**Antenatal Shared Care Summary**

### 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.
- Haemoglobin C antibodies.
- HIV antibodies. Rubella titre.
- Syphilis serology.
- Blood sugar level: if random BSL >7.8 needs OGTT, IBSL >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 5000U 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 <27 and Ferritin NAD
  - PMHx or FHx of anaemia
  - PMHx or FHx Haemoglobinopathy
- Ethnic groups: Mediterranean, Middle East, African, Asian, Pacific Island, South America, Māori.
- Also screen partner if woman is known to have a Haemoglobinopathy.

#### 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 oops 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 Rh negative.
- Anti-D given if Rhessus 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 34-36 weeks. No blood test required pre-injection. (Injection to be given at KEMH).
- Anti-D is also required after sensitising events and postnatally if baby Rhesus positive.
  - First trimester sensitising events: Give 250IU (threatened miscarriage, abortion, chronic villus sampling, ectopic) if multiple pregnancy give 825IU.
  - First/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) (08) 9325 3030
- Western Diagnostic (08) 9317 0863
- Myaree
- SJOG Path (Subiaco) (08) 9382 6690
- SJOG Path (Murdoch) (08) 9366 1750
- Clinpath (West Perth) (08) 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 breast feeding.