Government of Western Australia
East Metropolitan Health Service

Royal Perth Bentley Group

Antenatal Care Guidelines for Shared Care at Bentley Maternity Unit

GP first visit (<12 weeks)

- Confirm LMP and arrange dating ultrasound if indicated
- Obstetric/Gynecological History
- Any significant history, i.e. medical, surgical and allergies
- Folate advice
- Listeria and Salmonella avoidance advice
- Counsel regarding tobacco/ alcohol/drug cessation
- Discuss and offer influenza vaccination
- Offer free pertussis vaccination in third trimester preferably 28 – 32 weeks
- Physical exam: BP, Wt, Ht (BMI), Heart, breasts, abdo

Note: Pre-pregnancy BMI > 35, refer patient to tertiary hospital.

First trimester routine tests

- Blood group/rhesus/antibodies
- Full blood picture
- Hepatitis B surface antigen
- Hepatitis C antibodies
- HIV antibodies
- Rubella titre
- Syphilis serology
- Random blood glucose (OGTT if high risk)
- Midstream urine
- Cervical screening Test (CST), if due – may be done up to 24 weeks gestation
- Chlamydia First void urine+SOLVS
- Vitamin D

Vitamin D Deficiency:

Vitamin D 30 – 49nmol/L

- 1000 IU/day + calcium (RDI) orally

OR

Vitamin D <30nmol/l

- 2000 IU/day plus calcium (RDI) orally. (E.g. Bio-Logical Vitamin D3 Solution 1000iu/ 0.2mL) for six weeks

AND

Maintenance dose of 1000 IU recommended at least until the cessation of lactation. Repeat vitamin D blood test is not required.

Haemoglobinopathy Screening

- Ethnic groups at high risk: African, Mediterranean, Middle Eastern, Asian, Pacific Islander, South American, Maori, or;
- MCV ≤80 or MCH ≤27 and check Ferritin levels, or;
- Past history/ family history of Anaemia or Haemoglobinopathy
- GP to organise screening of partner if patient known to have Haemoglobinopathy.

Please send copies of all results to Bentley Hospital (BH) with the patient referral letter or organise copies for BH when requesting all investigations e.g. Pathology/Ultrasounds.
Fax No: (08) 9416 3752

Fetal screening (GP to organise)

- Preferred: **First trimester screen** (10 – 13 weeks)
  - Blood test at 10 weeks and;
  - Ultrasound at 12 weeks
- Second trimester screen (maternal serum screen) – less accurate.
  - Blood test at 14 – 17 weeks
- **Non-invasive Prenatal Testing** (NIPT) High level screening test for Trisomy 21, 18, 13. Maternal blood test from 10 weeks. (does not replace first trimester screen ultrasound)
- **Ultrasound (anatomy)** at 19 – 20 weeks. Repeat ultrasound at 32 – 34 weeks if two vessels in cord or low-lying placenta

Assessments

(Guide only, seen more frequently if indicated)

Patients will be seen at BH Antenatal Clinic (ANC) from 20 weeks. GP is to continue care until then.

Shared care options are available and discussed at booking appointment.

- GP <20 weeks, then 24 weeks, 34 weeks, 36 weeks.

Each appointment check

- Weight
- Blood pressure
- Urinalysis
- Fetal heart rate (from 20 weeks)
- Fetal movements (from 24 weeks)
- Fundal height (from 24 weeks)

<20 weeks

Recommend iron supplements (>100mg/unit elemental iron)
Check that iron is taken at a different time to calcium to prevent malabsorption

24 weeks – GP visit

- Provide lab request form for OGTT, FBP, Group and AB screen, iron studies
- Fax all results to BH clinic. **Fax Number: (08) 9416 3752**

32 weeks – GP visit

- Antenatal visit and review of any test results.
- Complete Postnatal Depression Score and Family Domestic Violence Score

34 weeks – GP visit

Routine blood tests:

- Vitamin D if indicated
- Antibody screen if Rh negative
- Anti-D if Rh negative (see next column)
- Check influenza and pertussis vaccination status and administer if not up-to-date.

36 weeks – GP visit

- GP to organise Group B Streptococcus screening (SOLVS and rectal swab)
- Review USS and lab results
- Fax all results to BH clinic. **Fax Number: (08) 9416 3752**

If Group B positive patient for IV antibiotics in labour:

- Full blood picture if indicated
- if Rh negative anti-D at 34 – 36 weeks

Rhesus negative women

Prophylaxis – all rhesus negative antibody women need to have:

- Antibody screen at 26 – 28 weeks then initial Anti-D injection (625 IU – standard dose) at 28 weeks.
- At 34 – 36 weeks, second Anti-D injection (625 IU – standard dose). No blood test required pre-injection.

1st trimester

Bleeding sensitising events:

- Threatened miscarriage
- Abortion
- Chorionic villus sampling
- Ectopic pregnancy

250 IU injection (standard dose) OR N.B. Multiple pregnancies, give 625 IU.

2nd and 3rd trimester

Anti-D required:

- Amniocentesis
- External cephalic version
- Ante-partum haemorrhage
- Abdominal trauma
- Kleihauer test prior to giving dose to check adequacy of dose.

Dosage: 625 IU (adjusted according to blood test results)

Postnatal: given if baby Rhesus positive (adjusted according to blood test results)

At 28 weeks, the Anti D will be given to patients at the BH Clinic.

Postnatal

6 – 8 weeks (GP to organise)

- Gestational diabetic women, repeat GTT, then 1 – 2 yearly.
- Cervical screening Test (CST), if due
- Check perineum and uterine size
- Update immunisations, especially whooping cough for all caregivers of neonates.
- Contraception needs
- Postnatal depression screen
- Vitamin D deficiency – mother will require supplements until the end of breastfeeding. Baby will also require vitamin D supplements

Patients will be seen at BH gynae clinic at six weeks for 3rd or 4th degree tear assessment or only if indicated.

BH outpatient department:
Phone: (08) 9416 3529
Fax: (08) 9416 3752
For urgent advice out of hours
Phone: (08) 9416 3627.

Acknowledgement: Dr Clare Matthews, Hospital Liaison GP, Osborne Park Hospital

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Exclusion criteria for admission to the Bentley Maternity Unit

1.1 Maternal complications

- Type 1, Type 2 and Gestational Diabetes Mellitus (GDM) requiring insulin and oral hypoglycaemics
- Body mass index (BMI) pre-pregnancy booking BMI greater than 35
- Current malignant disease
- Drug or alcohol dependence
- Severe chronic pain issues
- HIV
- Syphilis
- Auto-immune disease
- Cardiac disease
- Renal disease
- Coagulation disorders/haemoglobinopathies
- Haemolytic anaemia's, thrombocytopenia (after discussion with the rostered on call maternity team), thrombophilia and antiphospholipid syndrome
- Women who refuse blood products for religious reasons (exclude if known non-accepting blood products)
- Malignant Hyperthermia
- Unstable schizophrenia/bipolar. BH care is suitable if the woman is deemed functional with no psychiatric related hospital admissions for 12 months prior to pregnancy
- Epilepsy
- Brain abnormalities (functional or structural brain anomalies)
- Muscular dystrophy or myotonic dystrophy
- Spinal Cord abnormalities/lesions
- Arteriovenous (AV) malformations
- Myasthenia gravis
- Neuromuscular disease
- Myomectomy/hysterotomy/cervical amputation

1.2 Obstetric history exclusions

- History of cervical incompetence in association with previous loss.
- Placental abruption, placental accrete plus other significant placental complications
- Post-partum psychosis
- Trophoblastic disease
- Previous FDIU (only in last pregnancy)

1.3 Current pregnancy exclusions

- Premature labour identified as less than 36 weeks. Labour between 36 and 37 weeks will require consultation between the GP Obstetrician/Specialist Obstetrician and Paediatrician to ensure a safe environment for women to labour and birth at BH
- Polyhydramnios and oligohydramnios/Intra uterine growth restriction requiring complex management
- Women who refuse blood products for religious reasons
- Active genital herpes in late pregnancy (BH would accept if Lower Uterine Segment Caesarean section (LUSCS) planned)
- Severe Eclampsia/Pre-eclampsia
- Malpresentation at term-Elective LUSCS for breech presentations can be completed at BH Vaginal Breech Planned Vaginal Birth After Caesarean (VBAC)
- Significant co-morbidities with the potential for complicating pregnancy and delivery Monochorionic twins

Reviewed: January 2018. Next review date: July 2018.

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