## **INFORMATION SHEET**



## **GP** Antenatal Shared Care: Summary Schedule of care

This is a summary guide for women enrolled in GP Antenatal Shared Care. **Refer to the SLHD** <u>revised antenatal visit schedule</u> (currently 75% visits conducted face to face) for specific details.

Care must be individualised and this schedule should be regarded as a "baseline" for **minimum recommended visits**. GPs should determine if patients may benefit from additional consultations.

## Please ensure you review all results and act on any abnormal findings:

- For non-urgent clinical advice, contact the GP Shared Care Midwife on 0425 230 662 (Monday-Friday 8:00am-4:30pm).
- For urgent/after-hours clinical advice page the on-call O&G registrar through the hospital switchboard: RPA (9515 6111) or Canterbury (9153 2000).

Administration	
RPA Women and Babies	Complete SLHD Women's Health Maternity Smartform via Healthlink or via <u>Healthlink Portal</u> . Fax referrals can be sent using the dedicated <u>fax cover sheet</u> to 9515-3454 (referrals and initial results); 9515-7452 (subsequent results). Models of care that offer ANSC at RPA are the Midwives Clinic (Antenatal
	Clinic), Midwifery Antenatal and Postnatal Service (MAPS) and Birth Centre.
Canterbury Hospital	<ul> <li>Complete <u>Canterbury Maternity Health and Pregnancy History Form:</u> <ul> <li>GP or woman phones hospital on 9153 2091/9153 2092 to book first appointment. Woman brings referral form and results to first appointment.</li> <li><u>Or</u> <ul></ul></li></ul></li></ul>
	Models of care that offer ANSC at Canterbury Hospital are the Midwives Clinic (Antenatal Clinic) and Canterbury Antenatal Postnatal Service (CAPS).
GP Resources	Click here to access relevant antenatal Sydney HealthPathways.

Timing of visits		
6-10 weeks	<ul> <li>GP visit:</li> <li>First visit routine procedures including early GDM screening for high-risk women (1<sup>st</sup> trimester fasting BGL or HbA1c; 2<sup>nd</sup> trimester 75g oGTT at 16-20 weeks)</li> <li>Give referrals for combined First Trimester Screen (11-13 weeks) and Fetal Anatomy Scan (19-23 weeks)</li> <li>Commence yellow card antenatal record</li> <li>Resource: Sydney HealthPathways – Antenatal – First Consult</li> </ul>	
11 <sup>+3</sup> -13 <sup>+6</sup> weeks	<b>Combined First Trimester Screen</b> (nuchal translucency ultrasound including pre- eclampsia screen) Resource: Sydney HealthPathways – <u>Screening for fetal chromosomal conditions</u>	
12-18 weeks	First Hospital/Midwife visit	
19-23 weeks	Fetal Anatomy Scan	
4 weekly visits until 29 weeks	<ul> <li>GP visit</li> <li>Clinical assessment including review BP, fetal growth and movements; referral for routine fGTT/FBC/Antibody Screen at 26-29 weeks; pertussis +/- influenza vaccine (if not already given)</li> <li>Resource: Sydney HealthPathways – <u>Antenatal 2nd and 3rd Trimester</u></li> </ul>	

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30 weeks	Hospital/Midwife visit     Review GTT/FBC/Antibody Screen result     Anti-D for RhD negative women
2-3 weekly visits until 36 weeks	<ul> <li>GP visit</li> <li>Clinical assessment including: BP, fetal growth/movements, pertussis +/- influenza vaccine (if not already given)</li> <li>Arrange: <ul> <li>36 week growth and wellbeing ultrasound if required (routine at RPA)</li> <li>GBS screening (self-collected LVS at 34-37 weeks)</li> <li>36 week blood tests if required</li> <li>Anti-D in hospital clinic at 34-36 weeks for RhD negative women Resource: Sydney HealthPathways – <u>Antenatal 2nd and 3rd Trimester</u></li> </ul> </li> </ul>
37 weeks	Hospital/Midwife visit
Weekly visits until 40 weeks	GP visit - Clinical assessment including review BP, fetal growth/movements
40 weeks	Hospital/Midwife visit     Offer membrane sweep     Discuss/offer and book post-dates IOL for 41+ weeks
Postnatal	GP visit: newborn check (10-14 days); mother/baby check (by 6 weeks) Resource: Sydney HealthPathways – <u>Maternal Postnatal Check</u> , <u>Newborn Check</u>