GP Antenatal Shared Care Program Guidelines

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GP ANSC program aims to:

- Provide pregnant women with flexibility, choice, and continuity of care
- Provide GPs with evidence-based, best practice clinical guidelines for antenatal care
- Provide clear referral pathways and shared care protocols for accredited GPs and hospitals in the Nepean-Blue Mountains area
- Provide clear clinical pathways when low risk pregnancies deviate from normal

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GP ANSC program aims to:

- Enhance the skills of GPs caring for women during pregnancy
- Promote communication between GPs and the participating hospitals
- Reduce demands on hospital outpatient services
- Cater for the preferences and needs of women from culturally and diverse backgrounds

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Antenatal Shared Care Clinical Protocol

Week	Provider	Assessment	Investigations
5-12	GP	• Maternal health assessment • Psychosocial assessment • Dietary assessment • Discuss smoking an alcohol • Pregnancy dating • Prenatal screening/Antenatal tests • Discuss options for care +/-delivery • Provide details of future visits and • Advise to book into hospital at 6-7 weeks, ideally. Book before 12 weeks. **HealthPathways** Antenatal – First Consult https://nbm.communityhealthpathways.org/37932.htm Patient to ring hospital to organise **first** visit for 12-13 weeks: Nepean 4734 2373 Katoomba 47 84 6572	• BHCG/dating scan as indicated • Counselling and referral for Nuchal Translucency scan or offer NIPT • Provide education and offer reproductive carrier screening (Fragile X, CF, SMA) if not performed previously. • Refer to specialist clinic for conditions excluded from shared care program • Discuss antenatal class booking **ROUTINE PATHOLOGY** • FBC, Blood group & Ab screen • Hep B & Hep C • HIV • Syphilis screen • Urine MCS **Consider:** • PCR for chlamydia and gonorrhoea (for - women ≤ 30 years or with risk factors) • Varicella (if no history of chicken pox) • Rubella • Vit D • TSH • Ferritin • Haemoglobin EPG • Cervical Screening if due • Early GTT (if high risk GDM)

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13	Hospital: Booking in	• Ematernity history • Problem list delineation • Medical review of notes	• Completion of antenatal screen if not already completed by GP • Psychosocial Screen & Edinburgh Depression Tool • Safe Start assessment/referral • Discuss morphology booking
12-15	**GP**	• Discuss Investigation results • EDB is calculated using a complex algorithm within the • Ematernity database once all pregnancy information is collated and should not be altered without consultation with the hospital	• Health promotions discussion • Influenza vaccination – any trimester • Referral for Morphology scan to be done between 18-20 weeks if not already referred by Hospital
16-20	Hospital	• Counselling from Senior Medical Officer if last birth a • Caesarean section • Review history/results including Morphology • Approve model of care	• Review of previous birth notes to determine suitability for NBAC
24-26	**GP**	• Routine check. Check BP, fundal height, assess fetal movements/FHR, U/A • Review ANC notes/18-week scan	• Arrange Blood group & antibody, FBC and OGTT by 28 weeks • 2nd Syphilis screening
28	Hospital	• Routine check. • Appointment with senior medical officer to determine suitability of NBAC as indicated.	• Anti-D injection, if indicated • C-section booking if required • Boostrix vaccine to be Given 20-32 weeks- each pregnancy • RSV: between 28-36 weeks

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31	**GP**	• Extra visit for nulliparous woman • Routine check, Check BP, fundal height, assess fetal movement/FHR, U/A	• Review Immunisation status
34	Hospital	• Routine check • Assess fetal lie – if breech refer • Anti-D if Rh-ve	• Anti-D injection • Birth plan and breastfeeding discussion
36	Hospital	• Routine check • Assess fetal lie - if breech refer to ANC for possible ECV	• Birth plan and breastfeeding discussion • Low vaginal swab
38	**GP**	• Extra visit for nulliparous woman • Routine check, Check BP, fundal height, assess fetal movement/ FHR, U/A • Assess fetal lie, presentation, descent of head	• Birth plan and breastfeeding discussion
39	**GP**	• Routine check, check BP,fundal height, assess fetal movement/FHR, U/A • Assess fetal lie, presentation, descent of head	• Birth plan and breastfeeding discussion
40-41	Hospital	• Routine check • Assess fetal lie, presentation, descent of head • Manage according to prolonged pregnancy protocol	• Birth plan and breastfeeding discussion

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Antenatal Shared Care Clinical Protocol

For **URGENT Clinical Enquiries**
page the on-call Consultant Obstetrician between 8 am and 5 pm on 4734 2000

For **NON-URGENT Clinical Enquiries** regarding specific patients

Katoomba Hospital Nursing & Midwifery Unit Manager, Women and Children's Health on (02) 4784 6627

Nepean Hospital Women & Children's Outpatients Department on (02) 4734 2305

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Exclusions from Antenatal Shared Care

The following women will normally not be accepted for ANSC. Exceptions can be made where both the supervising Obstetrician AND the Midwife/GP are prepared to take responsibility for the variation.

1. HIV or Hepatitis B and C
2. Multiple pregnancy
3. Substance abuse
4. History of the following, in the most recent pregnancy:
    - Stillbirth or neonatal death – in any pregnancy, depending on cause
    - Baby weighing <2500g at term
    - Baby weighing > 4200g at term
    - Previous shoulder dystocia and contemplating vaginal delivery
    - Mid-trimester loss or + 3 consecutive first trimester losses
    - Eclampsia, severe pre-eclampsia or HELLP syndrome
    - Puerperal psychosis requiring admission
    - Classical caesarean section or myomectomy
    - Clinically significant levels of Rhesus or other significant blood group antibodies
    - Preterm labour with delivery <34 weeks.

Exclusions from Antenatal Shared Care

5. Medical conditions:
   - Significant hypertension requiring medication
   - Cardiac disease (requiring ongoing cardiology supervision)
   - Diabetes requiring insulin, including previous gestational diabetes
   - Diabetes mellitus which required insulin
   - Significant endocrine disorders requiring treatment
   - Psychiatric disorders on medication
   - Epilepsy on medication
   - Severe asthma
   - Haematological disorders requiring medication including personal or strong family history of venous thrombo-embolism
   - Current or recent (within 3 years) malignant disease
   - Autoimmune disorders including lupus obstetric syndrome.

Recommended for Specialist Obstetric Care

Women with the following conditions should be advised that because of their higher level of perinatal risk, Obstetrician Specialist Care is the recommended care model. However, we may consider them on an individual basis for ANSC if this is their preferred option, particularly if they would otherwise be unable to attend antenatal care:

- Multiple births
- Medical disorders as above, not on current medication
- Past history of a chromosomal or other congenital abnormality
- Significant obstetric problem (as above) in a pregnancy other than the most recent one
- Obesity (BMI > 35) or Underweight (BM <18) at booking (subtract 6kg if seen >20 weeks).
- Age >40 years at time of booking
- Para 5 or greater
- IVF Pregnancy
- Cervical cone biopsy. May return to Shared Care in second half of pregnancy if no associated complications are detected.

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Recommended for midwifery care

The following groups of women are known to be at higher risk of psychosocial issues and are therefore recommended for hospital-based care to enable them to access the support networks. However, in some instances community-based care may be the only practical option:

- Teenagers 18 years and younger at booking-in
- Women in social situations of domestic violence or other social vulnerability.

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Return to the first available Hospital Clinic if

- Uterine growth is unusually small or large: i.e., Symphysial-fundal heights (cm) <3 or > 3 gestation (weeks)
- Placenta praevia detected
- Fetal abnormality is suspected/detected
- Generalised pruritis
- Hb<95g/l
- Rhesus D allo-immunisation
- Malpresentation after 36 weeks
- Necessity for support services such as Social Worker or Drug & Alcohol Services
- Any other problem which represents a significant departure from a normal Antenatal course and which requires attention before a routine clinic.
- Gestational diabetes/ consider immediate hospital referral if clinically indicated

Refer to hospital for immediate assessment

- If blood pressure is 140/90 or higher refer to the delivery suite urgently for assessment
- Intractable vomiting with dehydration and ketosis
- preterm rupture of membranes
- threatened preterm delivery/ increased uterine activity noted/reported ie pre- term labour
- undiagnosed severe abdominal pain
- antepartum haemorrhage
- decreased fetal movements
- suspicion of death in-utero
- unusual headaches or visual disturbances
- seizures of 'faints' in which seizure activity may have occurred
- Dyspnoea on mild-moderate exertion, orthopnoea or nocturnal dyspnoea
- symptoms or signs suggestive of deep vein thrombosis
- Pyelonephritisis
- symptoms or signs of pre-eclampsia.

Communication between Hospital and GP

As a collaborative model of care, the ANSC Program relies strongly on communication between the participating hospitals and general practitioners.

Making the referral

1. All new patients will need a referral form from their GP.
2. Fax referral form and ensure all relevant pathology and scanning to the relevant Antenatal Clinic

   Katoomba Hospital, Fax 4784 6977 or Email NBMLHD-BMH-Maternity@health.nsw.gov.au

   Nepean Hospital, Fax 4734 3213 or Email NBMLHD-WCHReferrals@health.nsw.gov.au
3. GPs will receive a letter via fax once their patients have been seen at the Antenatal Clinic. This letter will advise whether the patients has been accepted for Shared Care.
4. Give a paper copy to the patient to present at their booking visit.

Templates of the Referral form for Medical Director and Best Practice can be provided by the PHN.

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Program Administration

Nepean Blue Mountains PHN (NBMPHN) will administer and coordinate the shared care program for GPs within its boundaries. NBMPHN will distribute the list of Registered Providers to the Nepean Hospital and Blue Mountains Hospitals each month, or as required. Once Registered, GPS will be able to share antenatal care across Blue Mountains and Nepean Hospitals.

If you move out of area, retire or no longer want to take part in the ANSC Program, notify the ANSC team by emailing **ansc@nbmphn.com.au** or calling 4708 8100.

NOTE: All documents, forms and guidelines will be accessible from NBMPHN's **Antenatal Shared Care** webpage. These will be updated periodically.

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GP Registration & Requirements

Registering to Provide Antenatal Shared Care

GPs with relevant obstetric experience can apply to become a Registered ANSC provider with NBMPHN and must:

1. Complete the **GP ANSC Registration Form**
2. Provide evidence of current Medical Registration
3. Provide evidence of current Professional Indemnity Insurance

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Orientation Requirements

GPs wishing to provide ANSC are required to complete an orientation session with NBMPHN. (Participation in today's conference will count towards your requirements for this.

Orientation sessions can also be conducted in your practice.

To book an orientation session please call NBMPHN on 4708 8100 or email ansc@nbmphn.com.au

Educational Requirements

ANSC GPs are required to undertake 6 hours of pregnancy-related education each year. Today's workshop will count for 5 hours.

GPs are now required to log 50 hours of CPD every year, complete a professional development plan and refresh their skills with one CPR course in the triennium.
https://www.racgp.org.au/education/professional-development/cpd/2023-triennium

Relevant educational activities can be completed via online education platforms or face-to-face through our events or external organisations.

NBMPHN education events are posted on CPD & Events webpage.
https://www.nbmphn.com.au/Events

Visit the RANZCOG Events for upcoming meetings and CPD-approved events
https://ranzcog.edu.au/events/

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Questions

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Thank you

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