PHN Central and Eastern Sydney / South Eastern Sydney Local Health District

General Practitioner Antenatal Shared Care (GP ANSC) Guideline

Royal Hospital for Women

Last updated July 2025

The Royal Hospital for Women

NSW Government

Contents

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Overview

Acknowledgements

Acknowledgement of Country

The Royal Hospital for Women acknowledges the Bidjigal people, who are the traditional custodians on the land upon which the hospital is located. We are committed to the ongoing provision of “Birthing on Country” services.

Inclusivity Statement

The Royal Hospital for Women acknowledges the term ‘woman’ or ‘women’ is inclusive of the woman’s baby or babies, the baby’s father, the woman’s partner and/or support people, family and community. The use of the term woman is not meant to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

Abbreviations

AFI	Amniotic Fluid Index
ß-hCG	Beta human chorionic gonadotropin
BGL	Blood glucose level
BMI	Body mass index
BP	Blood pressure
CESPHN	Central and Eastern Sydney Primary Health Network
CF	Cystic Fibrosis
cFTS	Combined first trimester screening
CMV	Cytomegalovirus
CTG	Cardiotocograph
CVS	Chorionic villus sampling
DFM	Decreased fetal movement
DNA	Deoxyribonucleic acid
dTpa	Diphtheria-tetanus-pertussis acellular
EDD	Estimated due date

ELSCS	Elective caesarean section
EMCS	Emergency caesarean section
FBC	Full blood count
FBG	Fasting blood glucose
FX	Fragile X syndrome
GBS	Group B Streptococcus
GP	General Practitioner
OGTT	Oral glucose tolerance test
Hb	Haemoglobin
HCV	Hepatitis C Virus
HDFN	Haemolytic disease of the fetus and newborn
HIV	Human immunodeficiency virus
Ig	Immunoglobulin
IVF	In vitro fertilisation
LFT	Liver function test
LMP	Last menstrual period
LSCS	Lower segment caesarean section
MC&S	Microscopy, culture and sensitivities
MBS	Medicare Benefits Schedule
MCV	Mean cell volume
MCH	Mean cell haemoglobin
MMR	Measles, Mumps and Rubella
MSU	Midstream urine sample
NBAC	Next birth after caesarean
NIPT	Non-invasive pregnancy test
PCR	Polymerase chain reaction
PHN	Primary Health Network

PKU	Phenylketonuria
PIMHS	Perinatal and infant mental health service
RACGP	Royal Australian College of General Practitioners
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RBG	Random blood glucose
RCPA	Royal College of Pathologists of Australasia
RHW	Royal Hospital for Women
RSV	Respiratory Syncytial Virus (vaccine)
SIDS	Sudden Infant Death Syndrome
SMA	Spinal Muscular Atrophy
T-	Trisomy
TOP	Termination of pregnancy
TFT	Thyroid function test
TSH	Thyroid stimulating hormone
USS	Ultrasound scan
UTI	Urinary tract infection
VBAC	Vaginal birth after caesarean

Preface

These guidelines for GP ANSC have been developed to outline the roles and responsibilities for practitioners providing GP ANSC at the Royal Hospital for Women (RHW), Randwick. These guidelines outline services, support and standards for recommended Maternity care.

GP ANSC Care is a model of Antenatal care offered to women at the RHW, for women defined as having a low-risk pregnancy, who wish to have their Antenatal care provided by their known accredited GP and a Midwife +/- Obstetrician at the RHW. This model of care is a collaborative model that provides a level of continuity of care, which is women centred and focuses on shared decision making.

GPs must be accredited, also known as affiliation, with the RHW to provide GP ANSC through the Central and Eastern Sydney Primary Health Network (CESPHN).

These guidelines aim to support the provision of high-quality shared maternity care by:

- Delineating the roles, responsibilities and expectations of health care providers
- Clarifying expectations and pathways for referral, care and support
- Assisting in the provision of evidence-based care and initiatives

Central and Eastern Sydney Primary Health Network (CESPHN)

CESPHN is an organisation funded by the Australian government to improve the health of the people who live and work in the region. It aims to improve health outcomes by encouraging health promotion, prevention and screening, early intervention, treatment and management. **CESPHN also provides support within GP ANSC programs to improve maternal and child wellbeing by supporting clinicians in the provision of integrated antenatal and postnatal care.** This is achieved through collaboration with key stakeholders, commissioned initiatives and workforce education and training.

Maternity Care at Royal Hospital for Women (RHW)

About RHW

The Royal Hospital for Women, Randwick, is a level 6 tertiary referral hospital for women and babies that provides statewide specialist services and leadership within the tiered perinatal network. The Royal Hospital for Women has been one of Australia's foremost specialist hospitals for women, since 1820. The main areas of specialisation include breast care, gynaecology, gynaecological oncology, maternity, maternal fetal medicine, reproductive medicine, menopause and newborn care services.

The Royal Hospital for Women's vision is to provide women, their babies and their families with excellent care in a responsive, collaborative environment, that promotes best practice, teaching, research and staff. The Royal Hospital for women sits on the Randwick campus, alongside the Prince of Wales Hospital, The Sydney Children's Hospital and Prince of Wales Private Hospital.

Catchment Area (Suburb / Postcode)

SUBURB	POSTCODE	SUBURB	POSTCODE
Alexandria	2015	Malabar	2036
Banksmeadow	2019	Maroubra	2035
Barangaroo	2000	Mascot	2020
Beaconsfield	2015	Matraville	2036
Bellevue Hill	2023	Millers Point	2000
Bondi	2026	Paddington	2021
Bondi Junction	2022	Pagewood	2035
Botany	2019	Phillip Bay	2035
Bronte	2024	Potts Point	2011
Centennial Park	2021	Pyrmont	2009
Chifley	2036	Queens Park	2022
Clovelly	2031	Randwick	2031
Darlinghurst	2010	Rosebery	2017
Darling Point	2027	Rose Bay	2029

Double Bay	2028	Rushcutters Bay	2011
Dover Heights	2030	South Coogee	2034
Eastgardens	2036	Tamarama	2026
Eastlakes	2018	The Rocks	2000
Elizabeth Bay	2011	Vaucluse	2030
Hillsdale	2036	Waterloo	2017
Haymarket	2000	Watsons Bay	2030
Kings Cross	2011	Waverly	2024
La Perouse	2036	Woollahra	2025
Little Bay	2036	Woolloomooloo	2010
		Zetland	2017

Models of antenatal care

Midwifery Group Practice

Midwifery Group Practice (MGP) is a continuity of care model where care is provided by a known Midwife who are on call for the woman during the antenatal, intrapartum and postnatal period. MGP also offer a home birth service for women who reside in the RHW catchment area.

Maternity Antenatal Postnatal Service (MAPS)

In this model, care is provided to the woman by a known midwife during both the antenatal period and postnatal visits at home. This model of care offers a level of continuity of care, which is women centred. The Midwife is not on call outside of scheduled appointments and will not attend the birth environment. Intrapartum care will be provided by RHW Birth Unit staff.

GP Antenatal Shared Care (GP ANSC)

GP ANSC is a collaborative model of care between a woman's known GP and the RHW antenatal outpatient clinic. This model of care is suitable for women who have been assessed as having a low-risk pregnancy and choose this model of care. The woman's GP must be affiliated to provide GP ANSC within CESPHN. The GP participating in this model of care agrees to follow protocols set by NSW Health, SESLHD and the RHW. This is a collaborative model which offers a level of continuity for women with their known GP and a named Midwife during the antenatal period. GP ANSC at any time during this arrangement based on a change in clinical condition.

Malabar Midwifery Community Link Service - 'Malabar Midwives'

Malabar Midwifery Community Link Service is a midwifery continuity of care model for women and babies who identify as Aboriginal and / or Torres Strait Islander. Care is provided by a known Midwife during the antenatal, intrapartum and postnatal period. The 'Malabar Midwives' group

practice consists of a Clinical Midwifery Consultant, a team of Clinical Midwifery Specialists, an Aboriginal health education officer and a Social Worker. The Service was established in 2006 after community consultation identified the need to improve pregnancy and birth outcomes and services for Aboriginal and Torres Strait Islander families planning to give birth at the Royal Hospital for Women. The service is committed to improving the health of women and babies by providing seamless, accessible, and culturally safe care. Antenatal care be provided at the Malabar Clinic (La Perouse Aboriginal Community Centre), the RHW or another location convenient for the woman.

Obstetric Antenatal Doctors Clinic

Women may be referred to the Obstetric team at any time during their pregnancy. This referral process is guided by the Australian College of Midwives' (ACM) Guidelines for Consultation and Referral. Depending on the clinical indication, a woman will generally be referred back to her chosen model of care for the duration of the pregnancy.

Private Obstetrician

A woman may choose to have a who has admitting rights to birth at the RHW. The woman will have one Antenatal appointment to book in and all other care planning is provided by the Private Obstetrician.

Speciality clinics

Preterm birth prevention

The preterm birth prevention clinic aims to provide holistic and collaborative care to women identified at risk of preterm birth. The clinic is run by an Obstetrician and Midwife who provide specialised care and advice. Early referral to the service is encouraged for women with a history of:

- Previous preterm birth <34 weeks gestation
- Previous preterm ruptured membranes <34 weeks gestation
- Previous late miscarriage between 16-24 weeks gestation
- Uterine abnormalities (unicornuate uterus, uterine septum)
- Cervical surgery (defined as cone biopsy, or multiple LLETZ with histological evidence of >10mm depth specimen)
- History of a cervical cerclage
- History of uterine adhesions (Asherman’s syndrome)
- History of a Caesarean at full cervical dilatation
- In the current pregnancy, women identified as have a short cervix on transvaginal ultrasound for example <25mm at <24 weeks gestation

Breech

The breech clinic provides counselling, support and advice for women when their baby is in the breech position after 36 weeks gestation. An obstetrician and midwife will provide expert advice and support women to make personalised decisions about their birth options. Prompt referral should be offered by a clinician (midwife or doctor) who identifies a baby in the breech position after 36 weeks gestation by phoning the RHW Antenatal Outpatient Department or Clinical Midwifery Consultant on 0407498197.

Multiple pregnancy

The multiple pregnancy clinic (MPC) is offered to women with a multiple pregnancy, including twins or triplets. Collaborative care is provided by obstetricians, midwives, neonatologists, social workers, sonographers and other allied health staff to support women to make informed decisions around their pregnancy and birth. It also provides links to specialised community services in pregnancy and postpartum.

Maternal High-Risk

The High-Risk clinic offers specialised care for women with pre-existing or pregnancy related complex medical conditions. Some examples include autoimmune disorders (multiple sclerosis, SLE), organ transplant, current or previous cancers, gestational hypertension and / or pre-eclampsia.

Diabetes

The Diabetes Service is offered to women with pre-existing and / or gestational diabetes. It is a multidisciplinary care team consisting of diabetic educators, midwives, obstetricians, obstetric medicine physicians, endocrinologists, physiotherapists, a dietitian and lactation consultant. Early referral to the Service is recommended for women who have pre-existing diabetes (Type 1 or 2) with an additional referral to the obstetric medicine physician team. Women diagnosed with gestational diabetes (GD) should be referred directly to the Diabetes Educator via email seslhd-royalhospitalforwomen-diabetesservices@health.nsw.gov.au

Obstetric Medicine

The Obstetric Medicine team is a small group of obstetric physicians, endocrinologists and haematologists who work collaboratively with obstetricians, midwives and other allied health staff to provide specialised care for women with pre-existing and/or pregnancy related complex medical conditions. **Please note a separate eReferral to a specific obstetric medicine physician is required for this service.**

Infectious Diseases

The Infectious Diseases (ID) clinic provides specialist care for women in pregnancy with a chronic and/or newly acquired infection. Some examples include cytomegalovirus (primary infection), syphilis, hepatitis B/C and human immunodeficiency virus. Care is provided by a specialist obstetrician in the pregnancy and postpartum with collaborative support from Prince of Wales, Sydney Children's Hospital and other Infectious Diseases specialist departments.

Maternal Fetal Medicine

The Maternal Fetal Medicine (MFM) department is a multidisciplinary service providing integrated pregnancy care for women and babies with maternal complexities and / or fetal anomalies. The department offers screening as well as invasive diagnostic procedures (amniocentesis and chorionic villus sampling). The team includes subspecialists, obstetricians, midwives, neonatologists, neonatal surgeons (including specialised surgeons from Sydney Children's Hospital), geneticists, genetic counsellors and other allied health professionals. There is also a dedicated MFM midwifery group practice team offering continuity of midwifery care throughout pregnancy, birth and the early postpartum period. For medical referrals to MFM please phone 0437 537 448. For general inquiries please contact reception via phone: 02 9382 6098 or fax: 93826038.

Additional Services

*Please **click here** to access more information about each service via the Royal Hospital for Women website.*

Pre-pregnancy

Pregnancy Planning, Lifestyle and Nutrition (PLaN) Clinic
Preconception Service
Genetic Counselling Service

Antenatal

Early Pregnancy Assessment Service (EPAS)
Birth Unit Triage
Lactation clinic
Pregnancy Day Stay Unit (PDSU)
Physiotherapy
Dietitian Service
Social Work
Perinatal Mental Health
Cross Cultural Service
Termination of Pregnancy Clinic
Anaesthetic High-Risk Clinic
Virtual Maternity Ward

Postnatal

Breastfeeding Support Unit
Follow-up after birth (FAB) clinic
Obstetric Anal Sphincter Injury Service (OASIS)
Birth Reflections Service

Other

Childbirth and Parenting Education
Mothersafe
Hospital Tours

Antenatal Shared Care (GP ANSC)

Overview

GP ANSC aims to provide comprehensive antenatal care for women who have a low-risk pregnancy. GP ANSC is provided in collaboration with midwives and obstetricians from RHW and an accredited GP in the community. GPs in GP ANSC act as the primary point of contact for general health issues and refer women to specialists or hospitals when necessary. It is not the role of the GP to provide care and support to a woman in labour, birth or in the immediate postnatal period while in hospital. This care is undertaken by the RHW. GP ANSC allows for continuity of care, with the GP supporting the woman throughout her pregnancy and postpartum period, while working alongside a team of healthcare professionals.

Aims of GP Antenatal Shared Care

Enhance Continuity of Care

To provide women with consistent and ongoing care throughout pregnancy by enabling them to see their GP in collaboration with RHW. Women may develop a long-term relationship with their GP who can continue to provide care beyond pregnancy, including for postnatal and general health needs

Promote Accessibility and Convenience

To improve access to antenatal care by allowing women to receive care close to home, and to cater for the preferences and needs of individual women from a range of social, cultural, and diverse backgrounds

Support Collaborative Care

To strengthen the partnership between GPs and hospital maternity care providers, ensuring seamless communication and coordinated management of antenatal care

Maintain High Standards of Clinical Care

To ensure women receive care that is evidence based, safe, and aligned with national antenatal care guidelines for low-risk pregnancy

Empower Informed Choice

To provide women with informed choices about their antenatal care options, supporting autonomy and involvement in decision making

Efficient Use of Healthcare Resources

To optimise the use of health system resources by sharing care responsibilities appropriately between primary and tertiary care providers

Early Identification and Referral of Risk

To ensure timely identification of any complications or risks during pregnancy, with clear referral pathways to RHW care when needed.

Integral ways of working

Woman-centred care

Woman-centred care acknowledges the woman's baby or babies, partner, family, and community, while respecting and embracing cultural, religious, and individual diversity as defined by the woman herself. This approach considers the woman's unique circumstances and aims to meet her physical, emotional, psychosocial, spiritual, and cultural needs. Built on a collaborative partnership, it promotes effective communication, supporting individual decision-making and self-determination for the woman to care for herself and her family.
Woman-centred care honours the woman's ownership of her health information, rights, and preferences, while safeguarding her dignity and empowering her choices. This approach, which values diversity, is the foundation of midwifery practice across all settings.

Personalised decision-making

Personalised decision-making (PDM) in healthcare in NSW is a collaborative process where patients and healthcare providers work together to make informed decisions about treatment options. It values the patient's preferences, values, and cultural background. By discussing the benefits, risks, and uncertainties of treatments, PDM ensures that decisions reflect what matters most to the patient. This approach is supported by tools like decision aids, helping patients make well-informed choices that lead to better satisfaction and health outcomes.

Informed consent in maternity care

Informed consent in maternity care means that each woman has the right to make voluntary, informed decisions about their care based on clear, complete information from healthcare providers. This includes understanding the purpose, benefits, risks, and alternatives to any tests, treatments, or procedures and having the freedom to accept or refuse them at any time without pressure. Healthcare professionals must communicate in a way that is easy to understand, using plain language or interpreters if needed, and ensure the person has the capacity to consent.

NSW Health and the Australian Commission on Safety and Quality in Health Care emphasise that informed consent is an ongoing, respectful dialogue that supports shared decision-making and woman-centred care, empowering each woman to make choices that align with their values and needs throughout pregnancy, childbirth and beyond.

Registration and maintaining affiliation as a shared maternity care GP

GPs participating in the ANSC program must apply for affiliation with RHW. Affiliation ensures that participating GPs meet the required clinical standards and are supported through access to current antenatal care guidelines, professional development opportunities, and clear referral pathways. Affiliated GPs are recognised as partners in the shared care model and work collaboratively with RHW to provide high quality, coordinated care to women assessed as low risk and suitable for shared care. Ongoing affiliation may be subject to periodic review and continuing education requirements to maintain quality and consistency in care delivery.

An Affiliated ANSC General Practitioner refers to a GP who has met the following criteria to participate in the ANCS program with RHW:

- Formally applied to participate in the ANSC program with RHW
- Provided valid evidence of current medical registration and medical indemnity insurance
- Completed orientation to the ANSC protocol, processes and available resources
- Agreed to comply with the ANSC protocol and clinical guidelines
- Committed to participating in ongoing education activities related to the ANSC program

Affiliation as an ANSC General Practitioner does not constitute any form of appointment, credentialing or granting of clinical privileges for GPs to work or provide patient care services within RHW.

RHW does not provide indemnity for service provided by GPs to patients as part of the GP ANSC program. Therefore, affiliated ANSC GPs are expected to ensure that their medical indemnity insurance is appropriate for their scope of practice, including the provision of antenatal care and advice.

The GP ANSC Program does not provide formal obstetric training for GPs.

To maintain affiliation with the GP ANSC program, there are ongoing educational requirements for each RACGP triennium. Over the three-year period (2025-2027), GPs are required to accrue at least 12 CPD hours in either antenatal and/or postnatal specific educational activities. Relevant educational activities can be completed in person or via online platforms. A copy of the CPD statement should be periodically sent to GP ANSC@cesphn.com.au. CESPHN education events can be viewed in the maternal health calendar and the Sydney Health Weekly events webpage. RHW offers affiliated GPs periodic small group evening education sessions, consisting of six 2-hour obstetric sessions and two 2-hour neonatal sessions. Contact the RHW GP ANSC liaison midwife to book in your sessions.

Currency of practice and ongoing education for affiliated GP's

Commitment to Clinical Currency

The Parties acknowledge the importance of maintaining high standards in the provision of antenatal care. To ensure quality and safety, GPs accredited under this Memorandum of

Understanding are required to maintain current clinical knowledge and practice consistent with evidence-based guidelines endorsed by NSW Health, including the Australian Pregnancy Care Guidelines and other relevant professional standards.

Professional Registration and CPD Requirements

The Primary Health Network shall ensure that all accredited GPs:

Hold current registration with the Australian Health Practitioner Regulation Agency (AHPRA); and meet the Continuing Professional Development (CPD) requirements of the Royal Australian College of General Practitioners (RACGP), or other recognised professional colleges.

Mandatory Attendance at RHW Provided Antenatal Care Update

To support clinical alignment with local maternity care pathways, the Primary Health Network commits to ensuring that all GPs affiliated under this MOU attend a formal antenatal care update session provided by RHW at least once every three (3) years.

(a) The purpose of the update is to inform GPs of current local referral processes, hospital based clinical protocols, and updates to evidence-based practice in antenatal care within the NSW context.

(b) RHW agrees to deliver antenatal care update sessions on a periodic basis and provide reasonable notice of upcoming dates to the Primary Health Network.

(c) Attendance at this hospital led session is a requirement for continued participation in the antenatal shared care or referral program outlined in this MOU.

Monitoring, Data Sharing, and Compliance Review

(a) The Primary Health Network shall maintain appropriate records of GP attendance at antenatal care update sessions and monitor compliance with the three-year minimum attendance requirement.

(b) The Primary Health Network agrees to share attendance records with RHW following each update session.

(c) Where a GP fails to attend an antenatal care update within the required timeframe, the Primary Health Network will initiate a review of that GP's accreditation status under this agreement. This review may be conducted in consultation with RHW, as appropriate.

Compliance with NSW Health Policy and Guidelines

All Parties agree to operate in accordance with relevant NSW Health policies, procedures, and clinical guidelines relating to antenatal care and shared care arrangements. This includes adherence to the Australian Pregnancy Care Guidelines, and any subsequent updates or directives issued by NSW Health or the Local Health District. Each Party shall ensure that internal practices, training, and governance mechanisms support compliance with these guidelines.

The Role of the GP

Suitability for GP ANSC

GP ANSC is an option for women who have been assessed as having a low-risk pregnancy. The RHW is responsible for identifying a woman's suitability for GP ANSC. The option for GP ANSC should be discussed prior to any referral and a woman's preference indicated on the referral to the hospital.

Electronic Referrals

All referrals to the RHW antenatal outpatient department must be submitted via the electronic "eReferral" platform. It is the responsibility of the GP to attach relevant (routine) antenatal blood results and a dating ultrasound or Beta HCG result. Faxed, emailed or mailed referrals are no longer accepted. For inquiries about e-Referrals please contact helpdesk@healthlink.net

A second eReferral may be required for any woman with significant obstetric or pre-existing medical conditions. If this is the case, please refer to the named clinician and their specialty as outlined in the table below

Dr Madeleine Sheppard	Postnatal - Obstetrical Anal Sphincter Injuries Service (OASIS
Dr Alex Owen	Staff Specialist Obstetrician
Dr Sarah Lyons	Staff Specialist Obstetrician/ Pre-term Birth
Dr Antonia Shand	Maternal Fetal Medicine/High Risk Pregnancy
Dr Rita Caldas	Maternal Fetal Medicine/High Risk Pregnancy
Dr Komal Chohan	Staff Specialist Obstetrician/ Pre-term Birth
Dr Louise Fay	Antenatal Shared Care (GP ANSC) Obstetrician
Dr Willem Gheysen	Maternal Fetal Medicine/High Risk Pregnancy
Dr Wendy Hawke	Visiting Medical Officer
Prof Sandra Lowe	Obstetric Medicine
Dr Giselle Kidson-Gerber	Haematologist
Dr Amanda Beech	Obstetric Medicine
Dr Sarah Livingstone	Staff Specialist Obstetrician
Dr Sara Ooi	Antenatal Shared Care (GP ANSC) Obstetrician
Dr Stephen Coogan	Antenatal Shared Care (GP ANSC) Obstetrician
Dr Sue-May Lau	Endocrinologist
Specialist- unnamed referral	Please do NOT use this going forward if aware of sub-speciality requirement for your antenatal patient.

Following an e-referral, the woman will be made a "booking in" appointment at RHW. This will be scheduled for between 12-15 weeks gestation.

For any urgent referrals please contact the GP ANSC liaison midwife on 0417995153.

Antenatal visits

Antenatal consult and examination

All visits provide an opportunity for clinicians to share advice, provide education and identify problems in pregnancy, while also building a trusting relationship with the woman. The focus of visits tends to vary each trimester.

First trimester tasks: taking a comprehensive history to identify risks, examination including initial pregnancy investigations (blood tests, aneuploidy screening, dating and early structural ultrasounds), confirmation of expected due date and organising ongoing care (e-Referral to hospital)

Second trimester tasks: reviewing morphology ultrasound, monitoring fetal growth and maternal wellbeing, offering maternal vaccinations, identifying pregnancy-related conditions (pre-eclampsia, diabetes, anaemia etc.)

Third trimester tasks: monitoring fetal growth, maternal wellbeing, screening for GBS, signs and symptoms of pre-eclampsia/hypertension, labour, birth and breastfeeding education and preparation, postnatal options and advice about follow up in the community / parenting support services.

In addition to trimester specific tasks, each visit should include a standard antenatal consultation and examination including **history, examination, results, investigations and documentation**.

Patient-held antenatal record of pregnancy care

All women enrolled in GP ANSC require a patient-held pregnancy record, often referred to as the "yellow card" in SESLHD. A record of the consultation should be added at every visit by the clinician who is reviewing the woman. The record should include:

- Date and gestation
- Blood pressure
- Fundal height measurement in centimetres from 24 weeks gestation
- Presence of fetal movements (once established)
- Fetal heart rate auscultation with Doppler from 20 weeks gestation
- Fetal presentation from 30 weeks gestation
- Urine dipstick for proteinuria or infection if applicable
- Investigations ordered and results
- Management plan
- Follow up appointment

If a woman attends a visit without her patient held record, the clinician must provide written correspondence that can be later attached to the hand-held pregnancy record.

Clinical Business Rule (CBR)

A Clinical Business Rule (CBR) is a predefined guideline or protocol used in healthcare information system to standardise and automate decision-making processes. These rules help ensure consistency, safety, efficiency, and compliance with regulations and best practices in clinical workflows. It is the responsibility of all GP ANSC GPs to utilise and follow RHW CBR's effectively to support safe patient care and clinical decision-making.

Royal Hospital for Women Policies | South Eastern Sydney Local Health District

Schedule of visits and discussion points

Provider	Timing	Considerations
GP	6-12 weeks	LMP/Menstrual and Fertility Hx, Medical, surgical, psychosocial Hx, Family hx BP/Cardiac/Respiratory/Abdomen/ Thyroid/Breast examination Height and weight - BMI Antenatal bloods Counsel regarding genetic screening/testing options Recommend HbA1c for woman with risk factors < 13 weeks gestation Recommend early glucose tolerance test for woman with risk factors and a normal HbA1c
8-10 weeks screening – Ensure pregnancy booking bloods have been attended - Blood Group, Antibodies screen, Full Blood Count (FBC), Ferritin, Rubella, IgG, Hepatitis B antibodies, Hepatitis C antibodies, HIV, Syphilis serology, MSU for M C & S, Cervical screening if due. *Also consider if indication : HbA1C, Early OGTT, Varicella, TSH + T4, Haemoglobin EPG, Chlamydia PCR, Gonorrhoea PCR* Dating ultrasound scan		
11- 14 weeks screening- Combined first trimester screening (Maternal blood serum + Nuchal translucency ultrasound scan) **OR** NIPT + structural ultrasound scan (**ensure appropriate, timely counselling on genetic screening in pregnancy. See: Centre for genetics website > Pregnancy > Screening tests for your baby)		
RHW	14-16 weeks	Booking visit (medical, obstetric and psychosocial hx, DV screening) Appropriate referrals Model of care (MOC) allocated following this appointment
18-21 weeks screening– Morphology ultrasound scan		
RHW	20-22 weeks	Review morphology ultrasound Recommend Boostrix

		Discuss 20-week information pack Complete Anti-D consent if rhesus negative
GP	24 weeks	Provide referral for 24-28-week pathology Encourage birth and breastfeeding classes (completed before 37 weeks) Direct woman to resources: - RHW website pregnancy factsheets (Personalised decision making, Iron (oral) in pregnancy) - Pregnancy, birth and baby website Recommend partner/close contacts have boostrix vaccine (if >10 years since last vaccination)
26-29 week screening – OGTT, FBC, Ferritin, Syphilis, Blood group and Antibodies		
GP	28 weeks	Review investigations Refer to Diabetes Service at RHW if GDM confirmed on early GTT Offer vaccinations (Boostrix, Fluvax, RSV) if not already given Discuss Anti-D if Rh negative Encourage birth classes and breastfeeding classes Direct woman to resources: - Pregnancy, birth and baby website - NSW Health immunisation website > pregnancy
RHW Anti-D clinic (**not** a midwife clinic appointment)	28 weeks	Administration of Anti-D for rhesus negative woman
GP	32 weeks	Review 28-week pathology Refer to Diabetes Service at RHW if GDM confirmed on early GTT Encourage birth and breastfeeding classes Consider third trimester ultrasounds referral if indication
GP	34 weeks	Consider repeat FBC/ferritin at 36/40 if hx of anaemia Discuss upcoming 36-week GBS screening (see: RHW website > factsheets > Group B Streptococcus screening in pregnancy) Direct woman to resources - Pregnancy, baby and birth website (birth >birth choices) RHW website factsheets (how to write a birth preference)
36-week screening – FBC + ferritin if hx of anaemia		

RHW Anti-D clinic (**not** a midwife clinic appointment)	34 weeks	Administration of Anti-D for rhesus negative woman
RHW	36 weeks	Discuss 36-week information pack Confirm fetal presentation on bedside ultrasound - Refer to breech clinic if not cephalic Discuss +/- self collect LVS for GBS
GP	38 weeks	Discuss birth and early postpartum Direct woman to resources: - RHW website labour and birth factsheets - Pregnancy, birth and baby website (birth>having the baby)
RHW	39 weeks	Discuss 39-week information pack Review GBS result and discuss
RHW	40 weeks	Discuss methods to promote spontaneous labour Offer stretch and sweep Discuss 'post-dates management' of pregnancy beyond 41 weeks
RHW	>41 weeks	Postdates assessment - Offer stretch and sweep - Written consent for induction of labour and book from 41+1 if woman decides - Discuss timing of birth options if no labour by 42 weeks

Support and collaboration

GP ANSC Liaison Midwife

The RHW provides clinical support to the GP ANSC program through the employment of a GP ANSC Liaison Midwife. The primary responsibilities include:

- Advocating for GP ANSC as an antenatal model of care amongst staff at RHW including midwives, staff specialists, visiting medical officers
- Providing clinical support to affiliated GPs
- Initiate appropriate action on issues raised by an affiliated GP
- Escalate clinical concerns or matters raised by GPs to the appropriate RHW clinician
- Collaborating with CESPHN to facilitate orientation and affiliation of new GPs, including identifying educational activities and developing resources
- Assisting with orientation events for new GPs
- Complying with all privacy training and policy requirements relevant to management and dissemination of GP ANSC contact information
- Disseminating GP contact information to relevant staff and to women accessing antenatal care
- Attending GP ANSC Program Advisory Committee meetings
- Collecting and providing GP ANSC activity and quality improvement data collection as required
- Supporting clinical governance of the GP ANSC program in partnership with RHW Medical and Midwifery Clinical Co-Directors and Obstetric Head of Department, Maternity Services Division
- Providing up-to-date information on new service policies and service changes to CESPHN in a form that can be sent directly to GPs or uploaded to relevant websites

For non-urgent matters, please contact the GP ANSC liaison midwife, Monday-Friday, 8am-430pm, on **0417995153 / (02) 9382 6016**

CESPHN Project Officer

CESPHN provides a Project Officer to support the GP ANSC program. The main functions of the CESPHN Project Officer role include:

- Process GPs applications for appointment as an affiliated GP ANSC provider
- Work collaboratively with RHW GP ANSC Liaison Midwife in facilitating orientation and affiliation of new ANSC GPs, GP education and resource development
- Confirm appointments and revoke appointments with the approval of RHW Medical and Midwifery Clinical Co-Directors, Maternity Services Division and CESPHN CEO
- Maintaining an up-to-date register of affiliated ANSC GPs
- Liaising directly with affiliated ANSC GPs as required
- Developing and providing ongoing GP ANSC specific Continuing Professional Development (CPD) programs
- Providing executive support to the GP ANSC Program Advisory Committee
- Preparing and distributing the GP ANSC newsletter and other resources if required
- Maintaining the GP ANSC webpages on the CESPHN website

RHW Triage Service

RHW Birth Unit (BU) provide a 24/7 triage service for women > 20 weeks gestation, to call if they have any clinical concerns.

The contact number for BU Triage is **0439869035**

Emergency department

For women < 20 weeks gestation, with urgent concerns please present to the closest emergency department.

Risk Management and Quality Framework

Clinical Governance

The Clinical Governance Policy Directive PD2024_010 outlines the NSW Health Service key requirements for effective clinical governance to achieve optimal clinical outcomes.

Complaints

The Complaints Management Guideline GL2020_008 provides the framework for dealing with a complaint in accordance with the Complaints Management Policy and will support RHW staff to ensure that identified risks arising from complaints are managed appropriately using a consumer- focused approach.

Incident Management

The Incident Management Policy Directive PD2020_047 provides direction for consistency in managing and effectively responding to clinical and corporate incidents.

Incident monitoring and quality improvement process

Identified data on all complaints, breaches of protocol and critical incidents will be recorded for quality assurance purposes. De-identified review of these incidents will be made available for review by the GP ANSC Program Advisory Committee. This information will be used to inform the development of education activities for ANSC GPs and to update resources. GPs will be advised of any changes through ANSC newsletters or other communication means.

South Eastern Sydney Local Health District

Royal Hospital for Women
Barker Street
Randwick
2031

GP ANSC liaison midwife: 0417995153 / (02) 9382 6016
E: seslhd-rhwgpscenquiries@health.nsw.gov.au

This Antenatal shared care guideline can be accessed online at the RHW website:

Information for General Practitioner (GP) | South Eastern Sydney Local Health District

Attachment 1:

Aboriginal Health Impact Statement – Question Template

Title of the initiative:	Royal Hospital for Women Antenatal Shared Care (ANSC) Guidelines
Organisation/Department/Centre:	Royal Hospital for Women
Contact name and title:	Helen Konowec, Clinical Co Director Maternity Services (Royal Hospital for Women)
Contact phone number:	0497984262 helen.konowec@health.nsw.gov.au
Date completed:	1 November 2025

Once approval has been received from your Organisation please provide a copy of the finalised Aboriginal Health Impact Statement and related policy document to the Centre for Aboriginal Health by email: CAH@moh.health.nsw.gov.au.

If your Organisation assesses that the initiative has no impact on Aboriginal people you are still required to provide a rationale for how this decision was reached by completing the summary section and questions 1 and 2 of the template.

Summary

Provide a 200-300 word summary that demonstrates how the Aboriginal Health Impact Statement has been considered. This summary is required in addition to a more detailed response to the three components below

Aboriginal and Torres Strait Islander people* are the traditional custodians of the land in Australia, and South Eastern Sydney Local Health District (SESLHD) encompasses the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples. SESLHD and the Royal Hospital for Women (RHW) are committed to closing the gap in health outcomes for Aboriginal people, including through the provision of culturally safe, accessible and high-quality maternity care across all models of service delivery.

The Antenatal Shared Care (ANSC) Guidelines at RHW outline the arrangements and responsibilities between RHW and accredited General Practitioners providing antenatal care in the community. These guidelines have been developed with consideration of the Aboriginal Health Impact Statement, recognising that Aboriginal women may experience additional barriers to accessing hospital-based care, including cultural, social and logistical factors. The ANSC model supports flexibility and choice by enabling women to receive antenatal care closer to home and within their community, which may be particularly beneficial for Aboriginal women and families.

The guidelines emphasise continuity of care, timely communication, and clear pathways for referral and escalation, ensuring Aboriginal women receive coordinated and culturally responsive care across primary and tertiary settings. Aboriginal women participating in ANSC are supported to access culturally safe services, including referral to the Malabar Midwifery Group Practice and Aboriginal Health Unit where appropriate, and are encouraged to identify their cultural needs and preferences early in pregnancy.

Consultation with key stakeholders, including Aboriginal health services and maternity care providers, informed the development of the ANSC Guidelines to ensure alignment with district and state priorities. The guidelines align with relevant strategic documents, including Healthy Mob, Strong Community: SESLHD Aboriginal Health Plan 2024-26, Connecting, Listening and Responding: A Blueprint for Action for Maternity Services in NSW, and SESLHD Strategy - Exceptional Care, Healthier Lives strategy, reinforcing RHW's commitment to culturally safe, equitable maternity care for Aboriginal women.

*Note: throughout this impact statement, the term 'Aboriginal' is used to represent 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the traditional custodians of the land in Australia.

1. The health context for Aboriginal people

Aboriginal people are the first peoples of Australia and have strong ties to culture and communities. Aboriginal health is not purely defined by physical wellbeing, but includes the social, emotional and cultural wellbeing of the whole community, so that everyone is able to achieve their full potential thereby bringing about the total wellbeing of their community (NACCHO, 1989).

Aboriginal and Torres Strait Islander* people comprise 4.2% of Australia's population, with 34.5% of Aboriginal people living in NSW. Approximately 1% of the SESLHD population identify as Aboriginal. This number is growing, largely indicated by the increase in babies born to Aboriginal mothers in SESLHD - currently sitting at 1.8% of births.

Aboriginal people experience poorer health outcomes than the general population across a range of health indicators. Aboriginal people are disproportionately disadvantaged by a range of social determinants of health, including intergenerational trauma, education, employment, housing, environmental factors and racism. Contributing factors to the health gap include lack of access to culturally appropriate health services, and lower levels of digital inclusion. Historically, Aboriginal people have not felt culturally safe when accessing hospital systems. This can be attributed to intergenerational trauma due to government policies and practices that created barriers to safe access, which continues to impact individuals and communities.

Within SESLHD, it is acknowledged that the local Aboriginal community can face challenges accessing the services they require. This may include services that are not always convenient to access due to travel, public transport, campus signage and culturally safe spaces where care is delivered. The need to achieve equal levels of digital inclusion for Aboriginal people has been recognised in the Economic Outcome 17 of the NSW Closing the Gap Implementation Plan 2022-2024.

2. The potential impact of the policy, program or strategy on Aboriginal people including approaches to mitigate any potential undesired effects

The Antenatal Shared Care (ANSC) Guidelines have the potential to positively impact Aboriginal women and families by improving access to antenatal care closer to home, supporting continuity of care, and providing greater flexibility and choice in how and where care is delivered. For Aboriginal women who may experience cultural, social or logistical barriers to attending hospital-based services, shared care with accredited General Practitioners in the community may reduce travel burden and support engagement with antenatal care earlier and more consistently throughout pregnancy.

Potential unintended impacts include the risk of fragmented care, inconsistent information sharing between providers, or delayed escalation to specialist services if communication pathways are not clear. There is also a risk that cultural needs may not be identified or addressed if care is delivered across multiple settings without explicit attention to cultural safety.

These risks are mitigated within the ANSC Guidelines through clearly defined roles and responsibilities between RHW and shared care providers, standardised documentation requirements, and established referral and escalation pathways back to RHW maternity services when clinically indicated. The guidelines emphasise timely communication between GPs, midwives and hospital clinicians to support coordinated care.

To support culturally safe care, the ANSC Guidelines encourage early identification of Aboriginal status and cultural needs, with referral to appropriate supports, including the Malabar Midwifery Group Practice and the SESLHD Aboriginal Health Unit, where appropriate. Education and accreditation requirements for shared care providers reinforce adherence to evidence-based practice and culturally respectful care. Collectively, these measures aim to minimise unintended negative impacts and support equitable maternity outcomes for Aboriginal women and their families.

3. Engagement with Aboriginal people

Engagement with Aboriginal people and services was considered during the development of the Antenatal Shared Care (ANSC) Guidelines through existing maternity service structures within the Royal Hospital for Women (RHW) and South Eastern Sydney Local Health District (SESLHD). The guidelines recognise the importance of culturally safe care and established referral pathways to Aboriginal-specific maternity and support services, including the Malabar Midwifery Group Practice and the SESLHD Aboriginal Health Unit, where appropriate.

The ANSC Guidelines are intended to complement existing Aboriginal maternity models of care and support continuity and coordination across community and hospital settings. Ongoing engagement with Aboriginal stakeholders will occur through routine review and evaluation of the guidelines, with feedback used to inform future updates and strengthen cultural safety and care coordination.

Approved by:

Margaret Broadbent

Date:

17th February 2026

Title/position:

Manager Cultural Capabilities

Organisation/Department/Centre:

Aboriginal Health Directorate SESLHD

Contact phone number:

0410 604 050

Signature:

MBroadbent

By signing this document you agree that the initiative satisfactorily meets the three key components of the Aboriginal Health Impact Statement.

Note: Must be approved by the relevant Executive Director or Director of the local health district, pillar organisation or Centre within the NSW Ministry of Health