GP maternity shared care summary

West Moreton Health

Low-risk pregnancy: GP visits at pre-conception, 14, 24, 28, 31, 34, 36, 38 and 40 weeks (more frequently if clinically indicated)

Visit	Health check ID risk factors for early referral	Tests	Ultrasound	Anti D advice and vaccinations
First GP visit	**History:** • Calculate EDD from LMP • Obstetric hx and previous complications of pregnancy (prematurity, poor outcomes) • Medical/surgical/psych/family • Medications/allergies • Smoking/alcohol/drugs/DFV • Emotional wellbeing (EPDS) **Examination:** • Urgent hospital referral if BP >160/110 mmHg • Weight, BMI with consent • CST if due • urine dipstick **Advice:** • Folic acid and iodine supplementation (see page 2) • Recommend low dose aspirin if risk factors • Diabetes risk assessment Listeria: avoid soft cheese, unpasteurised milk, pate, raw eggs, deli meats, sprouts • Wash hands well before preparing food and wash raw vegetables and fruit carefully	• FBC, ferritin, blood group and antibodies, Rubella, Hep B sAg, Hep C, HIV, Syphilis serology, MSU (treat asymptomatic bacteriuria) • ELFTs and urine prot:creat ratio if BMI>30, age >40, a hx of HTN or PET • TSH, varicella antibody and Vit D level (only required if risk factors) • Chlamydia/gonorrhoea if <30 or area of high prevalence • HbA1c (before 12 weeks)/OGTT (12-20 weeks) if risk factors for GDM (*refer below) • Consider CMV testing if high risk e.g. childcare worker • Discuss/offer genetic carrier screening if not previously completed • If rhesus D negative blood group offer fetal rhesus D NIPT from 15 weeks to guide anti-D prophylaxis • If TSH >2.5 refer to next page and seek advice. • If lower than the lab reference range, check free T4/T3-if these are normal, they do not need referral	• Dating scan after 7 weeks • Scan if dates uncertain or ectopic risk • NT scan + Combined First Trimester Screen (11–13+6) • or NIPT from 9 weeks + early anatomy 12–13+6 • or Triple Test (AFP, Oestriol, HCG) 15–22 weeks • Discuss PET screening: Bloods - PAPP-A and/or PLGF and Ultrasound with uterine artery dopplers and MAP with first trimester screening	• COVID (if no primary course or at patient request) • Influenza (any time) Patient who received the previous year's seasonal influenza vaccine early in their pregnancy are advised to receive the current seasonal influenza vaccine (when it becomes available) later in the same pregnancy. Patient who received vaccine before becoming pregnant should be revaccinated during pregnancy. • If fetus rhesus predicted Rh D negative on NIPT test: no Anti D required. Baby's cord blood will be tested at birth. • If fetus rhesus D positive or if mother declines Rh D NIPT: for blood group/antibodies screen weeks 28 and 34-36 and offer Anti-D weeks 28 and 34-36 (625 IU IM)
14-16 weeks	• BP, urine dipstick (if needed) • Review results • Early low dose aspirin if they have risk factors (<16 weeks - see below)	• CST if not already done • OGTT if high risk for diabetes (after 12 weeks) C/I post bariatric surgery (refer early to antenatal) • Rhesus-D NIPT if Rh negative after 15 weeks (negative alloAb)	• Request Morphology scan (20-22 weeks) and Transvaginal cervical length (TVCL) Earlier TVCL If at increased risk of spontaneous preterm labour	–
18-24 weeks	• BP, urine dipstick (if needed) • Fetal movements, FHR • SFH – measure & plot	–	• Review Morphology scan If cervical length: <10 mm on TVS refer for urgent same day review <25 mm Start PV progesterone and refer to obstetric team	–
26–28 weeks	• BP, urine dipstick (if needed) • Fetal movements, FHR, SFH & plot • EPDS	• GTT 75g OGTT- C/I post bariatric surgery (refer early to Maternity services) • FBC, Ferritin • Blood group & antibody screen • Syphilis serology	–	• Pertussis (20–32 weeks) • Abrysvo RSV vaccine (28–36 weeks) Rh D immunoglobulin at 28 weeks if Rh negative (625 IU IM)
31 weeks	• BP, urine dipstick (if needed) • Fetal movements, FHR, SFH & plot			
34 weeks	• BP, urine dipstick (if needed) • Fetal movements, FHR, SFH & plot			• Rh D immunoglobulin at 34 weeks if Rh negative (625 IU IM)
36 weeks (ANC review)	• BP, weight, urine dipstick • Fetal movements, FHR, SFH & plot • Antenatal clinic review • Birth plan discussion Discuss Breastfeeding	• Hb • Ferritin if indicated • Syphilis serology	• Growth scan if indicated (FGR/LGA)	• Abrysvo/ RSV if not yet given
38 weeks	• BP, urine dipstick (if needed) • Fetal movements, FHR, SFH • Cervical assessment		–	
40–41 weeks (ANC review)	• BP, urine dipstick (if needed) • Fetal movements, FHR, SFH • Antenatal clinic review • Post-dates management			

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Pre-conception

- Check rubella and varicella immune status; if non-immune offer vaccination ≥30 days before conception
- Folate supplement 3 months prior to conception
- Pre-conception genetic carrier screening (offer to all patients; once-only Medicare rebate available)
- Ensure medications are safe in pregnancy including OTC
- Discuss smoking and alcohol cessation
- Check for history of birth trauma
- Discuss healthy eating and weight and check BMI
- Offer the opportunity to be weighed before and during pregnancy, encourage self-monitoring of weight gain, discuss weight change, diet and physical activity
- Check Vitamin D and iron status if high risk
- Check mental health and risk of Domestic and Family Violence
- Check family history of both partners for congenital conditions
- Refer to Obstetric Medicine early for preconception counselling if significant medical Hx (kidney, heart disease, hematological, hypertension, etc); diabetes (T1, T2, MODY), autoimmune conditions (SLE), known thromboembolic disease and obesity & after bariatric surgery, renal/cardiac etc.
- Advise regarding cosmetic/skincare safety (Vitamin A)
- STI/syphilis screening
- Refer to Before the Baby Bump for additional information

Recommend early low-dose Aspirin (100–150 mg) – Commence BEFORE 16 weeks (stop at 36/40). Take in evening.

HIGH RISK – commence if ANY one:

- Hypertension
- Renal disease
- Auto-immune disease (SLE, anti-phospholipid)
- Diabetes (Type 1 or 2)
- Previous pre-eclampsia
- High Risk on first trimester Preeclampsia screening
- Multifetal gestations

MODERATE RISK – consider low dose aspirin if TWO or more:

- Primiparous
- BMI > 35
- Age > 40
- Multiple pregnancy
- Family history of pre-eclampsia
- >10 years since last pregnancy
- Assisted reproduction

High diabetes risk

- Previous GDM or baby >4500g, PMOS, strong family hx, BMI >30, maternal age ≥40, unexplained perinatal loss, multiple pregnancy, ethnicity associated with higher diabetes risk, glycosuria, assisted reproduction, steroids/antipsychotics
- If risk factors HbA1C at less than or equal to 12 weeks or OGTT 12 - 20 weeks; if no risk factors OGTT 24-28 weeks. OGTT C/I post bariatric sx- refer to ANC
- URGENT referral: GDM = HbA1c 6–6.4%; Fasting 5.3–6.9 mmol; 1-hr ≥10.6 or 2-hr 9–11 mmol
- OVERT DM = HbA1c ≥6.5%; Fasting ≥7.0 mmol; 2-hr ≥11.1 mmol

Early complications (<20 weeks)

- Nausea: reduce iron, ginger, pyridoxine 75mg/day, doxylamine, metoclopramide
- Bleeding: check group & antibodies; anti-D if Rh negative (and fetal RHD NIPT positive, inconclusive or unknown); Dose: >12+6 weeks: 625 IU; <12+6 weeks with heavy/repeated bleed: 250 IU; Refer to EPS
- Bleeding + pain: consider ectopic pregnancy! Refer to ED
- Refer to hospital stat if BP >160/110mmHg
- CL <10 mm on TVS refer for same day assessment

Late complications (>20 weeks) Refer urgently to hospital

- Bleeding – spec exam OK, anti-D if Rh negative
- Abdominal pain – no PVE; anti-D may be required for abruption
- Ruptured membranes – no PVE
- SFH >3 cm off – arrange USS; if IUGR refer ANC urgently
- Perceived change/absent fetal movements >28 weeks
- If BP>160/110 or any signs or symptoms of Pre-eclampsia transfer to hospital immediately by ambulance.
- If BP high call your local team for advice

Nutrition, supplements and medications

- Folate: 0.5 mg low risk; 2.5–5 mg if high risk. 1 month pre-conception -12 weeks
- Iodine 150 mcg/day pre-conception through to breastfeeding
- Calcium 1g/day (2–3 dairy serves or 500 mg supplement)
- Iron only if deficient. Avoid Vitamin A.
- No large/predatory fish (mercury)
- Pre-existing hypothyroidism should have a TSH <2.5 in first trimester and <3.0 in the rest of the pregnancy as per lab ranges for pregnancy. Increase weekly doses by 30% during pregnancy. Advise patient to commence the higher dose as soon as they know they are pregnant.
- Vitamin D levels or supplementation are recommended for obese *or* dark-skinned patients *or* those with little sun exposure *or* who cover themselves for religious or cultural reasons. Levels <50 may require supplements of 2000 IU/day. Levels <15 require higher doses and re-test after 3 months.

Preventing infections

- Toxoplasmosis: avoid raw meat, cat litter; gloves when gardening
- CMV: good hand hygiene; care with children's nappies/saliva
- Listeria: avoid soft cheese, unpasteurised milk, pate, raw eggs, deli meats, sprouts

Important numbers

(Upload an event summary to My Health Record)

Early Pregnancy service 3810 1978	**Maternity Day Assessment Unit** 3413 5788 (Reg) 3810 1564 (Midwife)	**Obs and Gynae Consultant on call weekdays** 3413 7609	**Birth Suite Team Leader** 3413 7877
Birth Suite Reg on call 3413 5789		**Obstetric Med Reg on call** Call through switch 3810 1111	**Antenatal clinic** 3810 1310

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