

2023 Checklist for Pregnancy GP Shared Care in the Murrumbidgee Region

Please note: advise women to book in with the nearest hospital midwife

For detailed guideline background & evidence review see: <https://beta.health.gov.au/resources/pregnancy-care-guidelines>
HealthPathways Womens Health can be accessed here: <https://murrumbidgeeclassic.communityhealthpathways.org/>

Preconception

- Identify pre-existing health conditions or medications that may increase risks in pregnancy
- Take history of smoking, nutrition, alcohol, substance use, physical activity and provide health information
- Discuss genetic carrier screening
- Determine risks, refer to specialists as appropriate
- Offer cervical screening test if due
- Consider pre-pregnancy all routine blood tests
- Offer influenza and rubella immunisation if needed
- Start iodine 150mcg and folate 400mcg (low risk)
- Suggest the woman keeps diary of her menstrual cycle and advise on contraception if needed
- Give out "Having a Baby in the Murrumbidgee Region" brochure

GP Diagnosis of Pregnancy Visit

- Confirm pregnancy (Medicare items 73806, 16500)
- Identify pre-existing health conditions, medications or substance use that may increase risks in pregnancy
- Check BP, weight, height and calculate Body Mass Index. See the High BMI pathway if BMI>35
- Assess nausea (PUQE score), treat according to severity
- Make sure the woman is taking iodine 150mcg and folate 400mcg (if BMI>30 or at risk, folate 5mg)
- Order "antenatal screening" with informed consent: Blood group and Antibodies, FBC, Ferritin, Rubella Ab, Hep BsAg, Syphilis, Hep C, HIV, TSH, Vitamin D, MSU
- If high risk, order fasting BSL/Hba1c (Diabetes), Vitamin B12, calcium (nutritional), urine Chlamydia PCR (<30 years), HbEPG (thalassaemia)
- cc pathology and imaging results to Pregnancy Care Centre WWBH (PCC) or regional obstetrician**
- Organise dating ultrasound for 8-13 weeks unless the last menstrual period or conception date is certain
- Recommend <http://www.pregnancybirthbaby.org.au> and <http://www.raisingchildren.net.au>
- Plan a long consult at 8-10 weeks

GP First Trimester Visit/s 8-10 weeks

- Start the NSW Health Antenatal Record "yellow card" with LMP and calculate Estimated Date of Birth
- Take family, medical, obstetric and psychological history. Assess risk and plan referrals. Use Medicare items 16500+ 23, 36, 2713, 2715, 4001 (training required) as needed, document times and 'clinically indicated'
- Explain pregnancy shared care and discuss options
- Plan influenza & COVID-19 immunisation
- Consider physical examination including breast, thyroid, heart sounds and cervical screening test if due

- Review results and PUQE, treat as needed
- Offer fetal anomaly screening, PAPP-A and QBHCG at 9-13 weeks **cc results to radiology** & NT scan at 11-13+6 weeks, **OR** cell-free DNA >10 weeks & structural scan at 12 weeks. Discuss genetic carrier screening.
- Order morphology ultrasound for 20 weeks
- If high risk of diabetes but no diagnosis, order FBSL at 12 weeks and if still negative, then order 75g 2-hour Glucose tolerance test for 16-20 weeks
- If high risk of preeclampsia, plan calcium 1200mg and aspirin 150mg daily from 12 weeks
- Advise the woman to ring nearest hospital ASAP to make a midwife appointment to "book in" around 14 weeks
- Ask about plans for smoking, nutrition, alcohol, substance use, physical activity and breastfeeding. Discuss the importance of behaviours for the health of mother and baby. Offer referrals as needed including www.GetHealthyNSW.com.au

- Give information about food safety and dental care
- Send a GP referral by fax or email to PCC or your regional hospital maternity unit. List identified risks.**

Midwife Booking in 14 weeks at PCC

- Discuss pregnancy care options/models of care
- Complete the hospital file and provide handouts
- Offer and complete Edinburgh Depression Scale (EDS) and domestic violence screening
- Discuss birth plan. Start Next Birth After Caesarean pathway or High BMI pathway if needed
- Discuss the woman's plans for smoking, nutrition, substance use, physical activity and breastfeeding and encourage education
- Discuss Anti D prophylaxis with Rh neg women
- Give education and invite women to attend classes (Antenatal Education Sessions) from 28 weeks
- If BMI>40 or needing interpreter book 34 wk anaesthetist
- Reply to GP referral, include EDS score, risks identified, referral plans, and pregnancy model of care

GP 20 weeks

- Routine antenatal examination (see over)
- Review all investigations & progress
- Offer Pertussis immunisation

GP 24 weeks

- Routine antenatal examination (see over)
- Order 75g glucose tolerance test (unless diabetes is already diagnosed), FBC, ferritin, blood group antibodies, Syphilis. Plan for the test to be done at 26-28 weeks, **cc results to PCC**
- Remind consenting Rh neg women to have their blood tests before Rh D prophylaxis at 28 weeks

Midwife 28 weeks at PCC

- Rhesus negative women need to have blood tests done prior to this visit
- Routine antenatal examination
- Review all test results particularly GTT
- Review pregnancy risk level and involve obstetrician in pregnancy care as needed.
- Check need for any additional services e.g. physio, special needs, 34 week low placenta ultrasound, Next Birth After Caesarean, Birth Suite Tour, Breastfeeding Education.
- Give and discuss My Birthing Plan Form
- Give Anti D prophylaxis to consenting women if Rhesus negative and organise second dose at 34 weeks

GP 31 weeks

- Routine antenatal examination (Medicare item 16591)
- Order Group B Strep Ag (low vaginal/ perianal swab) for 36 weeks
- Order Hb for 36 weeks (Ferritin, Syphilis if indicated)
- Remind all Rh negative women having Anti D prophylaxis and all women expecting a Caesarean birth to attend PCC WWRH at 34 weeks
- Book ultrasound for women noted earlier to have a low placenta, **cc results to PCC**

Obstetric team 34-36 weeks at PCC

- Routine antenatal examination
- Confirm growth and presentation
- If breech presentation, start breech pathway
- If planning Caesarean, consent, and book at 34 weeks
- Anti D prophylaxis for Rh negative women at 34 weeks

GP 37-40 weeks

- Routine antenatal examination weekly if first baby
- Confirm growth and presentation
- Inform about post-partum care options

Senior midwife 40-41 weeks at PCC

- Monitor fetal wellbeing until timing of birth
- Discuss options for induction or continuation of pregnancy, offer vaginal exam with stretch and sweep
- Discharge planning: discuss follow up and any concern e.g. Who to contact after hours. Discuss the woman's support networks and what services are available

Each routine antenatal examination

- Emotional wellbeing
- BP
- Urinalysis and weight
- Fetal heart rate from 16 weeks
- Fetal movements from 24 weeks
- Fundal height from 24 weeks
- Fetal position from 36 weeks

GP Early Postnatal

(1-2 weeks if early discharge)

- Ask about mood, breasts/nipples, feeding, vaginal bleeding, bowel and bladder function, intercourse resumption, family relationships, and support network
- Discuss the birth and any complications
- Check BP if needed
- Examine breasts/nipples if symptomatic
- Examine sutures or Caesarean scar if needed
- Check any need for rubella/pertussis vaccination
- Plan for contraception
- Discuss attending Child & Family Health services including lactation consultant. Offer referrals as appropriate
- Examine the infant with special emphasis on examination of the heart and hips
- Remind the woman about infant immunisations

GP 6 weeks Postnatal

- As above (Medicare item 16407 if EDS & DV screen done)
- Check progress and maternal satisfaction
- Ask specifically about mood and infant feeding
- Review plans for contraception
- Examine abdomen, BP, breasts and perineum as indicated. Collect cervical screening test if this is due.
- Review any pregnancy complications and as needed check BP, EUC/LFT/urine ACR, plan GTT at 3 months postnatal after gestational diabetes
- Examine infant and discuss with mother
<https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/8-week-checklist.pdf>
- Discuss attending Child & Family Health Services including lactation consultant. Offer referrals as appropriate. Discuss safe sleeping for babies.



Murrumbidgee GP Antenatal Shared Care Program



Referrals sent to PCC WWBH are scanned into the MLHD electronic record.
Hospital midwife booking in appointments are held at Maternity Units within the MLHD:
Wagga Wagga, Cootamundra, Deniliquin, Leeton, Griffith, Narrandera, Temora, Tumut, Young