

Pregnancy care in the Illawarra

A guide for local GPs

For information, contact Leanne,
Antenatal Shared Care Coordinator

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or visit the COORDINARE website (www.coordinare.org.au)



Updated August 2015



Health
Illawarra Shoalhaven
Local Health District



Antenatal Shared Care, Wollongong Hospital. Phone 4253 4271



What is the Antenatal Shared Care Program?

The Antenatal Shared Care Program is based at Wollongong Hospital and aims to provide pregnant women in the Illawarra with an option to see their GP throughout their pregnancy.

Benefits of the ANSC program

- flexibility, choice and continuity of care.
- catering for the preferences and needs of women from a diverse range of cultural and religious backgrounds.
- enhances skills of GPs caring for women during pregnancy.
- promotes communication between GPs and the hospital.

Registration & GP requirements to become part of Shared Care

1. Contact ANSC Coordinator to visit you for an 'Induction'
2. Adhere to the clinical pathway provided (see middle sheet of this booklet)
3. Send all pathology to ANSC with your patient
4. Accurate documentation on the Yellow Card (PNC2 card)
5. Attend at least one Update every 2 years at Wollongong Hospital

Referring your patient to the program

Please make sure that your patient is aware of the options for care (see next page).

She will be booked into a 'history' appointment with a midwife at the hospital, and should let that midwife know that her preferred option is Antenatal Shared Care with you.

Antenatal visits for your women will be at Wollongong or Shellharbour hospital:

- * as early as possible
- * at 30 weeks gestation
- * and from 37 weeks gestation

Visits to GP for antenatal care –

- monthly until 28 weeks and
- fortnightly to 36 weeks
- after birth for 6 week check & baby checks.

If you choose not to be a part of Shared Care, please adhere to the first 2 columns of the Clinical Pathway (middle of brochure)

Options for Pregnancy Care at Wollongong Hospital

1) GP Antenatal Shared Care - Women see their GP for most of their pregnancy, coming to hospital at 12 weeks, 30 weeks, and from 37 weeks.

2) Midwives Clinics - Midwives hold clinics at Wollongong and Shellharbour hospitals, Woonona, Warrawong & Bellambi. The woman may see a different midwife for each visit. Birth is with a midwife in the Birth Unit at Wollongong Hospital.

3) Midwifery Group Practice - Women have continuity of care from one midwife, with the support of a team if he/she is not available. Birth at home is an option for some women through MGP. Book early by phoning the Antenatal Clinic for MGP. Conditions do apply and places are strictly limited.

4) Doctor's Clinic - Women are seen by a hospital doctor at Wollongong or Shellharbour hospitals. The woman will see a different doctor for each visit. Birth is with a midwife in the Birth Unit at Wollongong Hospital.

5) Miinya Biyanga Boori - Aboriginal Maternal Infant and Child Health Service Illawarra. Parents whose babies will be of Aboriginal or Torres Strait Islander background can access this service based at Shellharbour. The service provides antenatal, postnatal and child and family health services. Ph 4295 2417

6) High Risk Pregnancy Continuity of care - Multidisciplinary team consisting of staff specialist, registrar and midwives. Women have continuity throughout their antenatal care by one of three midwives that specialise in high risk pregnancy.

7) Other services - cultural and linguistically diverse people, adolescent pregnancies (CHAIN), and people with drug/ alcohol or mental health issues have specialised clinics available.

8) Private Care - Continuity of care from one specialist obstetrician or an independent midwife outside Wollongong Hospital. She/he will also see women for their 6 week postnatal check. Baby is seen by the GP or child and family health nurse. Birth is usually not at Wollongong Hospital.

**Call Antenatal Clinic
4253 4256 for more information**



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Antenatal examinations

All Antenatal visits have the following minimum requirements:

- History - foetal movements, etc
- Examination:
 - BP
 - Urinalysis
 - Evidence of oedema
 - Foetal presentation > 26 wks.
 - Foetal Heart Rate > 16 wks
 - Estimate fundal height > 20 wksFundal height should be measured from the fundus of the uterus to the top of the symphysis pubis, with the tape measure lying in contact with the skin of the abdominal wall. The measurement at the fundus should be made by palpation vertically downward.

Document all on Yellow Card

If you are unsure about any of the requirements above, please call the Shared Care Coordinator to provide education/information.

Early Pregnancy Assessment Service (EPAS)

Direct referral is now available if:

- < 20 weeks pregnant
- Non-viable pregnancy on ultrasound
- Experiencing bleeding &/or pain
- Stable condition
- Requiring simple analgesia only
- Pregnancy of an unknown location

Please ensure you send:

- Referral letter
- hCG quantitative
- FBC, Abs, Group
- U/S

Urgent review → send directly to Emergency Department

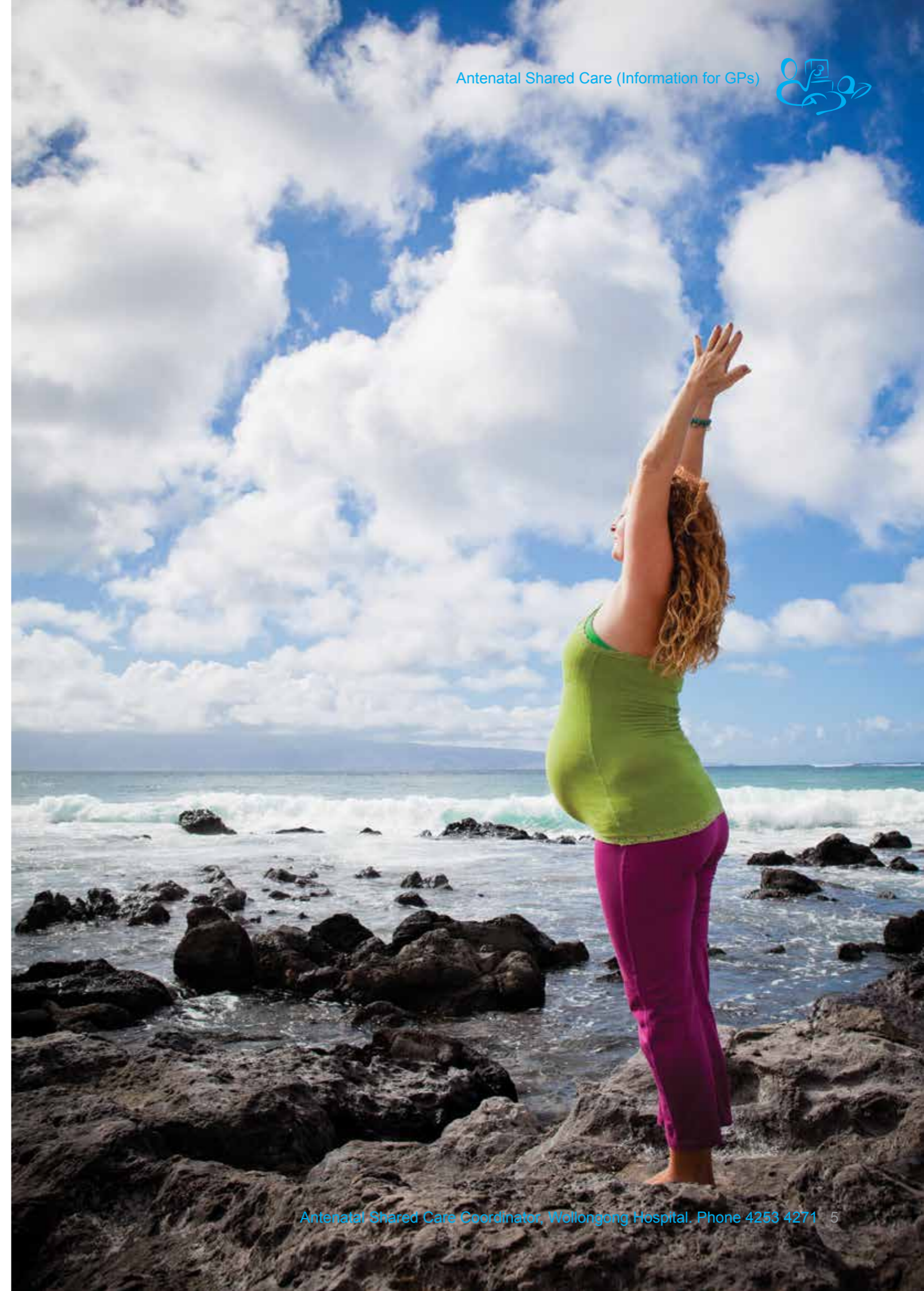
EPAS Hours: Mon-Fri (excl. public holidays) - 8am – 12md
Contact: EPAS midwife: Phone 4253 4270
(or via switch Wollongong Hospital: ph.4222 5000 page 312)
or fax your referral/letter to 4222 5930

Please note:

- * EPAS will contact your patient after referral to arrange an appointment
- * Please do not send the woman directly to EPAS without an appointment

Assessment of vaginal bleeding > 20wks – In the situation a woman presents with bleeding, or a show after 20 weeks of pregnancy, please consider sending the woman directly to Birth Unit **without a vaginal assessment.**

Attending a vaginal examination with a lubricant will often mean premature labour assessment cannot be assessed at hospital. The lubricant interferes with the fetal fibronectin used to assess the risk of the patient going into labour early.



Booking into hospital for antenatal care

Women cannot phone to make an initial appointment - they must present to the hospital ASAP!

There can be up to a **6-8 week wait** for women to have their history attended at Wollongong Hospital, therefore please give the following instruction:

- 1) Present to ADMISSIONS at either Wollongong or Shellharbour hospitals
- 2) Take referral letter from GP and copies of all test results
- 3) Then proceed to Antenatal Clinic (ANC) (Level 2 Wollongong), or Shellharbour Midwifery & Family Health Centre to make the following appointments:

* **History appointment** will be made with midwife (allow 90mins) at Wollongong or Shellharbour hospitals.

* **Obstetrician appointment** ("first visit") is only available at Wollongong Hospital.

Please make sure women are aware of the options of care and let the midwife know whether they prefer 'Shared Care'.

(Subsequent appointments can be made by contacting the Antenatal Clinic. Phone: 4253 4256)

Gestational diabetes

GDM women are encouraged to express breastmilk from 36 weeks and bring it into hospital with them to feed their babies extra colostrum if required.

There is a new midwife education clinic for GDM women at 30 and 36 weeks to facilitate this. Women can also have antenatal checks done on the same day in accordance with the Shared Care Clinical Pathway.

Please encourage your GDM women to attend.

Initial Antenatal Screening includes a fasting BGL for all women

Results:

fasting BGL ≥ 5.1 mmol/L – women are considered GDM

- **Please refer directly to the Illawarra Diabetes Centre:**

304 Crown St Wollongong NSW 2500

PHONE: 1300 308 969 / 42311900 **FAX:** 4226 5261

NO GTT is required at 28 weeks

- A Fasting BGL up to 5.0mmol/L is considered normal
GTT is assessed at 26-28 weeks gestation

75g GTT - GDM is diagnosed if one of the following is present:

FASTING ≥ 5.1 mmol/L

ONE HOUR ≥ 10.0 mmol/L

TWO HOUR ≥ 8.5 mmol/L

- When referred to the Diabetes Centre, women will be seen in group and individualised sessions by diabetes educators and dietitians
- GTTs may be ordered earlier than 28 weeks if clinically indicated



Prenatal testing

NT scan

Please follow-up your NT scans

If a woman has not yet booked into hospital, we do not know about them.

NT scans are not available at Wollongong Hospital.

Genetic counsellor

Available at Wollongong Hospital

Telephone: (02) 42534267

Fax: (02) 42534205

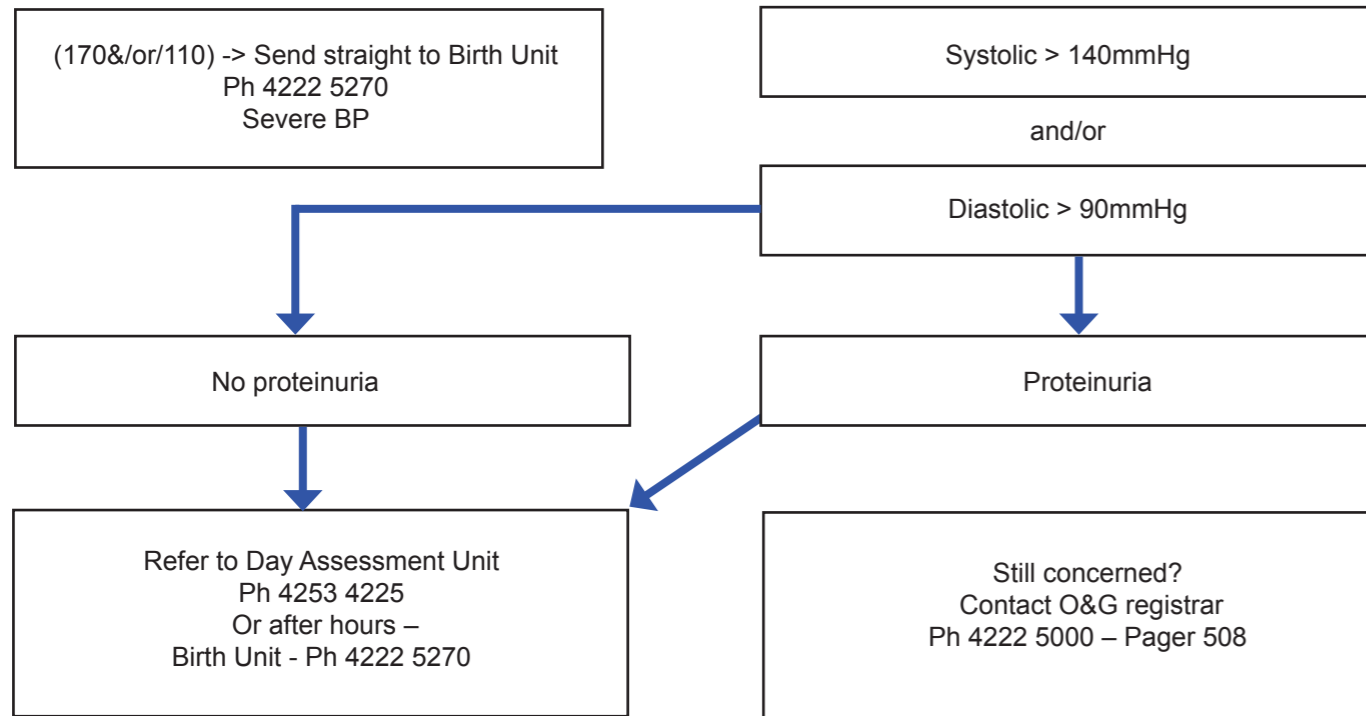
Monthly genetics clinics attended by Dr David Mowat.

Clinical geneticists from Sydney Children's Hospital are held at The Wollongong Hospital.

The genetic counsellor also acts as a resource person for individuals, community groups and health professionals. Requests for information on genetic disorders are welcome. The genetic counsellor is also willing to talk to health professionals and community organisations about issues related to genetics and the genetic counselling service on request.



Management of hypertension



Day Assessment Unit

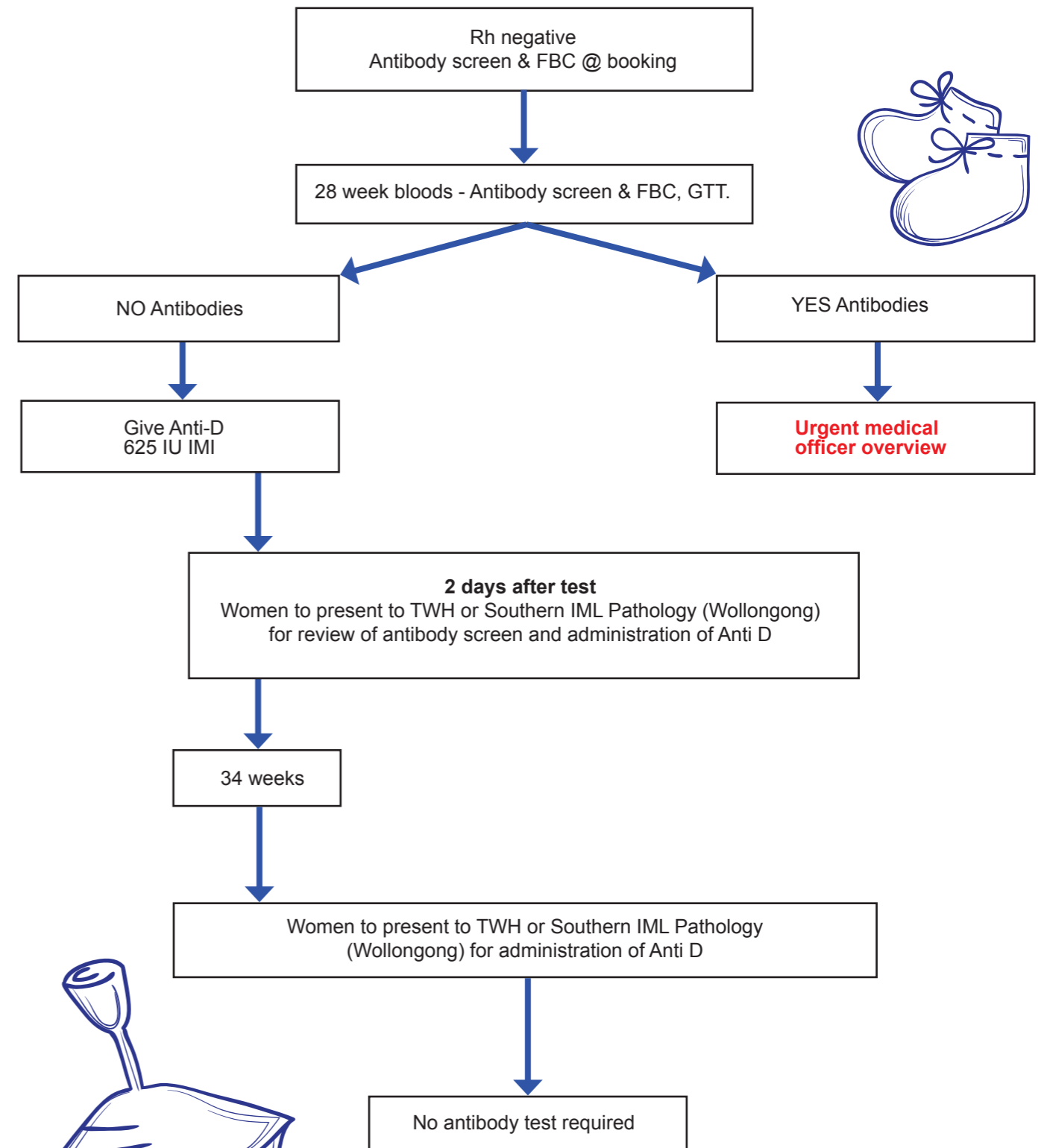
Women can be referred by you to the Day Assessment Unit for the following reasons:

- 4/24 hypertension assessment
- Anti-D Immunoglobulin administration
- Premature Pre-labour Rupture of Membranes (PpROM)
- High Risk pregnancy antenatal assessment
- Poor compliance -> work-up
- Special/ High needs
- Multiple pregnancy
- Fetal surveillance – CTG/ U/S
 - Reduced fetal movements
 - Placental insufficiency – IUGR, reduced AFI (amniotic fluid index), abnormal dopplers
 - Post-dates

To book in: Phone 4253 4225



Antenatal Anti-D Prophylaxis



ILLAWARRA ANTENATAL SHARED CARE PROGRAM CLINICAL PATHWAY

Earliest visit	Weeks 8-12	Weeks 12-14	Wk 16	Wk 20	Wk 24
GP	GP	Hospital visit	Monthly visit with GP		
<p>Order FBC, Group A/Bodies Fasting BGL ($\geq 5.1 = \text{GDM}$) Vit D, TFT Rubella, Varicella Hep B SAg, Hep C, HIV RPR/TPHA MSU, U/A Chlamydia <25yrs PAP smear if due</p> <p><i>send copies to hospital with woman when booking</i></p> <p>First Trimester Screen or Prenatal Diagnosis- refer if indicated</p>	<p>Review pathology results Complete PNC2 (yellow) card Offer NT Scan</p> <p>**please remind to book into hospital ASAP** prior to making appointments women must attend 'Admissions' at Wollongong (Mon-Fri) or Shellharbour (Mon, Thurs, Fri) hospitals. Appointments can be made on that day</p>	<p>Send with patient:</p> <ul style="list-style-type: none"> - yellow card (filled in) - test results - Referral letter - (or on your letterhead) To Dr Davis Or Dr Coleman <p>Please also note whether you want Shared Care or not</p>	<p>Order U/S for 18 weeks</p> <p><i>copies sent to clinic with woman</i></p>	<p>Review Discuss U/S results - refer to specialist if needed Confirm EDC (only change if >10days different to LMP)</p>	
			<p>Discuss Immunisation Lifestyle changes, Vitamin supplements, Dental check Family History</p>		
			<p>Discuss Antenatal Classes Breastfeeding info/ support QUIT smoking</p>		

ILLAWARRA ANTENATAL SHARED CARE PROGRAM CLINICAL PATHWAY

Wk 28	Wk 30	Wk 32	Wk 34	Wk 36	Wks 37-40	Postnatal (6 week) check
Monthly visit with GP	Hospital visit	Fortnightly visit with GP			Hospital visits	GP
<p>Order Antibodies FBC Recheck Vit D (if low)</p> <p>If NOT GDM: Order GTT (75gm) 0,1 & 2 hrs</p> <p><i>copies sent to clinic with woman</i></p> <p>Rh Negative Prophylactic Anti-D (28-30wks) remind to make next appt at ANC- Ph 42534256</p>	<p>Women to visit Dr's Clinic at Wollongong or Shellharbour hospital, then return to GP at 32wks</p>	<p>Order 34 U/S</p> <p><i>copies of result sent to clinic with woman</i></p>	<p>Rh negative women: Arrange Appt for Anti-D Day Assessment Unit Ph 42534256</p> <p>Offer immunisations *Boostrix if not in last 5 years (free as postnatal maternity in-patient) *Fluvax (anytime in pregnancy)</p>	<p>Attend Group B Strep test NB 1 swab (Vagina & Rectum)</p> <p><i>copies sent to clinic with woman</i></p>	<p>Women to visit Drs Clinic at 37 weeks, and Outreach midwife clinics thereafter</p>	<p>Discuss & refer if necessary:</p> <ul style="list-style-type: none"> - Pelvic examination - Continence assessment - Breastfeeding - Child & Family Support - Contraception - Immunisation (eg Rubella if low) - PND <p>Order if required: Pap smear Blood test</p> <p>Postnatal GTT at 6 weeks for GDM</p> <p>Feedback birth experience to hospital if required</p>
					<p>Breastfeeding info/ check Refer if previous problems</p> <p>Info at COORDINARE website www.coordinare.org.au</p>	

At every antenatal visit, GPs check: urinalysis, fundal height (compared with gestational age), blood pressure, fetal heart rate

Any deviations from pathway or concerns regarding results should be referred immediately to **Hospital Obstetric registrar: Phone 4222 5000 - Page 508**

Day Assessment Unit **4253 4256 (weekdays)**

Birth Unit – **4222 5270 AFTER HOURS**

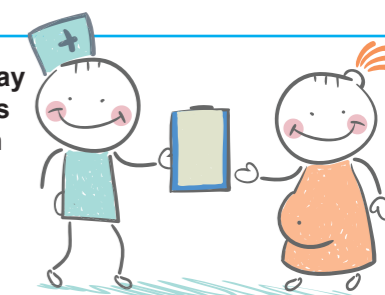
Urgent High Risk Bookings:

Ph: 4253 4256 or 4253 4284

This Antenatal Clinical Pathway details minimum interventions & care GPs provide to women during their antenatal period

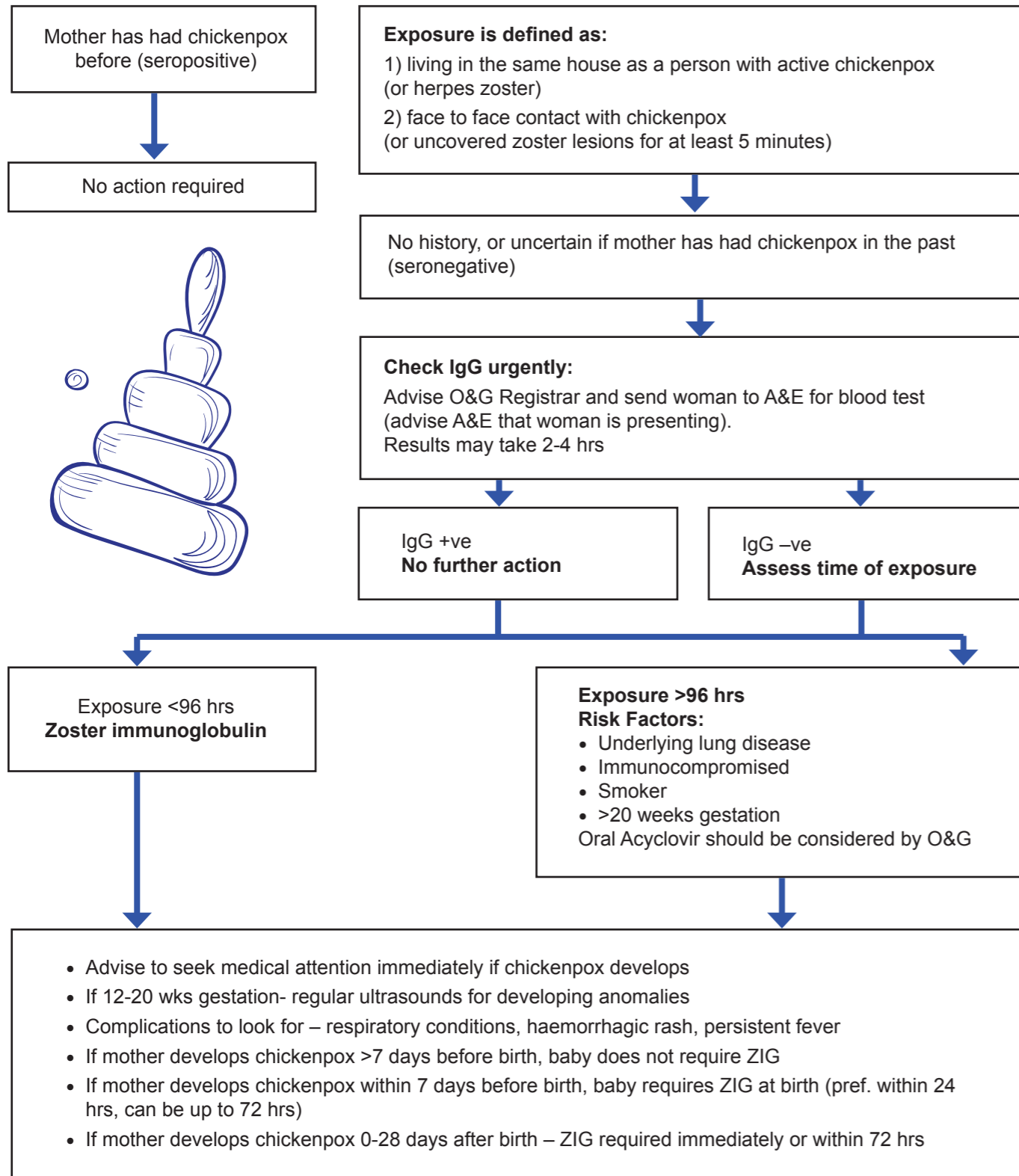
ANSC Coordinator
Ph: 4253 4271

(Reviewed April 2014)





Exposure to Varicella Zoster during pregnancy



Adapted from *Management of prenatal infections*
Australian Society for Infectious Diseases 2002

Perinatal Mental Health Service

Grand Pacific Health

Are you seeing any women or men struggling with anxiety or depression in the perinatal period?

Nil / minimal waiting times for individual therapy

All sessions free of charge to clients

What is the perinatal period?

From conception to the youngest child being 12 months of age

Modes of treatment available:

- Individual therapy or both antenatal and post-natal period
- Post-natal group therapy
- Family sessions
- Home visitation (as appropriate)
- 'Blokes with Bubs' group for Dads

How do I refer?

Complete a mental health care plan and fax to 4226 6489

Who can I speak with about this service?

Contact our Mental Health Intake Clinician

Mon – Fri: 9am – 5pm Phone: 4220 7688

Vitamin D

According to Alexia Pape (our endocrinologist) the general pregnant population has a higher vitamin D requirement and a supplement to around 1000IU/day is usually a good idea during pregnancy and breastfeeding.

Since introducing vitamin D to our early antenatal testing, the following recommendations have been introduced:

- Minimum level of 50 nmol/L achieved
- If < 50, give 2000IU/day and recheck levels at 28 wks with other pregnancy bloods

If you identify the woman as Low or Vitamin D deficient, please follow up the baby in the early postnatal period and consider supplementation.



The pelvic floor

Whilst a vaginal examination is an important aspect of postnatal care, asking the woman if they are having pelvic floor issues is equally as important.

1. Do you ever have to rush to the toilet, to pass urine or open your bowels?
2. Do you ever leak urine?
3. Do you strain to empty your bowel?
4. Can you control your bowels, including wind?
5. Do you ever feel a vaginal heaviness or bulge?
6. Do you have any pain or loss of bladder or bowel control during sexual intercourse?

If answered YES to any of these questions, request a referral to continence physiotherapist at Wollongong Hospital

Ph (02) 4253 4502

Ignoring these bothersome symptoms will not make them go away. They will often become worse over time.





Breastfeeding – did you know?

As a GP, you are uniquely positioned to counsel mothers about the health impact of breastfeeding.

“For infants, not being breastfed is associated with an increased incidence of infectious morbidity, as well as elevated risks of childhood obesity, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome. For mothers, failure to breastfeed is associated with an increased incidence of premenopausal breast cancer, ovarian cancer, retained gestational weight gain, type 2 diabetes, myocardial infarction, and the metabolic syndrome.”

Ref: Stuebe, A. (2009). The Risks of Not Breastfeeding for Mothers and Infants. Reviews in Obstetrics & Gynecology. Fall; 2(4): 222-231.

Breastfeeding HELP is available for GPs:

- Department of Health leaflets are available through Antenatal Shared Care pages on the COORDINARE website: www.coordinare.org.au

Fact sheets available:

- Breastfeeding tips for new mothers
- Breastfeeding after breast surgery
- Breast care when your baby has died
- Expressing and storing breastmilk
- Increasing your supply of breastmilk
- Mastitis - Causes, prevention and treatment
- Preparing artificial formula feeds, sterilising bottles and teats
- Use and care of dummies (pacifiers)

- Using nipple shields
- Weaning or suppressing lactation

Fact sheets are available - link from the shared care pages at www.coordinare.org.au

or email ANSC Coordinator to be sent them directly (details on front of booklet)

For more information

Talk to ANSC Coordinator or your local child and family health nurse.

For women:

- Support Drop-in Groups operate in the following Early Childhood Health Centres:
- Tuesdays 2pm-3.30pm – Fairy Meadow – ph 4284 5359
- Wednesdays 9am-10.30am - Albion Park – ph 4256 2195
- Fridays 11.30am-1pm - Berkeley – ph 4260 7405
- Wednesdays 10.30am-12.30pm – Nowra – ph 4424 6460

Australian Breastfeeding Association Helpline:

- Phone 1800 mum 2 mum
- Email counselling
- Interpreters available
- Information - www.breastfeeding.asn.au
- Find local lactation consultants at Early Childhood Centres or through www.lcanz.org

Antenatal information for women regarding breastfeeding:

- Australian Breastfeeding Association run monthly breastfeeding classes
- Hospital antenatal classes
- Private antenatal classes
- Books and prenatal class DVDs also available



Medications in Pregnancy and Lactation Service

A free service for the women of NSW based at the Royal Hospital for Women

Comprehensive counselling service for women and their healthcare providers concerned about exposures during pregnancy and lactation

Prescription drugs/ over-the-counter medications/ street drugs/ infections/ radiation/ occupational exposures

Telephone:

1800 647 848 (Non-metropolitan area)

Monday – Friday

www.mothersafe.org.au



Group B Strep

Group B Streptococcus (GBS) is a major cause of serious infection in the first week of life, affecting between 1 and 4 infants per 1000 live births.

Giving GBS positive women prophylactic IV antibiotics through the vein during labour is the best option to minimise GBS disease in newborns.

GBS carriage can be detected during pregnancy by taking a swab of both the vagina and rectum for special culture. This swab should be taken late in the pregnancy (36 weeks)

The woman can take the swab herself, instruction = Swab the lower vagina (vaginal opening) followed by the rectum using the same swab.

Quit for You Quit for Two – Wollongong Antenatal QUIT service

Whilst in the womb, your baby relies on oxygen from your blood to breathe and grow.

Every time you smoke, your unborn baby is deprived of that oxygen.

At the same time a cocktail of toxic chemicals enter his or her body, affecting your baby's health in the future

What we offer:

- FREE individualised advice on addressing smoking during your pregnancy.
- Accurate, up to date information about using Nicotine Replacement Therapy products to manage your smoking during your pregnancy.
- One consultation with some follow-up phone calls & text messages or ongoing appointments, it's up to you.
- Free carbon monoxide testing.
- Assistance for your partner or other family members who want to help you by quitting too.

When? Every 2nd Friday

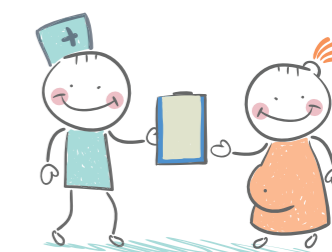
Where? Antenatal Clinic, level 2 Wollongong Hospital, 1-3pm.

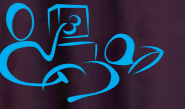
How? Call 4223 8334 or 0411 402 489 to make an appointment or referral

“Every cigarette you DON'T smoke is doing you and your baby good”

Vaccination of women who are planning pregnancy, pregnant and after birth

Vaccination before pregnancy	Vaccination during pregnancy	Vaccination after pregnancy
<p>Routinely Recommended:</p> <ul style="list-style-type: none"> • Influenza • dTpa (Boostrix or Adacel) <p>If unvaccinated:</p> <ul style="list-style-type: none"> • MMR x 2 (avoid pregnancy for 1 month) • Varicella x2 (avoid pregnancy for one month) • Hep B x 3 adult >20 yrs, 3x paed <20yrs <p>Aboriginal and Torres Strait Islander women, smokers and those with risk factors should be considered for pneumococcal disease</p>	<ul style="list-style-type: none"> • Flu vaccination <p>Free and highly recommended at any stage of pregnancy but especially if flu season falls in 2nd or 3rd trimester.</p> <ul style="list-style-type: none"> • dTpa <p>Can be given to pregnant women in the 3rd trimester</p> <p>(if a dose of dTpa has not been given in the previous 5 yrs)</p> <p>If dTpa is received during pregnancy, an additional dose of DTPa is required at 18month.</p>	<ul style="list-style-type: none"> • MMR if negative for rubella • dTpa, free in hospital - ask staff (if a dose of dTpa has not been given in the previous 5 yrs)
<p>Vaccination of infants</p> <p>The first vaccinations can be given as early as 6 weeks of age. Preterm infants should be considered for extra doses of pneumococcal, hep B, influenza and Hib</p>		
<p>Further information</p> <p>The Australian Immunisation Handbook http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home</p> <p>NSW Immunisation Schedule and other information: http://www.health.nsw.gov.au/immunisation/pages/default.aspx</p> <p>Phone: Public Health Unit, Immunisation Department on (02) 4221 6700 'Save the date app' http://www.immunisation.health.nsw.gov.au/</p>		





Reduced foetal movements

Women worried about reduced foetal movements should be given this advice:

There aren't a set number of kicks you should feel however usually after 24 weeks, a healthy baby should move at least 10 times in two hours during an "active time".

If worried at ANY time, call the Birthing Unit. Ph 4222 5270

Try focused observation.

Lie down on your side, make yourself comfortable and relax. This will help you focus on your baby's movements.

If this is during a time when your baby is usually quiet this may take some time, (most babies are more active in the evening).

If your baby starts moving then all is probably well, but keep an eye on the movements from now on.

NEVER put off seeking help until tomorrow if you haven't felt your baby move as normal today.

Call Birthing Unit whenever concerned: Ph 4222 5270

Urgent referrals to Antenatal Clinic

As you know, there is often a 6-8 week wait for an appointment in the Antenatal Clinic.

For women who need to be seen earlier than this, please call the Clinic on **4253 4256** or **4253 4284** and ask to speak to the person in charge to book in an urgent referral, early booking in and urgent first visit with an obstetrician.

You will also have to provide a **letter to the Antenatal Clinic identifying issues**.

Assessment of vaginal bleeding > 20 wks – In the situation a woman presents with bleeding, or a show after 20 weeks of pregnancy, please consider sending the woman directly to Birth Unit **without a vaginal assessment**.

Attending a vaginal examination with a lubricant will often mean premature labour assessment may not be attended at hospital. The lubricant interferes with the fetal fibronectin used to assess the risk of the patient going into labour early.

Why use Antenatal Shared Care?

For the woman:

- flexibility, choice and continuity of care.
- catering for the preferences and needs of women from a diverse range of cultural and religious backgrounds.

For the GP:

- enhances skills of GPs caring for women during pregnancy.
- promotes communication between GPs and the hospital.
- yearly education sessions.
- contact Leanne Cummins on 4253 4271.





Antenatal Shared Care, Wollongong Hospital.
Phone 4253 4271



Information at COORDINARE website:
www.coordinare.org.au

**Ordering more Antenatal Record Cards
(PNC2 / "yellow") cards**

Hannah Ph: (02) 9364 7709
or email HWilkins@stream.net.au

A tax invoice will be sent to you
Item no. 612060 (bundles of 250)
Cards remain free, however min \$11.50 postage and handling
will be charged