

ISLHD Wollongong Maternity Services

Antenatal CLINICAL PATHWAY – 2018

** Visit may be omitted if low-risk & multiparous (+same partner)

NB=> Arrange tests at earlier visit

Earliest visits- Wk 8-12	Wk 12-14 Hospital Booking Visit	Wk 16	Wk 20	Wk 24 **may be omitted	Wk 28	Wk 31 Hospital Visit	Wk 34	Wk 37 Hospital Visit	Wk 38 **may be omitted	Wk 39	Wks 40 + 41 Hospital Visits	Postnatal	
GP visits prior to hospital presentation													
Cat A visit	GP	TWH Midwife	MGP / ANSC / Midwife clinic				ANSC- MO		ANSC- MO			ANSC MO (MWC MO at 41wk)	
Cat B visit	GP	TWH Midwife + 1 st visit	MGP / ANSC / Midwife Clinic / AMIHS				Reg/ Consultant		Reg/ Consultant			Reg/ Consultant	
Cat C visit	GP	TWH Midwife + 1 st visit	Obstetric Dr's clinic / HRC (shared midwife)										
<p>Order <u>Antenatal Profile</u> bloods:</p> <p>FBC, Group A/Bodies Hep B SAg, Hep C, HIV RPR/ TPHA Rubella</p> <p>If high risk for GDM: 75gGTT</p> <p>Also, MSU, U/A Chlamydia <25yrs or 'at risk'</p> <p>Cervical Screening if due</p> <p>Consider Vit D(high risk) TFT HbEPG</p>	<p>Review pathology results</p> <p>Complete Antenatal Record Card</p> <p>Offer NT Scan Note result with PAPP-A</p> <p>First Trimester Screen / NIPT or Prenatal Diagnosis- refer if indicated</p> <p>REFER if High risk</p> <p>book into hospital ASAP</p>	<p>Send with patient:</p> <p>- yellow card (filled in)</p> <p>- test results</p> <p>- Referral letter to Antenatal Clinic</p> <p>Please note MOC</p> <p>Early discussion topics 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>Order U/S for 19 weeks <i>results sent to clinic with woman</i></p> <p>Commence Auscultation FHR with Doppler</p>	<p>Review Discuss U/S results - refer to specialist if needed</p> <p>Commence Measure fundal height (compare to gestational age)</p> <p>Discuss Antenatal Classes Breastfeeding Diet and exercise Common pregnancy concerns VTE risk Pelvic floor</p>	<p>Order Antibodies FBC and GTT <i>If not GDM – (to be completed by 28wks)</i></p> <p>Recheck Vit D (if low)</p>	<p>Review FBC A/B & GTT result + Refer if required</p> <p>Rh Negative Anti-D 28-30 wks</p> <p>Rescreen VDRL (ATSI women)</p> <p>Offer immunisation *Boostrix @ 28wks *Fluvax anytime in pregnancy</p>		<p>Rh Neg women: Arrange Anti-D in DAU</p>	<p>Attend Group B Strep test (GP may have attended if ANSC)</p> <p>Discuss mode of birth</p>		<p>Discuss Labour/ birth concerns</p> <p>Breastfeed ing</p> <p>Postnatal support</p> <p>VTE risk</p>	<p>1-week check: Neonatal check</p> <p>6-week postnatal check: Discuss & refer if necessary:</p> <ul style="list-style-type: none"> - Pelvic examination - Continence assessment - Breastfeeding - Child & Family Support - Contraception - Immunisation (e.g. rubella – check immunity if low antenatally) - PND - Follow-up Hep B/C if req. - Order GTT if GDM - Pap smear 	
<p>3rd trimester scan(s) if abnormal growth risk, malpresentation, placental location</p>													
<p>Send patient to first available doctor's appointment in Antenatal Clinic if: Multiple pregnancy Gestational Diabetes Placenta praevia detected Hb <95g/l Generalised pruritus Uterine growth <3cm or >3cm Gestation (weeks) Foetal abnormality is suspected/detected Malpresentation after 36 weeks. OR Any other problem that requires attention before a routine clinic. NB. Increased uterine activity- straight to BU ph.4222 5270 Necessity for support services (social work/ drug & alcohol) –next MWC</p>													

NOTE: AT EVERY antenatal visit, 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 during their antenatal period

(updated January 2018)