disease (cleft lip/palate, genetic conditions, likely premature birth)
Clients are scheduled on a priority basis (gestation, reason for referral etc) If applicable a breastfeeding plan will be developed for post birth.
Medications in Pregnancy and Lactation Service

A free service for the women of NSW based at the Royal Hospital for Women
Comprehensive counselling service for women and their healthcare providers
concerned about exposures during pregnancy and lactation
Prescription drugs/ over-the-counter medications/ street drugs/ infections/ radiation/ occupational exposures

Telephone:
1800 647 848 (Non-metropolitan area)
Monday – Friday
www.mothersafe.org.au

Group B Strep

Group B Streptococcus (GBS) is a major cause of serious infection in the first week of life, affecting between 1 and 4 infants per 1000 live births.

Giving GBS positive women prophylactic IV antibiotics during labour is the best option to minimise GBS disease in newborns.

GBS carriage can be detected during pregnancy by taking one swab of both the vagina and perianal area for special culture. This swab should be taken late in the pregnancy (36 weeks)
The woman can take the swab herself with instruction.

Vaccination of women who are planning pregnancy, pregnant and after birth

<table>
<thead>
<tr>
<th>Vaccination before pregnancy</th>
<th>Vaccination during pregnancy</th>
<th>Vaccination after pregnancy</th>
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<tr>
<td>Routinely Recommended:</td>
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<tr>
<td>• Influenza</td>
<td>• Flu vaccination</td>
<td>• MMR if negative for rubella</td>
</tr>
<tr>
<td>• dTPa (Boostrix or Adacel)</td>
<td>• Free and highly recommended at any stage of pregnancy but especially if flu season falls in 2nd or 3rd trimester.</td>
<td>• dTPa, free in hospital - ask staff (if a dose of dTPa has not been given during a third trimester or in the last 12 months)</td>
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<tr>
<td>If unvaccinated:</td>
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<tr>
<td>• MMR x 2 (avoid pregnancy for 1 month)</td>
<td>• Boostrix can be given at any time during 3rd trimester and up to birth</td>
<td></td>
</tr>
<tr>
<td>• Varicella x2 (avoid pregnancy for one month)</td>
<td></td>
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<tr>
<td>• Hep B x 3 adult &gt;20 yrs, 3x paed &lt;20yrs</td>
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Aboriginal and Torres Strait Islander women, smokers and those with risk factors should be considered for pneumococcal disease vaccine

Boostrix can be given at any time during 3rd trimester and up to birth

Vaccination is recommended with each pregnancy to provide direct protection to every infant
note: There has to be at least 12 months between doses of a pertussis containing vaccine

Vaccination of infants

The first vaccinations can be given as early as 6 weeks of age.
Preterm infants should be considered for extra doses of pneumococcal, hep B, influenza and Hib

Further information

The Australian Immunisation Handbook

NSW Immunisation Schedule and other information:

Phone: Public Health Unit, Immunisation Department on (02) 4221 6700
‘Save the date app’ http://www.immunisation.health.nsw.gov.au/

No butts baby service – Wollongong Antenatal QUIT service

Whilst in the womb, your baby relies on oxygen from your blood to breathe and grow.
Every time you smoke, your unborn baby is deprived of that oxygen.
At the same time a cocktail of toxic chemicals enter his or her body, affecting your baby’s health in the future

What we offer:  
• FREE individualised advice on addressing smoking during your pregnancy.
• Accurate, up to date information about using Nicotine Replacement Therapy products to manage your smoking during your pregnancy.
• One consultation with some follow-up phone calls & text messages or ongoing appointments, it’s up to you.
• Free carbon monoxide testing.
• Assistance for your partner or other family members who want to help you by quitting too.

How? Call 4254 2758 or 0411 402 489 to make an appointment or referral

“Every cigarette you DON’T smoke is doing you and your baby good”
Reduced fetal movements

Women worried about reduced foetal movements should be given this advice:

There are no set number of kicks; you should feel however usually after 24 weeks, a healthy baby should move at least 10 times in two hours during an "active time".

If worried at ANY time, call the Birthing Unit, Ph 4222 5270

Try focused observation:

Lie down on your side, make yourself comfortable and relax. This will help you focus on your baby's movements.

If this is during a time when your baby is usually quiet this may take some time, (most babies are more active in the evening). If your baby starts moving then all is probably well, but keep an eye on the movements from now on.

NEVER put off seeking help until tomorrow if you haven't felt your baby move as normal today.

Call Birthing Unit whenever concerned: Ph 4222 5270

Urgent referrals to Antenatal Clinic

For women who need to be seen earlier than the current wait for an appointment, please call the Clinic on 4253 4256 or 4253 4284 and ask to speak to the person in charge to book an urgent referral, early booking in and urgent first visit with an obstetrician. You will also have to provide a letter to the Antenatal Clinic identifying issues.

Assessment of vaginal bleeding > 20 wks  —  In the situation a woman presents with bleeding, or a show after 20 weeks of pregnancy, please send the woman directly to Birth Unit without a vaginal assessment.

Attending a vaginal examination with a lubricant means premature labour assessment may not be attended at hospital. The lubricant interferes with the fetal fibronectin used to assess the risk of the patient going into labour early.

Why use Antenatal Shared Care?

For the woman:

• flexibility, choice and continuity of care.
• catering for the preferences and needs of women from a diverse range of cultural and religious backgrounds.

For the GP:

• enhances skills of GPs caring for women during pregnancy.
• promotes communication between GPs and the hospital.
• yearly education sessions.
• contact Leanne Cummins on 4253 4271.
A guide to the Google Drive

Contact Leanne for the following link:
https://drive.google.com/drive/folders/1B_ZkJR7nRG6JcmRRYnS2Yy0eGM

The Google Drive is a link to current Shared Care Pathways, guidelines and referrals. It is updated monthly or as required.

The following folders contain items such as:

**HOME PAGE**
- ACMi Guidelines (find the Category for risk) — High risk is Category C
- Clinical Pathway (current)
- Pregnancy in the Illawarra Booklet
- Other items of interest

**Breastfeeding resources**
- All resources relating to the Baby Friendly Health Initiative (BFHI)
- Australian Breastfeeding Association
- Child & Family breastfeeding drop-in times
- NHMRC Infant feeding guidelines
- Fact Sheets (as outline p14)

**Clinical Guidelines**
- Antenatal Care Guidelines
- Infant feeding guidelines
- Anti-D guidelines
- ACMi guidelines for high risk
- Immunisation guidelines
- Neonatal Jaundice Guidelines
  (If you need any other guidelines added, please let Leanne know)

**GDM info**
- Information for GPs and new parents re GDM
- From Illawarra Diabetes Centre

**Newsletters**
- All ANSC newsletters sent since 2012

**Nurse/Midwife**
- A new space for nurses/midwives to ask for information to be added

**Patient information**
- Information currently given to all pregnant women at their history appointment at the hospital

**Physiotherapy**
- Information from our Women’s Health Physio
- List of private practicing women’s health physio’s

**Presentations**

Presentations from GP Shared Care Updates from 2015

**Referral letters**

Antenatal Clinic
EPAS
Gynaecology
MGP
QUIT smoking

**Videos**

These videos are great if you have medical students or just want to refresh your memory! Made by ANSC at Wollongong Hospital.
- How to palpate the pregnant abdomen
- GDM information
- Newborn Check
Antenatal Shared Care
Wollongong Hospital
Phone 4253 4271

Ordering more Antenatal Record Cards

1300 786 075

Item no. 612060 (bundles of 250)
Cards remain free, postage and handling will be charged