# St George & Sutherland Hospitals
# GP Shared Antenatal Care Protocol Summary 2026

**Note:** Routine pregnancy health information is available on the Health Pathways portal

**Ensure all test results are forwarded to clinic or provided to patient**

At minimum, routine GPSC visits are to include:

| Maternal Assessment | Fetal Assessment |
|---|---|
| Blood pressure and signs/symptoms of pre-eclampsia | Fetal movements * |
| Urinalysis (where indicated) | Fetal heart rate (after 16 weeks) |
| Presence of uterine activity | Symphysis-fundal height (after 20 weeks) |
| Vaginal bleeding and or discharge | Fetal presentation (after 26 weeks) |
| Psychosocial screening - Mood and emotional wellbeing, Domestic and family violence | Engagement of fetal head (after 37 weeks) |
| Weight (if indicated) | |

***Remind women at each scheduled and unscheduled antenatal visit after 28 weeks' gestation of the importance of maternal awareness of fetal movements and to report concerns of a decrease in strength and/or frequency or a non-diurnal pattern of movements. Refer to Safer Baby Bundle Resources**

## Provider: GP — 6-10 weeks

### Assessment

- History and examination
- Assess interest in and suitability for GP shared antenatal care
- Complete eReferral via HealthLink
- Discuss iodine and Folic acid supplementation
- Consider referral for dating scan if uncertain dates
- Assess need for low dose aspirin
- Refer to hospital early (prior to 10 weeks if high risk factors for Preterm Birth. Refer to HealthPathways.
- Offer seasonal flu vaccination at any gestation

### Education

- Early Pregnancy Information
- Details of hospital services / models of care / options
- Previous experience/ expectations
- Pathology tests / results
- Nutrition & exercise in pregnancy
- Get Healthy in Pregnancy referral
- Pelvic floor exercises
- Reducing/quit smoking
- Alcohol abstinence
- Breastfeeding Information
- CMV

### Routine Investigations (perform each pregnancy)

| | |
|---|---|
| FBC | Hep C and HIV (ensure counselling) |
| Blood group and antibody screen | MSU for M/C/S |
| Rubella IgG | Vitamin D |
| Syphilis serology | Varicella IgG (if IgG status unknown) |
| Hep B surface antigen | |

### Targeted Investigations (as per clinical circumstances)

| | |
|---|---|
| Chlamydia PCR (urine) | if < 25 years or risk factors present |
| TSH | If clinically indicated |
| CMV IgG | If at high risk |
| HbA1c | If high risk. If ≥ 6.5% diagnose Overt Diabetes in Pregnancy. If ≥ 6.0-6.4% recommend OGTT. |
| 75gGTT | For women with previous GDM or HbA1c ≥ 6.0-6.4% From 13 weeks gestation onwards. Avoid with history of bariatric surgery. |
| HbEPG | If high risk background or MCV <86. Refer to SGH and TSH Thalassaemia Protocol |
| Cervical screening test | If > 25 years and due; safe at any time during pregnancy; click here for clinical guidelines |
| Ferritin | If risk factors for Fe deficiency, or low Hb and MCV. Ferritin is preferred over full iron studies as it is more cost effective, unless the woman is acutely unwell. |
| Reproductive Carrier Screening | Offer the triple test to all women unless previously tested.<br>Refer to HealthPathways.<br>Discuss expanded screening with all women. |
| Fetal Rhesus Screening | If Rhesus D (RhD) negative blood group (from 11 weeks but less than 28 weeks gestation) |

Arrange eReferral via HealthLink. Attach results from pathology and ultrasounds, and state the EDC

<table>
<tr><td></td><td>The ANC will triage the referral and contact the client to schedule an appointment for booking in. If pathology and ultrasounds are not yet done, referral will be placed on hold until they are sent through.</td></tr>
<tr><td>GP<br>10-13 Weeks</td><td>Offer / Arrange further investigations<table><tr><td>Chromosomal Abnormalities</td><td>First trimester Screen (NT+) at 11-13 weeks gestation OR Non-invasive prenatal testing (NIPT) from 10 weeks gestation with an early fetal anatomy scan at 12-14 weeks gestation. Refer to HealthPathways</td></tr><tr><td>Pre-eclampsia / Preterm Birth Risk</td><td>Consider Pre-Eclampsia screening / Preterm Birth Risk factors.. Refer to HealthPathways.</td></tr></table></td></tr>
<tr><td>Hospital<br>10-14 weeks</td><td>Complete booking visit as per SGH-TSH Antenatal Overview business rule including:<ul><li>Complete history and booking details including psychosocial screen</li><li>Discuss models of care available and confirm suitability for GPSC if appropriate. Notify GPSC liaison midwife of woman.</li></ul>Arrange further investigations:<table><tr><td>20 week morphology USS</td><td>Provide referral form (including assessment of cervical length)</td></tr></table></td></tr>
<tr><td>Hospital<br>20-22 weeks</td><td>Complete visit as per SGH-TSH Antenatal Overview business rule including:<ul><li>Review fetal morphology ultrasound and document including on yellow card</li></ul></td></tr>
<tr><td>GP<br>24 weeks</td><td>Complete routine GPSC visit and arrange 28 week routine investigations<table><tr><td>FBC</td><td>Vitamin D for women if low at booking in</td></tr><tr><td>Antibody screen</td><td>Syphilis screening</td></tr><tr><td>75g OGTT (unless already GDM)</td><td>Ferritin if low at booking in</td></tr></table></td></tr>
<tr><td>GP<br>28 weeks</td><td>Complete routine GPSC visit<ul><li>Review of 28 week pathology and document on yellow card</li><li>If OGTT shows GDM complete eReferral to Endocrinology via HealthLink</li><li>Offer Boostrix and RSV vaccination | Rh Negative – Anti D ( refer back to hospital for administration)</li><li>Attain and provide referral for third trimester USS if appropriate clinically</li></ul></td></tr>
<tr><td>GP<br>31, 34 weeks</td><td>Assessment:<ul><li>Offer Boostrix, RSV and seasonal flu vaccine if not already given</li><li>Reassess FBC/ferritin if indicated</li><li>If NBAC or Rh Negative – Refer to Hospital for 34 week appointment</li></ul>Education<ul><li>Encourage online virtual tour and birthing information</li><li>Breastfeeding information – positive reinforcement</li><li>Recommend DTPa for close contacts if not already attended</li></ul></td></tr>
<tr><td>Hospital<br>36 weeks</td><td>Complete visit as per SGH-TSH Antenatal Overview business rule including:<ul><li>GBS Screening – vaginal swab as per protocol</li><li>Review 3rd trimester ultrasound if performed</li></ul></td></tr>
<tr><td>GP<br>37, 38, 39 weeks</td><td>Assessment:<ul><li>Routine visits</li><li>Encourage to book 6 week postnatal GP visit</li></ul>Education<ul><li>Labour and Birth expectations</li><li>When to call Birth Unit</li><li>Postnatal supports</li></ul></td></tr>
<tr><td>Hospital<br>40, 41 weeks</td><td>Complete visit as per SGH-TSH Antenatal Overview business rule including:<ul><li>Refer for / Arrange IOL / timing of birth discussion as appropriate</li></ul></td></tr>
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| Key Contacts | | |
|---|---|---|
| SERVICE | SUTHERLAND | ST GEORGE |
| **URGENT Clinical Concerns** | 9540 7111 and ask for the Obstetric Registrar | 9113 1111 and ask for the Obstetric Registrar |
| **Antenatal Clinic** | Bookings: eReferral via HealthLink<br>9540-7245 ANC<br>9540-7240 Reception<br>9540-7304 Fax<br>seslhd-seslhd-tsh-gpsc@health.nsw.gov.au | Bookings: eReferral via HealthLink<br>9113-2162 ANC<br>9113-3765 Fax<br>SESLHD-STGANC@health.nsw.gov.au<br>SESLHD-StGeorge-GPSC@health.nsw.gov.au |
| **Birth Unit** | 9540-7981 | 9113-2126 |
| **EPAS (Early Pregnancy Assessment)** | Bookings: eReferral via HealthLink<br>Monday, Tuesday and Thursday by appointment only (GP eReferral via HealthLink required)<br>Ph: 9540 8958 | Bookings: eReferral via HealthLink<br>Monday-Friday (closed public holidays)<br>Text full name, date of birth and mobile phone number to: 0447 577 685<br>Pt will receive a call back from that mobile number after 7:30am the following weekday, and within 24 hrs to advise of appointment details |
| **Genetic Counseling** | NA – refer to SGH | 9113-3635<br>SESLHD-StGeorge-Genetics@health.nsw.gov.au |
| **Lactation Supports** | 9540-7913 Maternity page 468<br>Mob 0439 805 389 Lactation consultant | 9113-2053 Lactation Consultant<br>or 9113-1111 page 181 |
| **Mental Health** | 9540-8203 Social work<br>9540 7800 Perinatal Mental Health<br>9540-7831 Acute team (ACTT) | 9113-2016 Perinatal Mental Health<br>1800 011 511 NSW Direct MH Triage<br>9553 2595 Acute Care |
| **MotherSafe** | The Statewide Medications in Pregnancy and Lactation Advisory Service<br>(02) 9382 6539 or for residents outside Sydney FREECALL 1800 647 848 | |