MATERNITY CARE GUIDE

NORTHERN BEACHES HOSPITAL

Preface

The Northern Sydney Local Health District (NSLHD) Shared Antenatal Care Guidelines 2024 have been developed to support General Practitioner's (GPs) who provide optimal and consistent Shared Antenatal Care in NSLHD. It includes information on the services available, educational opportunities and recommended standards for care provision.

Shared Antenatal Care (SAC) is a model of care where the hospital staff and community GP collaborate to provide antenatal care throughout the woman's pregnancy. The woman's labour, birth and immediate postnatal care are managed by the hospital.

The NSLHD Shared Antenatal Care Guidelines aim to support practitioners in providing high quality collaborative antenatal care by:

- Clarifying processes and pathways for care and support.
- Aligning antenatal care with the current recommendations by the Australian Government, Department of Health Pregnancy Care Guidelines and the Australian College of Midwives (ACM), Consultation and Referral Pathways
- Supporting the provision of current evidence based antenatal care
- Outlining roles, responsibilities of care providers.

Table of Contents

Table of Contents 1

Chapter 1: Maternity Care at the hospital 2

Areas we cover 2

Services offered to women birthing at NBH: 3

Childbirth education and hospital tours 3

Referring to NBH 3

Confirm the Estimated Date of Birth (EDB) 3

Models of Care 5

Private Maternity Care: 5

Public Maternity Care: 5

Chapter 2: Shared Antenatal Care 8

Credentialling 8

Individual Responsibilities: 9

Suitability for shared antenatal care 9

Chapter 3: Antenatal visits 11

Standard antenatal consultation and examination 11

Chapter 4: Educational Resources 13

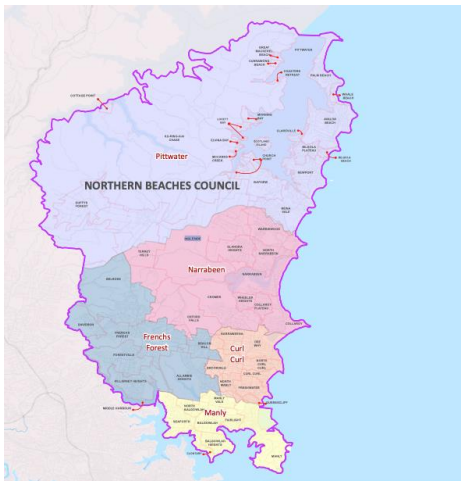
Online Learning Opportunities 13

Abbreviations 15

Chapter 1: Maternity Care at the hospital

NBH provides antenatal care for private and public women who live in the Northern Beaches LGA. Where there are complications which are outside the role delineation of NBH and require transfer of care to a tertiary facility.

Areas we cover



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Services offered to women birthing at NBH:

Childbirth education and hospital tours

NBH offers a range of classes for pregnant women who are accessing either private or public care. These include Birth and Beyond, CalmBirth, Caesarean, Parenting, Refresher, CPR for kids and Grandparent's classes. Information about the classes can be found on the NBH website in the maternity education section.

Virtual tours are available on the website through the maternity virtual tour page.

Perinatal Mental Health and Psychosocial Support:

Hospital Based Social Work and collaboration with NSLHD Perinatal Mental Health and Parenting Support Programs

Lactation Services

Debrief Clinic

Referring to NBH

Confirm the Estimated Date of Birth (EDB)

Determine the woman's last menstrual period (LMP) and length of the menstrual cycle.

- Known LMP and 28 day cycle, calculate EDD by adding 280 days
- Where the cycle is greater than 28 days add 1 day for each day above 28
- Where the cycle is less than 28 days subtract 1 day for each day below 28

Recalculate the EDB if:

1st trimester ultrasound (<12 weeks) differs from the calculated gestation by 6 days or more.

2nd trimester ultrasound (13-24 weeks) differs from the calculated gestation by 10 days or more. **Do not** alter if a 1st trimester ultrasound is available.

Use the earliest ultrasound to estimate the EDB if the LMP is unknown / unsure. The optimal gestation is greater than 7 weeks to 13 weeks.

Confirm the Estimated Date of Birth (EDB):

Private: Refer women directly to the obstetrician of choice. For an up to date list of our private obstetricians: https://northernbeacheshospital.com.au/maternity/our-obstetricians

- Log in via Northern Beaches Hospital website at 8 to 10 weeks
- Go to eAdmission- click patient log in
- Create a new account if new patient
- Complete registration details, click to receive validation text
- Login with Validation Number- complete registration and health history

Maternity Bookings clerk will contact women to check fund details

Private Liaison Midwife will contact women to attend medical booking

Public: For women booking first appointment for antenatal care and birth:

- Log in via Northern Beaches Hospital website 8 to 10 weeks
- Go to eAdmission- click patient log in
- Create a new account if new patient
- Complete registration details, click to receive validation text
- Login with Validation Number- complete registration and health history

Maternity Bookings Clerk will contact women with first appointment with the midwife for 14- 16 weeks

For first appointment at the hospital the women must bring:

- a referral for care - addressed to Dr A. Thevakumar, Dr F Infante Torres, Dr G Davis
- all pathology attended in pregnancy including NIPT if attended
- all ultrasounds attended in pregnancy

There are a number of models of care provided at NBH which women may be eligible to access. If you have discussed caring for the woman within a GP Shared Antenatal Care model, please state this in the referral letter.

Where you have any concerns or questions around care of the pregnant women you are caring for contact NBH for consultation or referral.

- Midwifery Unit Manager Antenatal Clinic – 0427 042 210
- Maternity Bookings- (02) 9105 6015
- O&G Staff Specialists - Dr Fernando Infante Torres, Dr Abi Thevakumar, Dr Georgina Davis
- O&G Registrars available through switch: (02) 9105 5000
- Outpatients: email : nbhoutpatients@healthscope.com.au Fax: (02) 9105 5158

Models of Care

The Australian College of Midwives matrix of risk is used to identify the most appropriate model of care for each woman.

Category A – no risk factors identified, care is appropriate to be provided by any member of the healthcare team.

Category B – some risk factors identified, midwives or GP's may need to consult with the obstetric medical team. After this consultation care may be collaborative or care may be transferred to the hospital obstetric medical team.

Category C – risk factors present which require referral to the obstetric medical team. After the referral has been attended care may be collaborative or care may be transferred to the hospital obstetric medical team.

Private Maternity Care:

- Antenatal, labour, birth and postnatal care is provided by the woman's chosen private obstetrician.
- During labour and the hospital postnatal period, midwifery care is provided by midwives working in the clinical areas.
- This model is suitable for all women.
- A 'Booking In' appointment is encouraged at NBH with our private liaison midwife.
- Women who choose to leave hospital earlier than the expected stay may in some cases qualify for home visits provided by the Midwifery in the Home (MiTH) team – information will be given by our private liaison midwife.

For an up to date list of our private obstetricians:
https://northernbeacheshospital.com.au/maternity/our-obstetricians

Public Maternity Care:

GP Shared Antenatal Care (GP SAC):

- The woman receives antenatal care from an affiliated GP SAC provider. A GP SAC provider is a GP who has applied for affiliation with NBH, to provide antenatal care in collaboration with the NBH medical / midwifery antenatal clinics.
- This model is suitable for Category A/B with risk factors which are suitable for management in the community following consultation.
- Where risks arise during pregnancy, consultation and referral occurs. Care may be transferred to the hospital setting or continue to be provided by the GP SAC provider in collaboration with hospital-based care.
- Labour/birth and immediate postnatal care is provided by midwives / obstetric medical team working in the clinical areas.
- Postnatal home visits are provided by the Midwifery in the Home (MiTH) team

Maternity Antenatal Postnatal Service (MAPS):

- The woman receives antenatal care by a named MAPS midwife in collaboration with an affiliated GP SAC provider.
- This model is suitable for Category A/B with risk factors which are suitable for management in the community following consultation.
- Where risks arise during pregnancy, consultation and referral occurs. Care may be transferred to the hospital setting or continue to be provided by the GP in collaboration with the hospital-based care.
- Labour/birth and immediate postnatal care is provided by midwives / obstetric medical team working in the clinical areas.
- Postnatal home visits are provided by the named MAPS midwife who is caring for the woman in collaboration with the GP.

Midwifery Group Practice (MGP):

- Antenatal care is provided by the named MGP midwife who is caring for the woman.
- This model is suitable for Category A with no risk factors.
- Where risks arise during pregnancy, consultation and referral occurs with the hospital O&G medical team. Care continues to be provided by the MGP in collaboration with the medical team.
- Labour and birth care is provided by the named MGP midwife who is caring for the woman.
- Postnatal home visits are provided by the named MGP midwife who is caring for the woman. Women are supported to go home directly from the birth unit where there is no clinical indication to stay.

NBH medical antenatal clinics:

- The NBH obstetric medical team lead the antenatal care in collaboration with the midwifery team. Individual O&G Staff Specialists take ownership for a specific clinic and lead the care for women attending their clinic.
- This model is suitable for Category B / C with risk factors which are ideally managed in the hospital setting.
- Labour / birth and immediate postnatal care is provided by midwives / obstetric medical team working in the clinical areas.
- Postnatal home visits are provided by the MiTH team.

NBH midwifery antenatal clinics:

- The NBH midwifery team lead the antenatal care.
- This model is suitable for Category A/B with risk factors which are suitable for management by midwives following consultation.
- Labour / birth and immediate postnatal care is provided by midwives / obstetric medical team working in the clinical areas.
- Postnatal home visits are provided by the MiTH team.

Next Birth After Caesarean clinic (NBAC):

- The care is led by the O&G Staff Specialist responsible for this clinic and the NBAC midwife
- This model is suitable for women who have had a previous Caesarean Section and are planning a vaginal birth for the current pregnancy.
- Labour / birth and immediate postnatal care is provided by midwives / obstetric medical team working in the clinical areas.
- Postnatal home visits are provided by the MiTH team.

Student Midwife Clinic:

- The NBH Student midwives lead the care with the support of the maternity education team.
- This model is suitable for Category A/B with risk factors which are suitable for management by midwives following consultation.
- The student midwives are on call to attend women during their labour and birth, under the supervision of the birth unit midwives.
- Labour / birth and immediate postnatal care is provided by midwives / obstetric medical team working in the clinical areas.
- Postnatal home visits are provided by the MiTH team.

Chapter 2: Shared Antenatal Care

Women receiving GP SAC access care via their GP in the community, in collaboration with the NSLHD antenatal clinics. There are a number of models of care throughout NSLHD which include GP SAC. See individual hospitals links for details of their models of care.

Shared Antenatal Care is available to all women who have been assessed as being Category A/B by NSLHD hospitals, and who have chosen this model of care. Women who do not fit these criteria may be eligible for a modified form of SAC. In the case of a modified SAC, an individualised care plan will be documented in the hospital eMR system and in the woman's handheld antenatal card. The care plan provides information on additional reviews, care and investigations that are required and which clinician is responsible for these.

It is important that both hospital and community providers:

- Support the shared antenatal care model.
- Ensure women are aware of the various models appropriate and available to them.
- Are respectful and supportive in their approach to a woman's decision to undertake shared antenatal care.

SAC GP Registration

It is expected that SAC GP's work collaboratively with NSLHD hospitals and are current with relevant knowledge and expectations around perinatal care. They should also be aware of the processes to access support within the hospital system, where questions or complications arise with their pregnant women. Recommendations as per the Sydney North Health Network (SNHN) are consistent throughout NSLHD:

To be listed as a SAC GP in NSLHD, SNHN recommends:

i. Completion of 4 hours of antenatal & postnatal education per year (including but not limited to fundal height examination.
ii. Maintain a good working knowledge of the SAC GP Protocol.
iii. Attend two out of the three SAC educational events per year.

Individual Responsibilities:

Hospital	GP SAC	Both hospital and GP SAC	Women
Contact the woman who does not attend her hospital booking appointment	Provide the woman with a hard copy of pathology and imaging for her hospital booking appointment	Record test results, visits, findings and management in the woman's hand held antenatal record	Book appointment with the hospital antenatal clinic
Establish suitability for GP SAC	Contact the woman if she does not attend her antenatal appointments	Provide woman with hard copy of all results Review investigations they have ordered in a timely manner	Attend their appointments
Ensure the woman has a handheld antenatal record	Notify the hospital if the woman is not attending her routine antenatal appointments	Follow up abnormal investigations and findings	Undertake investigations as discussed and agreed on with their care providers
Document results and assessments on the handheld antenatal record.	Document results and assessments on the handheld antenatal record.		
Ensure the woman receives information about her routine schedule of visits and tests (for both GP SAC and Hospital)	Abide by the guidelines including when to refer to hospital		
Contact the GP if the woman does not attend appointments as scheduled	Practice in accordance with credentialling requirements		

Suitability for shared antenatal care

Women who have no identified risk factors at booking will be suitable for GP SAC.

Where clinical indications are identified during the pregnancy, GPs are to refer women to be seen in hospital antenatal clinic. Once the woman has been assessed an individualised plan will be arranged which may include both GP and hospital-based care, or hospital-based care only.

If a modified GP SAC schedule is appropriate, the team will collaborate with the GP and woman to develop an individualised care plan. The plan will be documented in the hospital eMR system, in the woman's handheld antenatal record and GP's records. The care plan provides information on additional reviews, care and investigations that are required, and which clinician is responsible for these.

Medical and social History	Previous obstetric history	Current Pregnancy
Haematological disorders requiring specialist care	A stillbirth or neonatal death (unexplained or recurrent reason)	Multiple pregnancy
Autoimmune conditions		Some congenital abnormalities
Cardiovascular disease, including hypertension	Recurrent (3 or more) miscarriage)	PAPP-A <0.4 in early trimester screening
Diabetes and some endocrine disorders	Fetal growth restriction with birth weight < 10th centile	Woman requests changing to hospital based care
Severe asthma	Pre-eclampsia	Hypertensive disorder
Renal disease	Pre-term birth (<32 weeks)	Generalised pruritus
Malignant disease	Placental abruption	Placental abnormalities
Epilepsy requiring anticonvulsant medications	Rh isoimmunisation or significant blood group antibodies	Gestational diabetes insulin controlled
*BMI ≥35	History of cholestasis	Rhesus allo immunisation
*Thyroid disease		* Gestational Diabetes diet controlled
* Pre-existing gynaecological disorders		* Iron deficiency anaemia
* Pre-existing neurological disorders		* Fetal abnormalities
* History of or pre-existing psychological or perinatal mental health concerns		* Discrepancy with fundal height and gestation ≥3 cm
* Infectious disease		* Antepartum haemorrhage
* >40yr at the time of booking		* Malpresentation ≥36 weeks
* Drug dependency or misuse		

* indications where a modified GP SAC schedule may be considered

Chapter 3: Antenatal visits

Standard antenatal consultation and examination

The following table provides a summary of the recommended schedule of antenatal visits for shared antenatal care. Shared care providers should use their clinical judgement in determining reviews and appropriate care.

PROVIDER	ACTIVITES AND CONSIDERATIONS	EDUCATION
GP **<10 weeks**	**Confirm pregnancy** **Review** **History:** LMP / Menstrual Hx / Pelvic Surgery / Previous pregnancies and outcomes / Family Hx (including congenital and genetic disorders) / Cervical Screening / Medical and surgical hx / Medications / Allergies / Drug and alcohol use. **Examination:** BP / Cardiac / Respiratory / Abdomen / Thyroid / Breast exam, Weight and Height (BMI) **Assess:** Assess estimated due date. Discuss care and screening around any identified risk factors. Determine suitability for GP SAC. **Complete** Ask the woman to book online at NBH Provide referral to chosen care provider – Obstetrician, NBH (indicate preferred care e.g. GPSAC) **Obtain** Consent for information sharing RECOMMENDED INVESTIGATIONS ➢ Blood group and antibodies, FBC, HIV, Hep B, Hep C, Rubella immunity, syphilis and MSU ➢ Dating scan if required ➢ Offer testing for chromosomal anomalies ➢ Cervical screening (if due) **Hard copy of pathology results for the woman to give the hospital at booking in visit** OPTIONAL SCREENING TESTS **Ferritin –** Where there are high rates of iron-deficiency anaemia **HbA1C -** Where there is increased risk of diabetes: age, BMI, PCOS, previous GDM, family history, ethnic origin, migration. **Gonorrhoea -** Where there are risk factors **Chlamydia -** For women <25yrs or with other risk factors **Trichomoniasis -** Where there are symptoms **CMV -** Where women have frequent contact with large numbers of young children **Thyroid -** Where there is high risk of thyroid dysfunction **Vitamin D -** Where there is an identified risk factor or in populations more likely to have Vitamin D deficiency	**Early Pregnancy Information** **Discuss** All options for antenatal care Flu vaccination Nutrition Iodine and folic acid Exercise Genetic counselling Antenatal classes Pelvic floor exercises **Encourage** Quitting smoking Alcohol Avoidance Healthy lifestyle choices
Ultrasound 11-13.6 /40	Nuchal Translucency screen + biochemistry	
GP 11.5-14 /40	• Review NT screen and all results • Influenza vaccination • Arrange referral to chosen care provider. Obstetrician or public: If public indicate preferred ANC model i.e. GP SAC / MGP	Discuss all options for antenatal care
NBH ANC 12-14 /40	**Collect and Review** • Review of antenatal pathology and imaging • Review of maternal and family history • Assessment of risk and referral to any services required • Psychosocial screening assessment **Assess** • Need for any further screening such as early GTT or HBA1C **Discuss** • Anti D prophylaxis if the mothers blood group is Rh-ve • Provide referral for 19-20 week anomaly ultrasound • Optional tests where indicated as above **Complete** • Antenatal handheld record	**Discuss** All appropriate options for antenatal care Flu vaccination Nutrition Iodine and folic acid Exercise Antenatal classes Pelvic floor exercises **Encourage** Quitting smoking Alcohol Avoidance Healthy lifestyle choices

If GP SAC has been considered and the woman is unsuitable or has changed her mind, ensure to communicate with GP to update them of ongoing care decisions. If GP SAC is the planned model of antenatal care ensure the woman knows when she needs her next appointment with the GP and make the appointment for her next hospital visit.		
Ultrasound **18-20 /40**	**Anomaly ultrasound**	
NBH ANC **20-21 /40** (following US)	**Review** Previous visits and ultrasound **Provide** Refer for 26-28 week pathology GTT, FBC, Blood Group and antibodies if Rh–ve, syphilis. Referral for anaesthetics if required Ferritin testing if levels were identified as low in the first trimester **Assess** Routine assessment including: BP, Fundal Height, Fetal movements, Fetal heart rate (FHR)	**Discuss** Fetal movement patterns Maternal vaccinations – whooping cough and flu 26-28 week pathology
All visits comprise of review of pregnancy history and assessment of fetal and maternal wellbeing including: Blood Pressure, fundal height, fetal movements, listening to the FHR with a Doppler		
GP **24-25 /40** **** Primips only***	**Review** Previous visits and investigations Ensure a referral for 26-28 week pathology has been provided **Assess** Routine visit	
NBH ANC **28 -29 /40** (following blood tests)	**Review** Review 26-28 pathology Maternal vaccinations **Assess** Routine visit Repeat EDS **Provide** Anti-D prophylaxis if required Referral for 3rd trimester ultrasound as required, low lying placenta, ↓PAPPA, ↑BMI	**Discuss** Breastfeeding Safe sleeping, Newborn injections (Vit K and Hep B birth dose), Newborn Bloodspot Screening
GP **31 /40** **** Primips only***	**Review** Any recent pathology or radiology **Assess** Routine visit	**Discuss:** Breastfeeding Preparation for labour and birth
GP **34 /40**	**Review** Any recent pathology or radiology **Assess** Routine visit **Provide** Whooping cough and flu vaccination if not already attended	**Discuss** Breastfeeding Preparation for labour and birth Anti D for women who are Rh-ve GBS screening and care implications
NBH ANC **36 /40**	**Review** Any recent pathology or radiology Risk factors which would make birth earlier than 40 weeks recommended **Assess** Routine visit **Provide** Anti D prophylaxis if Rh-ve Offer Low Vaginal Swab for Group B Strep Consent for Newborn injections, Safe sleeping and Bloodspot Screening.	**Discuss** Water Immersion and Sterile water injections in labour Signs of labour + birth plan
GP **38 & 39/40** ****39 /40 visit** optional for multips**	**Review** Group B Strep result and discuss implications with the woman **Assess** Routine visit	**Discuss** Induction of labour (IOL) if labour does not start spontaneously
NBH ANC **40 /40** Drs clinic	**Review** Birth plan and pregnancy history **Assess** Routine visit Offer vaginal examination **Provide** Postdates Day Assessment Unit assessment	**Discuss** Post-dates assessment What to expect of IOL
NBH DAU **41/40**	**Review** Pregnancy and maternal history **Assess** Maternal and fetal wellbeing including CTG	**Discuss** What to expect of IOL
GP	**Review** Labour and birth and maternal history	**Discuss** Contraception

6 weeks postpartum	**Assess** Maternal physical and mental health **Provide** Referral for FBC, iron studies where needed Cervical screening if due	Baby 6/52 check / immunisations ECHC Infant feeding

Chapter 4: Educational Resources

Online Learning Opportunities

Resources (click to follow the hyperlink)	Content Summary
Alcohol in Pregnancy	NHMRC: Culturally Safe Advice on Alcohol Cessation in Pregnancy
Academy of Breastfeeding Medicine	Breastfeeding education and resources for clinician's and families
Australian College of Midwives	Education and resources for clinician's and families.
Australian Red Cross	Resources for clinicians and women about Anti D
Beyond Blue	Mental health resources for clinician's and families
Australian Breastfeeding Association	Breastfeeding education and resources for clinician's and families
Diabetes in Pregnancy Recommendations	ADIPS Consensus Guidelines for the Testing and Diagnosis of Gestational Diabetes Mellitus in Australia
Diabetes in pregnancy: management	NICE Guidance: NG3: Diabetes in pregnancy: management from preconception to postnatal
Diabetes in pregnancy diagnosis	Gestational diabetes mellitus: A pragmatic approach to diagnosis and management
DV-alert	Free, nationally accredited training to help frontline workers recognise the signs of domestic and family violence, and know what to do next.
Early Pregnancy: when things go wrong	Resources for families experiencing miscarriage. Multicultural resources
ECHC	NSLHD Early Childhood Resources
First trimester screening in general practice	Centre for Genetics online learning module, also available for RACGP GP learning site
Get Healthy in Pregnancy	Free NSW Government service for all pregnant women in NSW. Professional phone-based health coaches support women to develop motivation and tools to help you stay health during pregnancy
Having a Baby	NSW Health publication for pregnant women and their families with information about pregnancy and the perinatal period. Available in 20 languages.
Hearing screening	Fact sheets for the SWISH program, multicultural resources
Hearing loss and your baby	Resources to support families who discover their baby has hearing loss (multicultural resources).
Hepatitis A, B and C	Hepatitis Australia, resources and training
Infectious diseases: ASHM	ASHM resources and training on infectious diseases
Infectious Diseases: NSW Health	NSW Health fact sheets and resources for infectious diseases
Improve	Improving Perinatal Mortality Review and Outcomes Via Education – This module will support maternity health care providers to delivery best

	practice care to women following a stillbirth, including the causes and contributing factors for stillbirth.
Karitane	Parenting support
Life Blood	Assessment and Optimisation in Maternity Settings: App and resources to plan management of iron deficient anaemia
Management of Obstetric Complications	Free RACGP webinar on the management of obstetric emergencies from a GP perspective.
Marijuana Use in Pregnancy	ACOG Committee Opinion on Marijuana Use in Pregnancy and Lactation, 2017
Mental Health Service	St John of God Hospital – Mental Health Service: Mother and Baby Unit
MotherSafe	Comprehensive counselling and resources about medications and exposure in pregnancy and breastfeeding
Multicultural pregnancy resources	Various pregnancy, birth and parenting brochures in 23 languages
Obesity in Pregnancy	RANZCOG: Management of obesity in pregnancy (C-Obs-49) March 2022
Oral Health in Pregnancy	California Dental Association Fact Sheet on Oral Health in Pregnancy in English, Spanish, Chinese, Vietnamese, Hmong translations
PANDA	Perinatal Anxiety and Depression Australia resources
Perinatal Mental Health	Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence, 2017
Preconception genetic carrier screening & early pregnancy testing	Free RACGP webinar discussing current options for genetic carrier screening and non-invasive prenatal testing.
Pregnancy Care Guidelines	Australian Government, Department of Health publication with recommendations for antenatal care in Australia
RACGP Professional Development Program on Family Violence	Free online and face to face learning for members of the RACGP on recognising and responding to family violence in our communities.
Safer Baby Bundle	The safer baby Bundle has five evidence-based elements that emphasise the importance of best practice maternity care.
Tresillian	Parenting support
Vitamin and mineral supplements in pregnancy	RANZCOG: Vitamin and Mineral Supplementation and Pregnancy

Abbreviations

ACM	Australian College of Midwives	**MGP**	Midwifery Group Practice
BMI	Body Mass Index	**MSU**	Midstream urine sample
BP	Blood Pressure	**NBH**	Northern Beaches Hospital
CTG	Cardiotocograph	**NS LHD**	Northern Sydney Local Health District
EDD	Estimated date of delivery	**NIPS**	Non-invasive prenatal screening
EDS	Edinburgh Depression Scale	**NIPT**	Non-invasive prenatal testing
GBS	Group B Streptococcus	**O&G SS**	Obstetric and Gynaecology Staff Specialist
GP	General Practitioner	**PAPP-A**	Pregnancy-associated placental protein-A
GP SAC	General Practitioner credentialed with SNHN to provide Shared Antenatal Care	**RACGP**	Royal Australian and New Zealand College of General Practitioners
GTT	Glucose Tolerance Test	**RANZCOG**	Royal Australian and New Zealand College of Obstetrics and Gynaecology
HIV	Human immunodeficiency virus	**SAC**	Shared Antenatal Care
LMP	Last menstrual period	**SNHN**	Sydney North Health Network
LSCS	Lower Segment Caesarean Section	**SIDS**	Sudden Infant Death Syndrome
MAPS	Maternity Antenatal Postnatal Service	**TSH**	Thyroid Stimulating Hormone
M&C/S	Microscopy and culture / sensitivity		

Disclaimer

These Guidelines have been developed for the provision of shared antenatal care between the Northern Sydney LHD Hospitals and Sydney North Health Network

Irrespective of these Guidelines, every health service provider and health professional must individually exercise the standard of professional judgement and conduct expected of them in selecting the most appropriate care for a pregnant woman and in the management of her pregnancy.

The information contained in these guidelines is correct at the time of writing and based on current evidence and recommendations. Northern Sydney LHD cannot guarantee that the information is accurate in every respect, or appropriate for every woman and her pregnancy. This document is designed for online viewing. Once downloaded or printed, copies of this document are deemed uncontrolled.

The guidelines contain links to websites not under the direct control NSLHD Hospitals. These links are provided to support clinicians in accessing convenient and contemporary information.