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Program Overview

What is Antenatal Shared Care?

Antenatal shared care (shared care) is joint care of a pregnant woman by her GP and the hospital antenatal clinic. Antenatal shared care creates the opportunity to practice collaborative obstetric care by combining the varied skills of each profession. It aims to provide a community-based holistic model of care for women.

All women attending Nepean Hospital and Blue Mountains Hospital for the management of their pregnancy and delivery have the option of having their antenatal care provided collaboratively by a recognised GP and the hospital based services.

This is dependent upon:

- Their wishes
- Agreement by their GP
- Agreement by the hospital after assessment of risk factors.

Objectives of the Program

The 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.
- 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.

About this guide

These program guidelines set out the clinical and administrative protocols for the Nepean-Blue Mountains Antenatal Shared Care program. They were developed by the Nepean Blue Mountains PHN, in collaboration with GP advisors and the Women and Children’s Health Outpatients Department at Nepean Hospital.

About the Clinical Protocol

The Antenatal Shared Care Clinical Protocol (page 5) sets out the schedule of visits, investigations, tests and patient education points for shared antenatal care, which can be found in these guidelines.

The Protocol provides recommendations on baseline clinical care for all pregnant women. It does not, however, offer information on the additional care that high-risk pregnancies require. In general, antenatal care practitioners are expected to follow this protocol. Nevertheless, with respect to the individual pregnant woman, each practitioner – GP and midwife – has ultimate discretion in determining care in collaboration with the woman, e.g. in the need for extra visits, counselling or special tests.
## Antenatal Shared Care Clinical Protocol

<table>
<thead>
<tr>
<th>Week</th>
<th>Provider</th>
<th>Assessment</th>
<th>Investigations</th>
</tr>
</thead>
</table>
| 5-12 | GP       | - Maternal health assessment  
- Psychosocial assessment  
- Dietary assessment  
- Pregnancy dating  
- Prenatal screening/Antenatal tests  
- Discuss options for care +/-delivery  
- Provide details of future visits and  
- Advise to book into hospital before 12 weeks. | - BHCG/dating scan as indicated  
- Counselling and referral for Nuchal Translucency scan  
- Glucose tolerance test for women who have had previous GDM  
- Refer to specialist clinic for conditions excluded from shared care program  
- Discuss antenatal class booking |
| 12-15 | GP       | - ObstetriX 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 FAS booking |
| 16   | Hospital | - Counselling from Senior Medical Officer if last birth a Caesarean section | - Review of previous birth notes to determine suitability for NBAC |
| 20   | Hospital | - Review history/results including FAS  
- Approve model of care | |
| 24-26| GP       | - Routine check i.e. check BP, symphysis-fundal height, assess fetal movements/FHR, Urinalysis only if indicated  
- Review ANC notes/18 week scan | - Arrange Glucose Tolerance Test and FBC to be attended by 28 weeks  
- Arrange Blood group and antibodies for Rh-ve women to be attended by 28 weeks |
| 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 |
| 31   | GP       | - Extra visit for nulliparous woman  
- Routine check | |
| 34   | Hospital if Rh-ve | - Routine check  
- Assess fetal lie – if breech refer  
- Anti-D | - Anti-D injection  
- Low vaginal swab  
- Birth plan and breastfeeding discussion |
|     | GP if Rh+ve | - Routine check | - 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 (if Rh-ve) |
| 38   | GP       | - Extra visit for nulliparous woman  
- Routine check  
- Assess fetal lie, presentation, descent of head | - Birth plan and breastfeeding discussion |
| 39   | Hospital | - Routine check  
- 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 |

For URGENT Clinical Enquiries page on-call Consultant Obstetrician between 8 am and 5 pm on 4734 2000  
For NON-URGENT Clinical Enquiries call NUM, Women & Children’s Outpatients Dept on 0400 916 318
## Useful Contacts Directory

### NEPEAN HOSPITAL

<table>
<thead>
<tr>
<th>CONTACT DETAILS</th>
<th>PHONE NUMBER</th>
<th>FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepean Hospital Switchboard</td>
<td>4734 2000</td>
<td></td>
</tr>
<tr>
<td>Antenatal Clinic – midwives</td>
<td>4734 2305</td>
<td>4734 3213</td>
</tr>
<tr>
<td>NUM Antenatal Clinic</td>
<td>0400 916 318</td>
<td>4734 3213</td>
</tr>
<tr>
<td>Antenatal Clinic Appointment Bookings</td>
<td>4734 2373</td>
<td>4734 3213</td>
</tr>
<tr>
<td>Delivery Suite</td>
<td>4734 2234</td>
<td>4734 3014</td>
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<td>Neonatal ICU</td>
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<td>4734 2698</td>
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<tr>
<td>Genetic Counselling</td>
<td>4734 3362</td>
<td>4734 4472</td>
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<tr>
<td>Perinatal Ultrasound</td>
<td>4734 2578</td>
<td>4734 3206</td>
</tr>
<tr>
<td>Parent and Childbirth Education</td>
<td>Ring ANC for booking 4734 2373</td>
<td></td>
</tr>
<tr>
<td>Lactation Consultant</td>
<td>(m) 0434 605 428</td>
<td>Shares Postnatal 4734 4148</td>
</tr>
<tr>
<td>Social Work (as for intake)</td>
<td>Page - 17331</td>
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<tr>
<td>Post dates booking - Fetal Maternal assessment Unit</td>
<td>4734 3235</td>
<td>Shares Birth Unit 4734 3014</td>
</tr>
<tr>
<td>Post dates - AFI scan booking</td>
<td>FMAU – 4734 3235</td>
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<td>Antenatal ward</td>
<td>4734 2374</td>
<td>4734 3728</td>
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<tr>
<td>Postnatal ward</td>
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<td>4734 4148</td>
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### BLUE MOUNTAINS HOSPITAL

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<tr>
<td>Katoomba Hospital Switchboard</td>
<td>4784 6500</td>
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<tr>
<td>Antenatal Clinic – midwives</td>
<td>4784 6572</td>
<td>4784 6977 Maternity</td>
</tr>
<tr>
<td>NUM Women &amp; Children’s Health</td>
<td>4784 6627</td>
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</tr>
<tr>
<td>Antenatal Clinic Appointment Bookings</td>
<td>4784 6572</td>
<td>Caseload midwives provide women with mobile contact details</td>
</tr>
<tr>
<td>Parent and Childbirth Education</td>
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### OTHER USEFUL CONTACTS

<table>
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<tr>
<th>CONTACT DETAILS</th>
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<tr>
<td>Nepean Blue Mountains PHN (NBMPHN)</td>
<td>4708 8100</td>
<td>9673 6856</td>
</tr>
<tr>
<td>NBMPHN ATAPS intake line</td>
<td>1800 223 365</td>
<td></td>
</tr>
<tr>
<td>Mothersafe</td>
<td>1800 647 848</td>
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### USEFUL WEBSITES

- Australian Diabetes in Pregnancy Society [http://adips.org](http://adips.org)
# Antenatal Clinics - Nepean Hospital

## OBSTETRICS

<table>
<thead>
<tr>
<th>NAME</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
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<tbody>
<tr>
<td>Dr M Mongelli</td>
<td>AM*</td>
<td>PM**</td>
<td>AM</td>
<td>AM</td>
<td>All day</td>
</tr>
<tr>
<td>Dr R Magotti</td>
<td>PM</td>
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<tr>
<td>Dr C Rizvi</td>
<td>AM</td>
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<tr>
<td>Dr V Lanzarone</td>
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<tr>
<td>Dr Lovell</td>
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<tr>
<td>Dr T Cropley</td>
<td></td>
<td>PM</td>
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<td></td>
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<tr>
<td>Dr D Al Mashat</td>
<td></td>
<td>AM</td>
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<tr>
<td>Dr Fischer * Renal</td>
<td></td>
<td>AM - high risk clinic</td>
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<tr>
<td>Dr Q Khoshnow</td>
<td></td>
<td>AM - diabetes</td>
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## GYNAECOLOGY

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<tbody>
<tr>
<td>Dr Ralph Nader</td>
<td>AM</td>
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<tr>
<td>Dr D Al Mashat</td>
<td></td>
<td>Fortnightly - PM</td>
<td></td>
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<tr>
<td>Dr Wang</td>
<td></td>
<td>Fortnightly</td>
<td></td>
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<tr>
<td>Dr K Niven - Colposcopy</td>
<td>PM</td>
<td>PM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prof G Condous – Acute Gynae, Endo clinic, One stop clinic</td>
<td>Clinics run Monday to Friday</td>
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## OTHER

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<th>Thurs</th>
<th>Fri</th>
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<tbody>
<tr>
<td>Diabetic Clinic</td>
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<td>AM - runs with high risk clinic</td>
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<td>Menopause</td>
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<td>Fortnightly</td>
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<td></td>
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<tr>
<td>Dr Q Khoshnow</td>
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<tr>
<td>Anaesthetist</td>
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<td>AM - Fortnightly</td>
<td></td>
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<tr>
<td>Paed clinic - Dr Liu</td>
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<td>All day</td>
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GP Registration & Requirements

Program Administration

Nepean Blue Mountains PHN (NBMPHN) will administer and coordinate the shared care program for GPs within its boundaries.

GPs can register for shared care with NBMPHN and their details will be included in the Register of Registered Providers. Updated lists will be distributed to 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.

NOTE: All documents, forms and guidelines will be accessible from NBMPHN’s website – www.nbmphn.com.au/ansc These will be updated periodically.

Registering to Provide Antenatal Shared Care

GPs wishing to participate in the ANSC Program need to be registered with NBMPHN as a Registered Provider. To gain and maintain Registered Provider status GPs must:

- Submit the following documentation:
  1. Completed GP ANSC Registration Form.
  2. Evidence of current Medical Registration.
  3. Evidence of current Professional Indemnity Insurance.

GPs can register their interest in the program by calling 4708 8100 or emailing ansc@nbmphn.com.au.

All program forms, guides and protocols can be found at www.nbmphn.com.au/ansc

Orientation Requirements

As part of the registration process it is compulsory that each new GP completes an orientation session with NBMPHN, either face to face in your general practice (preferable) or by telephone. Orientation bookings are made by calling NBMPHN on telephone 4708 8100, or emailing ansc@nbmphn.com.au. Optional clinic orientation visits at a hospital antenatal clinic can also be arranged by calling the NUM, Women and Children’s Outpatients Department on 4734 2161.

When the required documentation and orientation has been successfully completed and approved, a program acceptance letter will be forwarded to the applicant confirming their registration. The list of registered GPs is regularly forwarded to each participating hospital.

Ongoing Educational Requirements

In order to maintain recognition as an ANSC Provider, there is an ongoing CPD requirement for each RACGP triennium. For each triennium, participating GPs will be required to attend at least three (or achieve 12 Category 2 points) Antenatal/Postnatal specific Continuing Professional Development events with attendance at a clinical activity being strongly recommended. To clarify your point status, please contact ansc@nbmphn.com.au

NBMPHN will offer at least one activity each year. GPs may choose to attend external activities, in which case they are required to submit their certificate of attendance to NBMPHN.
Patient Suitability for Shared Care

Exclusions from Antenatal Shared Care

The following women will normally not be accepted for antenatal Shared Care. 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 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.
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 Antenatal Shared Care 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.

**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 in order 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.

**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)
- Increased uterine activity is noted or reported i.e. pre-term labour
- 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.
Refer to hospital for immediate assessment:

- If blood pressure is 140/90 or higher refer to the delivery suite urgently for assessment
- Gestational diabetes
- Intractable vomiting with dehydration and ketosis
- Preterm rupture of membranes
- Threatened preterm delivery
- 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
- Pyelonephritis
- Symptoms or signs of pre-eclampsia.
Organising Routine Tests & Sharing Results

Overview

The following tests should be performed routinely:

- booking blood tests and Multistix / mid-stream
- risk assessment for Down’s syndrome subject to discussion with and the wishes of the parents
- morphology ultrasound
- 28 week tests – FBC, short glucose tolerance and antibody testing for rhesus negative women.

**IMPORTANT:**

All tests ordered by GPs need to be CCed to the hospital when ordering. Hard copies should also be given to the woman to take to the hospital.

The hospital is expected to copy the GP on all test results.

Copies of all test results obtained outside the hospital should be added to the NSW Health Antenatal Care Record (Yellow Card). Where the test result has been obtained inside the hospital, with consequently no paper report, reference should also be made on the NSW Health Antenatal Care Record.
Urine Tests

All women are to have, at a minimum, a Multistix (Nitrites, Leucocyte Esterase, Blood, Protein) dispstick analysis of urine in early pregnancy in order to detect the 6 with Asymptomatic Bacteriuria (ABU), a group at high risk of Pyelonephritis and possible preterm labour. Positive results for any of these infection indices are to be followed with a formal mid-stream specimen of urine.

Down’s Syndrome Screening

Prior to planning testing for genetic abnormalities such as Down’s syndrome, there should be documented discussion with the woman about the implications of a positive result. All pregnant women, irrespective of age, should be informed that Nepean-Blue Mountains Local Health District will provide invasive testing for women at high risk of Down’s syndrome.

Tests include:

Screening Tests

a. Nuchal Translucency Screening:
   - A combination of nuchal translucency ultrasound and serum for PAPP-A/b-HCG
   - performed from 11 - 14 weeks
   - detects about 90% of Down’s syndrome cases with a false positive rate of about 5%

b. Serum Triple Screen (Alpha-fetoprotein (SAFP), HCG, oestriol):
   - 15+week’s detection for about 72% of Down’s syndrome and at 5% of FPR

Diagnostic Testing

a. Chorionic Villous Sampling (CVS):
   - usually performed at 10+weeks
   - miscarriage rate of 1% above background rate

b. Amniocentesis:
   - usually performed from 14+ weeks
   - miscarriage rate of 0.5% above background rate

c. Non-invasive prenatal testing (cell free fetal DNA analysis)
   - detects >99%
   - false positive rate of <1%
   - This test remains a relatively expensive option and is currently not endorsed in Australia for routine screening in low risk women, but this may change in the next few years.

Dating Ultrasound before 13 weeks

Women with the following should have a first trimester dating ultrasound:

- irregular cycle
- uncertain dates
- conception on or just off (i.e. before a spontaneous period) hormonal contraception
- first trimester bleeding.
Women with regular cycles, certain LMP and no early pregnancy problems do not require a routine dating ultrasound. The exception is when it can be done cost effectively in the Antenatal Clinic.

In the absence of a first trimester dating scan, revision of estimated due date should be determined on the basis of the nuchal translucency scan or the 18-20 week Fetal Abnormality Scan.

Assessing Fetal Growth

Fetal growth is best assessed by means of fundal height. Given the enormous variation in shape and size of pregnant women, customised fundal height charts that take into account height, weight, age, parity and ethnic group, can be more useful than a standard chart.

Communication between Hospital and GP

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

Making the referral

1. Use the Antenatal Referral form located within this guide.
2. Fax referral form to the Antenatal Clinic on 4734 3213 (Nepean Hospital) or 4784 6977 (Katoomba Hospital)
3. Give a paper copy to the patient to present at their booking visit.

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.

Templates of the Referral form for Medical Director and Best Practice can be downloaded from our website www.NBMPHN.com.au/ansc

Sharing test results

Both the hospital and GPs should CC all copies of test results to the other provider. Where possible hard copies should be given to the patient to keep with her yellow card and for presentation to the other provider.

Ongoing Communication

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, in the first instance email the NUM, Women & Children’s Outpatients Department via Faye.Mathews@health.nsw.gov.au or call her on 0400 916 318.
Hospital Discharge

Women who birth at Nepean Hospital and have a normal birth are discharged 24 hours after birth. Those who have had a Caesarean are discharged 48 hours after birth. Women are then seen by Midwifery@home until the baby is approximately 5 days old, and remain ‘on the books’ for up to 14 days.

Community Nurses see clients after 2 weeks. They also visit new mothers when in hospital to introduce themselves.

Caseload Midwifery look after clients for up to 2 weeks.

Postnatal checks

A 6 week check-up for mother and baby is strongly recommended to ensure the mother is recovering from her pregnancy and is coping with the baby and the baby is progressing satisfactorily. It is expected that GPs will perform the 6 week postnatal check for both the mother and baby. However if a woman was on the caseload midwifery program a postnatal check may be offered by a caseload midwife.

Usual checks for the mother are:

- Weight
- Breasts (see also Section 5 - Breast Feeding)
- Urine
- Perineum
- Blood Pressure
- Signs/symptoms of Postnatal Depression (see Guide to Management overleaf)
- Cervical Smear (expect an increased inflammation rate)
- Gestational Diabetes Mellitus (GDM) follow up - see below
- Vaccinations for Pertussis (adacel or boostrix). Recommended for both parents and close family (grandparents).
- Psychosocial screening.

A guide should be given to contraception, exercise, diet, muscle tone and feeding issues.

For a detailed guide of the 6 week postnatal check, see

http://www.racgp.org.au/afp/2012/may/the-6-week-check/

In the event of an adverse birth outcome, 3rd and 4th degree tears or a difficult delivery a follow up postnatal visit to the hospital may be recommended to the woman.
Mental Health - Perinatal ATAPS (Access to Allied Psychological Services)

What is ATAPS Perinatal?

ATAPS Perinatal is dedicated funding through Nepean Blue Mountains PHN (NBMPHN) for psychological services for women in the perinatal period. The program targets women who are either pregnant or have a child up to 12 months of age and are experiencing depression and related issues (e.g. anxiety). Women can be referred for up to 12 individual sessions per calendar year. Partners and support people of women who are experiencing perinatal depression can also attend sessions.

Who can be referred?

Women in the perinatal period (pregnant or has a child up to 12 months old) who are experiencing depression and related issues and are likely to benefit from short term intervention. The patient must not have been referred under Better Access to Mental Health Services within the current calendar year.

What costs are involved?

Whilst the session cost is paid to the Provider by the PHN using ATAPS funding, Providers can opt to charge the client a direct co-payment of up to $10 per session.

How to make a GP referral:

1. Ensure a current Mental Health Treatment Plan is in place.
2. Call the Dedicated ATAPS intake line on 1800 223 365 to discuss the referral, select a Provider, and obtain a referral code.
3. Complete an ATAPS Referral Letter (including the ATAPS referral code) and either provide to the patient or fax to the Provider.

Useful resources:

The Edinburgh Postnatal Depression Scale (EPDS) is a set of 10 screening questions that can indicate whether a woman is experiencing symptoms that are common to perinatal depression and related issues. A score of 10 or above may warrant further investigation.

Other useful resources for both health professionals and consumers are available on the following websites:
Beyond Blue - www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health
Post and Antenatal Depression Association www.panda.org.au 1300 726 306
www.pregnancysupport.com.au

Pregnancy and Infant Loss

Bears of Hope www.bearsofhope.com.au 1300 114 673
Bereavement Care www.bereavementcare.com.au 1300 654 556
Pregnancy Loss Australia www.pregnancylossaustralia.org.au 1300 720 942

Further information?

For more information contact the NBMPHN ATAPS Project Officer on 4708 8143. To refer a patient into this service call the dedicated NBMPHN ATAPS intake line on 1800 223 365.
Psychosocial Support – SAFE START

SAFE START is a NSW Ministry of Health policy on improving mental health outcomes for parents and infants. At the hospital booking visit, all women will be screened according to the SAFE START Guidelines. Incorporating the Edinburgh Postnatal Depression Scale, the SAFE START psychosocial questions cover seven key variables that have been identified as highly significant in contributing to poor maternal and child mental health outcomes:

1. Lack of social or emotional support
2. Recent stressors in the last year
3. Low self-esteem (including self-confidence, high anxiety and perfectionistic traits)
4. History of anxiety, depression and other mental health problems
5. Couple relationship problems
6. Adverse childhood experience
7. Domestic violence

The psychosocial assessment questions are intended as a frontline assessment, for identifying and flagging psychosocial problems. In some instances, referral to specialist health or related services will be required.
# GP Visits: Detailed Activity Description

## FIRST TRIMESTER: Booking Visit

### 5-12 weeks Hospital

#### Activities
- Maternal health assessment
- Dating of pregnancy
- Prenatal screening
- Best Start Screening
- Pre-natal tests
- Discuss options for care and delivery
- Provide details for future visits
- Edinburgh Depression Tool

#### Booking History
- Demographics / Environment
- Past medical history
- Gynaecology/menstrual history
- Relevant family history
- Social/support history
- Past surgical history
- Past pregnancy history
- Recent drug history

#### Physical Assessment - Observation
- Should include an overall visual assessment noting posture, gait, skin integrity, teeth etc
- BMI (if considered appropriate given individual gestational age at this visit.)
- Abdominal palpation and FHS
- Urine – labstick
  - MSU (only if labstick shows Nitrites, Leucocytes, Blood or Protein)
- Blood pressure, pulse
- Pap test (perform if >2 years since last smear or if requested by the woman).

#### Booking Tests
- Blood group and antibody screen
- Full Blood Count
- Hepatitis B surface antigen and Hep C
- RPR Assessment
- Rubella Titre
- HIV
- Random Blood Sugar
- Varicella (if indicated)

#### Other Tests
- Nuchal Translucency Screening
- Dating Ultrasound
- Anomaly Scan
- Appropriate counseling is required before and after testing.
- If LMP date uncertain, fundal height and dates inconsistent or for the purpose of prenatal screening.
- Following discussion with woman book an anomaly scan between 18-20 weeks

#### Educational Aspects
- Identify the woman’s care and pregnancy expectations including schedule of visits.
  - Discuss:
    - Common discomforts of early pregnancy
    - Health promoting activities
    - Diet and pregnancy
  - Booking antenatal education classes
  - Exercise and rest in pregnancy
  - Other issues as identified by the woman
**SECOND TRIMESTER: 12 – 28 weeks**

**Frequency of visits: every 4-6 weeks**

**Activities**

- Ongoing maternal fetal health assessment
- Review all test results/review EDC
- Identify and discuss pregnancy and early parenting expectations
- Facilitate the acquisition of appropriate information and education
- Consider options for further screening
- Encourage and support active participation in care

**Maternal Health Assessment**

- Includes assessment of or enquiry into:
  - General physical appearance
  - Social supports health maintenance activities
  - Maternal adaptation to pregnancy and early parenting
  - Diet, rest and exercise
  - Environmental safety

**Physical Health Assessment and Observation**

- Should include overall visual assessment noting posture, presence of oedema etc.
- From 26 weeks:
  - Fundal height assessment – measured in centimeters using a tape measure from pubis to fundus
  - Abdominal palpation – from 18 weeks or on individual requirement
  - Fetal heart auscultation
  - Maternal perception of fetal movement
  - Blood pressure
  - Blood tests – Short Glucose Tolerance Test and Full Blood Count
  - Urine labstick – only if concern of possible UTI or suspicion of Pre-eclampsia
  - MSU – only if labstick shows Nitrites, Leucocytes, Blood or Protein

**Screening Tests – Second Trimester**

<table>
<thead>
<tr>
<th>Tests</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Booking Bloods Results</td>
<td>Book and/or review results from the fetal anomaly scan</td>
</tr>
<tr>
<td>Anomaly Scan Book/Review</td>
<td>Review EDC</td>
</tr>
<tr>
<td>Glucose Tolerance Screening</td>
<td>GTT and FBC between 26-30 weeks gestation</td>
</tr>
<tr>
<td>Antibody Screening (if Rh –ve)</td>
<td>At 26-28 weeks gestation if Rh-ve or antibodies previously detected</td>
</tr>
<tr>
<td>Urine tests for pre-eclampsia, diabetics, renal disease</td>
<td></td>
</tr>
</tbody>
</table>

**Educational Aspects**

- Discuss the woman’s care, labour expectations and schedule of visits.
- Other considerations include:
  - Common discomforts of pregnancy
  - Planning for birth
  - Breastfeeding
  - Diet, exercise and rest in pregnancy
  - Other issues as identified by the woman
## THIRD TRIMESTER: 28-40 weeks

Frequency of visits: every 2-3 weeks until 36 weeks then every 1-2 weeks

### Activities
- Ongoing maternal fetal health assessment
- Discuss birth and early pregnancy expectations and options
- Provide information on pregnancy related problems
- Review all test results

### Maternal Health Assessment
- Includes assessment of/or enquiry into:
  - General physical appearance
  - Social support and health maintenance activities
  - Maternal physical and psychological adaptation to pregnancy/parenting
  - Diet rest and exercise

### Physical Health Assessment and Observation
- Should include overall visual assessment noting posture, presence of oedema etc.
- Fundal height assessment – measured in centimeters using a tape measure from pubis to fundus
- Abdominal palpation for fetal lie, presentation, descent of presenting part
- Fetal heart auscultation
- Maternal perception of fetal movement – decreased fetal movements – consider performing a fetal heart rate trace
- Blood pressure
- Urine – labstick – if concern of possible UTI or suspicion of pre-eclampsia
- MSU – only if labstick shows nitrites, leucocytes, Blood or Protein

### Screening Tests – Second Trimester

<table>
<thead>
<tr>
<th>Tests</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review second trimester</td>
<td>At 36 weeks gestation if antibodies previously detected</td>
</tr>
<tr>
<td>Antibody screen (only for Rh-ve)</td>
<td>Hospital assessment required</td>
</tr>
<tr>
<td>Low vaginal swab</td>
<td>For group B strep at 36 weeks</td>
</tr>
</tbody>
</table>

### Educational Aspects
- Discuss the woman’s care, pregnancy expectations and schedule.
- Other considerations include:
  - BMI discussion if outside recommended range and dietician referral
  - Discomforts in third trimester
  - Diet, exercise and rest
  - Labour and birth related issues
  - Breastfeeding
  - Early parenting
  - Signs/symptoms of pregnancy related complications
  - Other issues as identified by the woman
  - Birth Unit visit
Registered Provider Application Form

Antenatal Shared Care Program

Personal and professional details:

SURNAME: ___________________________  Given Name: ___________________________

Name of Surgery: ___________________________  Qualifications: ___________________________

Postcode: ___________________________  AHPRA Number: ___________________________

Telephone: ___________________________  VR: YES/NO: ___________________________

Email: ___________________________  RACGP QI&CPD no.: ___________________________

Fax: ___________________________

Required documentation attached?

Professional Indemnity Insurance Certificate

Declaration:

I agree to adhere to the Antenatal Shared Care Protocol and Program Guidelines, as contained within this document.

Signature: ___________________________  Date: ___________________________

Please post with evidence of qualifications and professional indemnity insurance to:

WHL, Blg BR Level 1, Suite 1
Attention: Antenatal Shared Care Program
Locked Bag 1797, PENRITH NSW 2751

Or scan & email to: ansc@nbmphn.com.au
GP Antenatal Referral Letter

Dear Dr Dr Mongelli / Dr Al Mashet, thank you for seeing the following patient for antenatal care:

<table>
<thead>
<tr>
<th>PATIENT NAME:</th>
<th>DOB: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE NO.:</td>
<td>ADDRESS: ____________________________</td>
</tr>
</tbody>
</table>

**INTERPRETER:** ☐ Yes ☐ No **LANGUAGE SPOKEN AT HOME**

**CURRENT PREGNANCY:**

<table>
<thead>
<tr>
<th>L.M.P:</th>
<th>E.D.C.</th>
<th>GRAVIDA</th>
<th>PRIMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Current Pregnancy Concerns

**MEDICAL HISTORY:**

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>☐</th>
<th>Diabetes</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression/Anxiety</td>
<td>☐</td>
<td>Cardiac</td>
<td>☐</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>☐</td>
<td>Other relevant medical history</td>
<td>☐</td>
</tr>
</tbody>
</table>

**SIGNIFICANT PREVIOUS OBSTETRIC HISTORY**

**PREVIOUS/RELEVANT GYNAECOLOGICAL HISTORY**

**LAST PAP SMEAR**

**EXAMINATION:**

<table>
<thead>
<tr>
<th>BP __ / __</th>
<th>Weight</th>
<th>Height</th>
</tr>
</thead>
</table>

Other Findings

**REFERRING DOCTOR DETAILS:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fax: ____________________________ Provider no: ___________ Phone ___________

**SIGNATURE:** ____________________________ **DATE:** ____________________________

**ANTENATAL INVESTIGATIONS:**

<table>
<thead>
<tr>
<th>Blood group and antibody screen</th>
<th>☐</th>
<th>Full blood count</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>+/- HB EGP if needed</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rubella IgG ☐ HIV / Hep B&C/HIV ☐ VDRL/RPR ☐ NSU for M/C/S ☐ Random BSL ☐

Has NT or dating ultrasound been attended/booked? Comments: ____________________________

**I am registered with the Nepean-Blue Mountains Antenatal Shared Care Program**

YES ☐ NO ☐

**PLEASE FAX COMPLETED FORM TO:**

NEPEAN HOSPITAL: 4734 3213
BLUE MOUNTAINS: 4784 6977

**This patient is to return to me for GP Antenatal Shared Care**

YES ☐ NO ☐

**GIVE PATIENT HARD COPY TO BRING TO CLINIC.**