

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 [revised antenatal visit schedule](#)** (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).

GPs are to complete referral via Healthlink eReferrals. HealthLink SmartForms are accessible from Best Practice, Genie and Medical Director software systems or via the [My HealthLink Portal](#).

For practices without Healthlink, referrals can be faxed using the [SLHD fax coversheet](#) to the individual services via fax numbers detailed in the table below.

Facility	Services	HealthLink eReferral SmartForm	Fax	Contact telephone
RPA Women & Babies	All maternity services	SLHD Women's Health Services – Maternity – RPA Antenatal & Shared Care	(02) 9515-3454 (referrals and initial results) (02) 9515-7452 (subsequent results).	9515 7101 GP Midwife Liaison: 0425 230 662
Canterbury Hospital	Antenatal GP Shared Care Hospital Based Care Midwives Clinic	SLHD Women's Health Services – Maternity – Canterbury Antenatal & Shared Care	(02) 9153 3798	9153 2091/ 9153 2092

GP Resources

Click [here](#) to access relevant antenatal Sydney HealthPathways.

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Timing of visits	
6-10 weeks	GP visit: <ul style="list-style-type: none"> - First visit routine procedures including early GDM screening for high-risk women (1st trimester fasting BGL or HbA1c; 2nd trimester 75g oGTT at 16-20 weeks) - Give referrals for combined First Trimester Screen (11-13 weeks) and Fetal Anatomy Scan (19-23 weeks) - Commence yellow card antenatal record Resource: Sydney HealthPathways – Antenatal – First Consult
11⁺³ -13⁺⁶ weeks	Combined First Trimester Screen (nuchal translucency ultrasound including pre-eclampsia screen) Resource: Sydney HealthPathways – Screening for fetal chromosomal conditions
12-18 weeks	First Hospital/Midwife visit
19-23 weeks	Fetal Anatomy Scan
4 weekly visits until 29 weeks	GP visit <ul style="list-style-type: none"> - 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) Resource: Sydney HealthPathways – Antenatal 2nd and 3rd Trimester
30 weeks	Hospital/Midwife visit <ul style="list-style-type: none"> - Review GTT/FBC/Antibody Screen result - Anti-D for RhD negative women
2-3 weekly visits until 36 weeks	GP visit <ul style="list-style-type: none"> - Clinical assessment including: BP, fetal growth/movements, pertussis +/- influenza vaccine (if not already given) - Arrange: <ul style="list-style-type: none"> o 36 week growth and wellbeing ultrasound if required (routine at RPA) o GBS screening (self-collected LVS at 34-37 weeks) o 36 week blood tests if required - Anti-D in hospital clinic at 34-36 weeks for RhD negative women Resource: Sydney HealthPathways – Antenatal 2nd and 3rd Trimester
37 weeks	Hospital/Midwife visit
Weekly visits until 40 weeks	GP visit <ul style="list-style-type: none"> - Clinical assessment including review BP, fetal growth/movements
40 weeks	Hospital/Midwife visit <ul style="list-style-type: none"> - 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 – Maternal Postnatal Check , Newborn Check