Nambour General Hospital	Approved
Department of Obstetrics & Gynaecology	Effective Date: 19.5.06
SHARED ANTENATAL CARE	Last Revision: 19.5.05 Revised By: Dr Marc Miller

Introduction

Antenatal care in pregnancies with low risk to the mother and baby may be shared with a midwife or GP. The aim is to provide continuity with the woman's usual carer (GP) or a small group of midwives throughout the pregnancy in conjunction with consultant care through the antenatal clinic routinely and in the event of complications

Suitability for shared antenatal care

Women at low risk of complications during pregnancy can be considered for shared antenatal care. Suitability for shared care should be decided by the clinic consultant at the first antenatal visit and documented in the patient notes. Even when a woman is unsuitable for shared cared she should continue to maintain contact with her GP during the pregnancy where possible.

Women may be unsuitable for full shared antenatal care for the following reasons:

Medical History

- Cardiac disease including hypertension
- Renal disease
- Insulin dependent diabetes
- Endocrine disorders
- Haematologic disease including venous thromboembolism
- Epilepsy requiring anticonvulsant medication
- Malignancy
- Severe asthma
- Drug dependency
- HIV positive status
- Autoimmune disorders
- Gross obesity

Previous obstetric history

- Recurrent mid-trimester pregnancy loss including cervical incompetence
- Grand multiparity
- Severe preeclampsia
- Rhesus or blood group isoimmunisation
- Stillbirth or neonatal death
- Severe growth restriction

Complications arising in the current pregnancy

- Multiple pregnancy
- Preeclampsia or gestational hypertension
- Antepartum haemorrhage
- Gestational diabetes
- Fetal growth restriction
- Malpresentation after 36 weeks gestation including breech presentation, unstable or transverse lie
- Rhesus or other blood group iso-immunization

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Patient referral

A referral letter from the woman's GP should be sent to the antenatal clinic as early as possible to allow a 1st antenatal clinic visit prior to 16 weeks gestation or earlier if clinically indicated

The referral letter should include at least:

- Date of last menstrual period
- Details of any pregnancy complications to date
- Details of previous pregnancies and complications
- Medical conditions
- Current medication
- Findings of general physical examination including a baseline blood pressure
- Copies of antenatal investigations including blood tests and ultrasounds

Schedule of Antenatal Visits

Hospital visits

Midwife booking-in before 16 weeks
1st consultant clinic before 20 weeks
36 weeks
41weeks
Further visits as clinically indicated

GP or Midwife shared visits

1st visit before 12 weeks
16, 20, 26, 30, 33, 38 and 40 weeks
The frequency of visits in an uncomplicated pregnancy may be increased if requested by the patient

Routine Antenatal Investigations

Booking

FBC
Blood group & antibody screen
Rubella titre
Syphilis serology
Hepatitis B serology
HIV
Urine MSU
Pap smear if due

Screening tests for Down's syndrome such as the combined nuchal translucency with biochemical screening should be offered to all women

18-20 weeks

Fetal morphology and dating ultrasound

26-28 weeks

FBC
Glucose challenge
Blood group antibody screen

34 weeks

FBC
Blood group antibody screen

The Standard Antenatal Consultation

Each routine visit to should include:

- Asking the woman about any concerns or changes since the last visit
- Blood pressure
- Measurement of fundal height in centimetres after 20 weeks
- Fetal heart auscultation after 20 weeks (14 weeks if Doppler available)
- Check fetal presentation after 30 weeks

Patient weight is only required at first visit and dip-stick urinalysis is only required if there are other signs of preeclampsia.

Rhesus Negative Women

The NHMRC recommends that all rhesus negative women are offered routine prophylactic anti-d 625 iu at 28 and 34 weeks gestation

Antibody screening is performed within 5 days of the first injection at 28 weeks.
Women are booked into the midwife anti-d clinic at Nambour Hospital at their first visit
Alternatively the woman's GP can obtain the anti-d from QML or S&N and give this at 28 and 34 weeks

References

Guideline for Shared Maternity care Affiliates. Mercy, Royal Women's and Sunshine Hospitals Nov 2002.

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WHO systematic review of randomized controlled trials of routine antenatal care. Carroli et al Lancet. 357. 2001. 1565-70