

RHW GP Antenatal Shared Care Protocol Summary (October 2026)

Any investigations requested by the GP for the woman under his/her care must be followed up by the GP concerned. It is the responsibility of the provider ordering the test or noting an abnormal finding to ensure appropriate follow-up and communication, irrespective of whether a copy is sent to the hospital.

PROVIDER	ACTIVITIES AND CONSIDERATIONS	EDUCATION
GP 6-12 weeks	History LMP / Menstrual Hx / Fertility Hx / Pelvic surgery / Previous pregnancies and outcomes / Family Hx (including congenital and genetic disorders) / Cervical Screening / Medical and Surgical Hx (including Mental Health history) / /Medications/ Allergies / Drug and alcohol use Examination BP / Cardiac / Respiratory / Abdomen / Thyroid Breast exam Weight and Height – (BMI) Assess Suitability for GP shared antenatal care Complete RHW antenatal electronic referral Advise Woman to complete online survey in her email after electronic referral received Obtain Woman consent for information sharing	Early Pregnancy Information Discuss Options for antenatal care Flu vaccine Covid 19 vaccine CMV Prevention Nutrition Iodine and folic acid Exercise Genetic counselling Reproductive Carrier Screening Antenatal classes Pelvic floor exercises Emphasise Quitting smoking, Alcohol avoidance Consider Varicella TSH + T4 Urine: Chlamydia PCR Gonorrhoea PCR RECOMMEND FLU VACCINATION ANYTIME IN PREGNANCY
	ROUTINE INVESTIGATIONS FBC, Blood Group and antibody screen Consider Ferritin where prevalence of iron-deficiency anaemia is high Rubella IgG, Hepatitis B sAg, Hepatitis C antibody, Syphilis serology, HIV antibody Haemoglobin EPG & Iron Studies (if clinically indicated as per hospital guidelines) MSU for M C & S Recommend HbA1c for woman with risk factors < 13 weeks gestation Recommend early glucose tolerance test for woman with risk factors and a normal HbA1c Cervical screening (if due) Arrange Dating-scan ideally transvaginal if < 9 weeks gestation 11-14 weeks screening: Offer Combined first trimester screening (maternal blood serum + nuchal translucency) OR • NIPS + structural ultrasound (**ensure appropriate, timely counselling on genetic screening in pregnancy. See: Centre for Genetics brochure) Provide referral for morphology scan to be done between 18 - 20 weeks	
RHW ANC 14-16 weeks Booking Visit	Complete History and booking details Discuss Options/models of care available within the hospital Assess For GP antenatal shared care Provide Referral for morphology ultrasound (ONLY if not done by GP) Provide Referral for RHD NIPT (to be completed after 18 weeks) Complete Psychosocial, ANRQ, DV screen, VTE and Fetal Risk Assessments Review Blood results + first trimester screening Discuss Optional tests where indicated as above Commence Yellow antenatal card Refer back To GP with completed record card (yellow card). NB: If unsuitable for GP shared care, inform GP by fax or phone. Complete GP shared care fax back form and return to GP Consider Early 75g OGTT for high-risk women, if not completed by GP	Offer all women information regarding antenatal classes, breastfeeding classes Consider referral to lactation consultation Arrange for anaesthetic review if indicated
RHW ANC 20-22 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Review Morphology Ultrasound & RHD NIPT result (if Rh neg) Attend both Psychosocial & Domestic Violence (DV) screening, if not already done Remind all women to have the 26-28 weeks bloods RECOMMEND DTPA (BOOSTRIX) VACCINATION AT ALL VISITS Monitor fetal wellbeing, listen to FHR with Doppler, ask about fetal movements If there is any concern, contact Birth Unit on 0439 869 035	Give and discuss 22-week information pack Recommended Boostrix Vaccination Between 20 – 32 Weeks RSV Vaccination between 28-36weeks
GP 24 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Provide referral form for: 26-28 weeks bloods (Blood Group & Antibody screening, FBC, Ferritin (consider), 2hr 75g OGTT, Syphilis serology) RH NEGATIVE WOMAN ANTI-D PROPHYLAXIS DUE AT 28 WEEKS AFTER THE ANTIBODY SCREEN	Encourage birth and breastfeeding classes Direct woman to resources: RHW website pregnancy fact sheets Pregnancy, birth and baby website
GP 28 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Review results of all investigations and refer to Diabetic Educator if positive GTT result Assess mood status (EDS), drug and alcohol and domestic violence screen RECOMMEND RSV VACCINATION	Encourage attendance to FREE antenatal breastfeeding information group
RHW Anti-D Clinic	28 WEEKS PROPHYLACTIC ANTI-D FOR RH NEGATIVE WOMEN (NOT A MIDWIFE CLINIC APPOINTMENT)	

GP 32 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Referral for 3 rd trimester ultrasound as per protocol, e.g., ↓ PAPP; ↑ BMI; LLP on morph Up-to-date with RSV/Boostrix/Flu?	Discuss when to call B/U, antenatal classes, breastfeeding classes
GP 34 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements Give referral for repeat Syphilis screen at 36 weeks Consider repeating FBC & Ferritin if history of anaemia Ensure Flu vaccine and DTPa have been attended to and if not discuss and provide immunisation this visit Discuss upcoming 36-week GBS screening (see: RHW website > factsheets > Group B Streptococcus screening in pregnancy) Completed RSV, Boostrix & Flu?	Direct woman to resources Pregnancy, baby and birth website (birth > birth choices) RHW website factsheets (how to write a birth preference)
RHW Anti-D Clinic	34 WEEKS PROPHYLACTIC ANTI-D FOR RH NEGATIVE WOMEN (NOT A MIDWIFE CLINIC APPOINTMENT)	
RHW ANC 36 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements, Bedside ultrasound to confirm presentation Review 36-week Syphilis serology & 3 rd trimester ultrasound if applicable Discuss labour onset/modes of birth/analgesia options and dates for CS, if indicated GBS Screen: Discuss +/- collect low vaginal swab as indicated by hospital protocol	Refer for U/S and Obstetric review if breech presentation PAC if LSCS planned
GP 38 weeks	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Review all results Explore woman's birth expectations + support available in the early postnatal period	Recommend DTPa for close contacts if not already attended
RHW ANC 39–41 weeks Weekly Visits	Routine antenatal visit. Monitor maternal and fetal well-being incl. BP, weight, UA, fundal height, FHR with Doppler, fetal movements. Offer cervical assessment +/- membrane sweep Assess suitability for induction of labour (IOL), e.g., AMA at term Arrange/book induction of labour as appropriate or dates for CS, if indicated Organise ongoing fetal welfare assessment as appropriate	Discuss IOL and provide information
GP 6 weeks Postpartum	Postnatal visit Ask about: Labour complications, current bleeding, perineal wound healing, incontinence and pelvic floor, breastfeeding, sleep patterns (Mum and baby), support systems at home, breastfeeding management - refer if problems Assessment Maternal mental health status (EDS) Examine Weight, BP, breasts, uterine involution, wound check perineum/C section Perform Cervical screening if due Investigations FBC, iron studies, TSH where indicated Discuss Contraception and pelvic floor exercises, refer if required. Book Baby 6 week check and immunisations Repeat 75g Oral GTT as per Woman's Diabetes Care Plan TO GIVE PERTUSSIS VACCINATION FOR WOMAN AND HOUSEHOLD CONTACTS, IF NOT ALREADY GIVEN	Consider Child and Family Health Centre and postnatal supports Child Immunisation according to Australian Immunisation Handbook Baby Health Centres Mother's Groups Discuss Infant feeding knowledge Sleep and SIDS Family Immunisation (Adult and Neonate)

IMPORTANT CONTACT NUMBERS

GP LIAISON MIDWIFE 0417 995 153	BIRTH UNIT TRIAGE 0439 869 035	MENTAL HEALTH CRISIS TEAM 1800 011 511	RHW SWITCHBOARD 02 9382 6111
Antenatal Outpatients Clinic Referral required PH: 9382 6048 FAX: 9382 6118	Pregnancy Day Stay PH: 9382 6417 FAX: 9382 6404	Mental Health Clinical Midwifery Consultant 0457 733 554	Mental Health (with referral) PH: 9382 6091 SESLHD-mentalhealth-referral-RHW@health.nsw.gov.au FAX: 9382 6421
Antenatal Outpatients Midwifery Unit Manager PH: 9382 6047	EPAS Appointment Only Referral required PH: 9382 6701	Drug and Alcohol Counselling in Pregnancy (CUPS) page via switch	Social Work Referral required PH: 9382 6670
Australian Breastfeeding Association (ABA) 1800 686 268	Genetic Counselling PH: 9382 6098 or page via switch	MotherSafe PH: 9382 6539 or 1800 647 848	Ultrasound / Medical Imaging PH: 9382 6080
Diabetes Educator Referral required PH: 9382 6010	Lactation Consultant PH: 9382 6341	Perinatal Outreach Mental Health Service (POMHS) Referral required PH: 9382 6303	Cross Cultural Worker Galuh Sapthari 0439 510 697
Dietician Referral required PH: 9382 6048	Maternal Fetal Medicine Referral required PH: 9382 6098 FETUS PH: 0437 537 448	Physiotherapy Referral required PH: 9382 6540	