

ANTENATAL SHARED CARE

Please post or fax any test results to King Edward Memorial Hospital - Fax no. (08) 9340 1031

GP FIRST VISIT (6-12 weeks)

- Confirm LMP - any doubts arrange dating USS
- Obstetric Gynaecological history
- Any significant history: medical / Surgical / medication
- Folate advice
- Listeria and salmonella avoidance advice
- Check BP, weight, heart, breasts, abdominal examination
- Offer fluvax if in 2nd or 3rd trimester in flu season

Patient will be seen at Antenatal Clinic at approximately 20 weeks. GP to continue care until then.

FIRST TRIMESTER ROUTINE TESTS

- Blood group / rhesus / antibodies
- Full Blood picture
- Hepatitis B surface antigen
- Hepatitis C antibodies
- HIV antibodies
- Rubella titre
- RBS if mod/ high risk of diabetes
- Syphilis serology
- Midstream urine
- PAP smear - consider if no PAP in last two years
- Chlamydia First Void Urine + SOLVS
- Vitamin D Screening for **at risk populations**
(Vitamin D deficiency *Ostelin capsule 1000IU/25mcg 1 TDS & Caltrate 600mg daily repeat blood test 6-8 weeks if normal Ostelin capsule 50mcg and Caltrate daily till end lactation*)
- Haemoglobinopathy screening at risk women
 - MCV<80 or MCH <27& Ferritin N
 - PHx , FHx anaemia or Haemoglobinopathy

Ethnic groups at high risk:
Mediterranean, middle east, African, Asian, Pacific Island, South America, Maori.

Please send copies of all results to KEMH with the patient referral letter.

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FETAL SCREENING- GP to organise

- First trimester screen (10 - 13 weeks) USS and blood test. (Ideal time: blood test at 10 weeks U/S at 12 weeks)

OR

- Second trimester screen (maternal serum screen) blood test 15 - 17 weeks.
- 19 weeks anatomy ultrasound

April 2006 HP 3131 Prenatal screening and diagnostic tests

ASSESSMENTS - GUIDE ONLY

NULLIPS: Four weekly till 28 weeks, f/nightly until 36 weeks, thereafter seen at Hospital.

MULTIPS: Four to six weekly then at 28, 32, 36, thereafter seen at Hospital (See more frequently if indicated)

- Weight
- BP
- Urinalysis
- Fundal height
- Fetal movements (from 24 weeks)
- Fetal heart rate from 20 weeks (Offer FHR auscultation at each appointment)

26 - 28 WEEKS

- Full blood picture
- Blood group and antibody screen if Rh -ve.
- Diabetes screen - Low risk for OGCT

If previous gestational diabetes or high risk for fasting OGTT (75g)

If 50g OGCT >11mmol/L patient is a GDM (OGTT is not required)

OGTT INDICATIONS

- Aboriginal, SE Asian or Indian subcontinent, middle Eastern ethnicity
- History of macrosomia, stillbirth, polyhydramnios or fetal anomaly
- Previous GDM
- Hypertension prior to 20wks

36 WEEKS seen in ANC

- Antenatal clinic will organise low vaginal and rectal swab for group B streptococcus screening.
- Anti- D given for Rhesus neg women
- Full Blood Picture if indicated

RHESUS NEGATIVE WOMEN

Prophylaxis - All rhesus negative antibody women need to have:

- Blood group, rhesus and antibody screen at 26-28 weeks followed by first anti - D injection 625IU at 28 weeks gestation
- At 34 weeks second anti-D injection 625IU no blood test required pre injection
- **1st trimester bleed sensitising events** -(threatened miscarriage, abortion, chorionic villus sampling, ectopic pregnancy) 250IU
NB multiple pregnancy give 625IU
- **2nd and 3rd trimester bleed and postnatal** - (amniocentesis, external cephalic version, ante partum haemorrhage, delivery and abdominal trauma) perform Kleihauer test prior to giving dose to check adequacy of dose. Give 625IU.

Australian Red Cross January 2006

Anti-D available from:

Red Cross (08) 9325 3333,
Western diagnostics (08) 9317 0863,
SJOG pathology (08) 9213 2137

POSTNATAL 6 - 8 WEEKS

- Gestational diabetic women -repeat OGTT. Then 1 - 2 yearly. GP to organise.
- PAP (if due)
- Check perineum, check uterine size.
- Update immunisations, especially whooping cough and Rubella.
- Contraception needs