Antenatal shared care summary

Fiona Stanley Hospital

GP first visit (6–12 weeks)

- Confirm LMP and arrange dating ultrasound if indicated.
- Obstetric/Gynaecological Hx.
- Past medical and surgical Hx.
- Psychosocial risk factors.
- Medication, allergies.
- Recommend folic acid.
- Lifestyle advice re: smoking, alcohol, recreational drug use.
- Advice re: listeria avoidance. Discuss and offer influenza vaccine.
- Physical exam: BP, weight, heart, breasts, abdominal examination.

Patients are seen in the Antenatal Clinic at approx 25 weeks. GP to continue care until then. Please refer earlier if high risk.

First trimester routine tests

- Blood group / rhesus / antibodies. Full blood picture.
- Hepatitis B surface antigen.
- Hepatitis C antibodies.
- HIV antibodies. Rubella titre.
- Syphilis serology.
- Blood sugar level: if random BSL >7.8 needs OGTT, fBSL > or equal to 5.1=GDM.
- Midstream urine.
- Chlamydia screen: 1st void urine +SOLVS (self-obtained low vaginal swab).

Other tests

- Pap smear if due: may be done up until 24 weeks gestation.
- OGTT if high risk of diabetes.
- Vitamin D (vit D) screening if at risk. Women at risk include those with darker skin, limited exposure to sunlight, malabsorption and obesity or veiled women.
- Women who are Vit D deficient (<50 nmol/ml) require supplementation with 5000IU Vit D3 + 1000mg calcium for 6-8 weeks, then repeat Vit D levels. If still deficient, continue treatment and recheck levels in 4 weeks.
- Haemoglobinopathy screening if at risk. Women at risk include:
- MCV <80 or MCH <27and Ferritin NAD
- PMHx or FHx of anaemia
- PMHx or FHx Haemoglobinopathy
- Ethnic groups: Mediterranean, Middle East, African, Asian, Pacific Island, South America, Maori.
- Also screen partner if woman is known to have a Haemoglobinopathy.

All antenatal referrals and results for women who reside in the FSH catchment area should be sent directly to FSH Antenatal Clinic, Fax: 6152 9762.

For an updated list of the postcodes within the catchment area for each maternity service, please see the FSH Antenatal Shared Care Guidelines.

Fetal screening

GP to organise:

- Preferred: first trimester screen (10 – 13 weeks) USS and blood test.
- Ideal time: blood test at 10 weeks and USS at 12 weeks.

OR

- Second trimester screen (maternal serum screen).
- Blood test only 15–17 weeks. 19 weeks anatomy ultrasound.
- April 2006 HP 3131 Prenatal screening and diagnostic tests
- High risk women:
- Non-invasive prenatal testing is a high-level screening test for Trisomy 21, 18 and 13.
- Available at KEMH if high risk for pregnancy loss or vertical transmission with invasive testing.
- Contact Maternal Fetal Medicine on (08) 9340 2848 for more information.

Assessments – guide only

(See more frequently if indicated)

NULLIPS: 4 weekly till 28 weeks, fortnightly until 36 weeks, thereafter seen at FSH.

MULTIPS: 4–6 weekly then at 28, 32, 36, thereafter seen at FSH.

At each appointment check:

- Weight
- BP
- Urinalysis
- Fetal heart rate from 20 weeks (or earlier if Doppler available).
- Fundal height from 24 weeks. Fetal movements from 24 weeks.

At 20 weeks:

- Recommend iron supplements if not already taking them (see full Antenatal Shared Care Guidelines for more information on iron supplements).
- Iron and vit D/calcium supplements should be taken at different times to prevent malabsorption.

At 26–28 weeks:

- Full blood picture +/- iron studies. Blood group and antibody screen if Rhesus negative.
- Anti-D given if Rhesus negative. Diabetes screen: Oral Glucose Tolerance Test for all women.
- Fasting, 75g load, two hour test (NOT Glucose Challenge Test).

Women at risk of anaemia

- Full blood picture and iron studies on booking.
- Dietary advice at booking.
- Recommended iron supplements.
- Recheck full blood picture and iron studies at 28 weeks.
- Exclude folate and B12 deficiency if Hb unchanged from booking.

At 36 weeks seen in antenatal clinic:

- Antenatal clinic will organise low vaginal and rectal swab for group B streptococcus screening.
- Anti-D given if Rhesus negative.
- Full blood picture if indicated.

Rhesus negative women

Prophylaxis:

All rhesus negative women need:

- Blood group, rhesus and antibody screen at 26–28 weeks followed by first anti-D injection 625IU at 28 weeks (injection to be given by GP. See below for where to access anti-D).
- Second anti-D injection 625IU at 34 weeks. No blood test required pre-injection.
- Anti-D is also required after sensitising events and postnatally if baby Rhesus positive.
- First trimester sensitising events: Give 250IU (threatened miscarriage, abortion, chorionic villus sampling, ectopic) if multiple pregnancy give 625IU.
- Second/third trimester sensitising events/postnatal: Give 625IU (amniocentesis, external cephalic,version, abdominal trauma, antepartum haemorrhage).

Perform Kleihauer test prior to giving anti-D to check adequacy of dose.

Australian Red Cross January 2006

Anti-D is available from:

- Red Cross (Perth) 9325 3030
- Western Diagnostics 9317 0863 (Myaree)
- SJOG Path (Subiaco) 9382 6690
- SJOG Path (Murdoch) 9366 1750
- Clinipath (West Perth) 9476 5222

Postnatal GP check 6–8 weeks

- Women with GDM need an OGTT, then repeat 1–2 yearly.
- Pap smear (if due).
- Check perineum, uterine size. Discuss breastfeeding.
- Postnatal depression screen. Contraception.
- Update immunisations especially pertussis. Medications: review/adjust any changes made during pregnancy e.g. thyroxine, anticonvulsants, antihypertensives.
- Third degree tears: if women have problems Please refer to Gynaecology clinic for an outpatient review.
- Fourth degree tears: women are routinely reviewed at FSH General Gynaecology clinic at approx 6 weeks postpartum.
- Vit D deficiency, women who are treated for vit D deficiency in pregnancy and reach normal vit D levels still require a maintenance dose (1000IU vit D3 +1000mg calcium) until breastfeeding.

This document can be made available in alternative formats on request.

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