

MATERNITY CARE GUIDE

ROYAL NORTH SHORE HOSPITAL



Preface

The Northern Sydney Local Health District (NSLHD) Shared Antenatal Care Guidelines 2024 for Royal North Shore and Ryde Hospitals have been developed to support General Practitioners (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.

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Chapter 1: Maternity Care at the hospital (RNSH & Ryde)

RNSH provides Level 6 Maternity Services, and Level 5 Neonatal Services to women choosing public hospital care, and who live in the Lower North Shore & Ryde LGAs. Hornsby Hospital provides public hospital maternity care for women residing in Ku-ring-gai and Hornsby Shire and parts of Hills District.

Areas we cover

2060	North Sydney, Waverton, Lavender Bay & McMahons Point
2061	Kirribilli & Milsons Point
2062	Cammeray
2063	Northbridge
2064	Artarmon
2065	St Leonards, Crows Nest, Naremburn, Wollstonecraft & Greenwich
2066	Lane Cove
2067	Chatswood
2068	Willoughby (East & North included), Castlecrag, Middle Cove
2069	Castle Cove (Roseville & Roseville Chase – see below)
2088	Mosman & Clifton Gardens
2089	Neutral Bay & Kurraba Point
2090	Cremorne & Cremorne Point
2110	Hunters Hill & Woolwich
2111	Gladesville, Tennyson Point, Huntleys Cove, Huntleys Point & Henley
2112	Ryde, Putney & Denistone East
2113	North Ryde & Macquarie Park
2114	West Ryde, Meadowbank, Denistone (Melrose Place – see below)
2121	Epping (see note below) check council
2122	Marsfield & Eastwood

Council areas to be checked:

2069	Roseville & Roseville Chase – check council. Ku-ring-gai Council = Hornsby Hospital
2114	Melrose Place – check council. Parramatta Council = Westmead Hospital
2121	Epping – check council. Ku-ring-gai Council = Hornsby Parramatta Council = Westmead Hospital.

Our team:

- Obstetric Head of Department:
Dr Tanya Nippita
tanya.nippita@health.nsw.gov.au
- GP Shared Antenatal Care Liaison Midwife
Susanna Maher RM
Phone 0409 513 971
susanna.maher@health.nsw.gov.au
- Midwifery Unit Manager, WHAC
Cathy Frankish RM
Phone 02 9463 2340
catherine.frankish@health.nsw.gov.au

Other Useful Contact Numbers:

- Womens Health Ambulatory Care WHAC
Mon – Fri 8am to 4.30pm
Phone 02 9463 2377
Fax 02 9926 4061
Results only: NSLHD-RNS-WHACBookingIn@health.nsw.gov.au
- RNS WHAC Antenatal bookings
Phone (message bank only) 02 9463 2378
Results only: NSLHD-RNS-WHACBookingIn@health.nsw.gov.au
Women phone and leave details, including name, DOB, contact phone number & gestation.
- Maternal Fetal Medicine Unit MFMU
Mon – Fri 8am – 4pm
Phone 02 9463 2370
Fax 02 9463 1005
- Clinical Genetics (Referral for Maternity Services)
Mon – Fri
Phone 02 9463 1727
Fax 02 9463 1057
- Early Pregnancy Assessment Unit EPAS
Mon – Fri 8am – 2 pm
Phone 02 9463 2350
Fax 02 9463 1005
- Birth Unit RNSH
24h
Phone 02 9463 2100

- Obstetric Registrar on call
Phone RNSH Switch 02 9926 7111
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[Services for Women birthing at RNSH:](#)
- [Childbirth Education and Hospital Tours:](#)
A range of childbirth, breastfeeding and parenting education offered online and face to face.
Contact: www.nshealthpromotion.com.au
Email: nslhd-parented@health.nsw.gov.au
Phone: 02 9462 9586
- [Lactation Consultant](#)
For women booked in at RNSH, or post-natal who birthed at RNSH.
See antenatal women in WHAC and postnatal women and babies in Maternity Ward or WHAC. Call WHAC/ANC 02 9463 2377 for appointment. Women can self-refer, or by GP or midwife.
- [NSLHD Maternity information pages for women and families:](#)

<https://www.nslhd.health.nsw.gov.au/maternity/Pages/default.aspx>

or Google [NSLHD maternity](#)

Includes virtual video tours of Birth Units RNSH and Hornsby Hospitals, plus education information and links.

- [Perinatal Mental Health Team.](#)

Consultant Psychiatrist: Amanda Bray

Perinatal Mental Health Nurse Anne Stapleton

Psyche Registrars

Referral:

1. For urgent referrals contact RNSH Switch 02 9926 7111 and ask to speak to On-Call psychiatrist, NSLHD Mental Health Helpline **1800 011 511**, or present to nearest Emergency Department.
2. Non-urgent: refer via antenatal booking process – faxed referral letter or e-Referral requesting PNMH input in woman’s pregnancy care.
3. Women undergo psycho-social screening at time of first antenatal midwife appointment, and are then referred via the weekly **Safestart** multidisciplinary team meeting to appropriate services.

- [Quit smoking for baby](#)

[Quitline 13 7848](tel:137848) or quitline.org.au

- Specialist Obstetric Clinic (SOC):

Tuesday mornings.

Multidisciplinary team caring for women experiencing underlying medical conditions and complicated pregnancies. Referral from WHAC clinicians, GPs.

GP referral: eReferral to WHAC requesting early appointment in SOC Clinic for high-risk women. Antenatal booking and pregnancy care planning by SOC team will be triaged and expedited.

Lead Obstetric Consultant: Karen Sheng

Endocrine Consultant: Sarah Glastras

Renal Consultant: Amanda Mather

Haematology consultant: Natalie Cromer

Diabetic Educators

Dietician

Anaesthetist.

- Substance use in Pregnancy and Parenting Service (SUPPS).

Consultant Esther Han

Clinical Nurse Specialists Diane Russel
Alana Robertson

Referral: 1) via ANC and SafeStart Multidisciplinary meeting

2) For urgent advice: NSLHD drug and alcohol central intake service **1300 889 788**

Referring to RNS WHAC:

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)

To refer to RNSH for public maternity care and birth:

Refer via **eReferrals**:

- Easy for GPs to provide demographic and clinical information from their own patient management system (those using Medical Director (v3.16), Best Practice, Genie Solutions, Zedmed, Clinic to cloud, Medlink) which covers almost 97% of GP practices in Northern Sydney.
- Enables NSLHD to electronically acknowledge the receipt of e-Referrals to GPs and confirm acceptance/ rejection of the referral.
- The electronic referral form can include links to HealthPathways to direct GPs to the relevant referral criteria established for the clinic
- Reduction in the use of fax over time.
- Increase the use of named referrals by GPs to improve Medicare billing for clinics.
- **Maternity Bookings Clerk will contact woman to schedule first appointment with the midwife for 14- 16 weeks**
- Woman can contact WHAC Antenatal Booking line direct if she has not received a call-back by ten working days post eReferral being submitted. **Phone 02 9463 2378.**

For first appointment at the hospital the women must bring:

- a referral for care addressed to Dr T Nippita.
- all pathology attended in pregnancy including NIPT if attended
- all ultrasounds attended in pregnancy

NB: If above documents are attached to eReferral or emailed to NSLHD-RNS-WHACBookingIn@health.nsw.gov.au, there is no need to bring hard copies to appointment.

There are a number of models of care provided at RNSH 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 RNSH for consultation or referral.

- Midwifery Unit Manager Antenatal Clinic:
Cathy Frankish Phone 02 9463 2340
catherine.frankish@health.nsw.gov.au
- Maternity Bookings:
Phone 02 9463 2378.
- GP Shared Antenatal Care Liaison Midwife
Susanna Maher RM
Phone 0409 513 971
susanna.maher@health.nsw.gov.au

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 maybe collaborative or care maybe 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 maybe collaborative or care maybe transferred to the hospital obstetric medical team.

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 NSLHD and Sydney North Health Network (SNHN), to provide antenatal care in collaboration with the RNSH 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.
- This model is suitable for Category A/B with risk factors which are suitable for management in the community 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 named MAP's 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 & B.
- 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 birth unit where there is no clinical indication to stay.

RNSH medical antenatal clinics:

- The RNSH 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

RNSH midwifery antenatal clinics:

- The RNSH 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.
- Outreach clinics held in 1) Hercules St, Chatswood & 2) Ryde Hospital OPD.
- 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 RNSH Student midwives lead the care with the support of the Clinical Midwife Educator.
- 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 their follow-through 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.

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.
- Postnatal home visits are provided by the MiTH team.
- This model is suitable for all women.

Choice of hospital for care during birth and post-natal period is in accordance with the private obstetrician's recommendations, and with their visiting rights at private or public hospitals.

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 above for details of the 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 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 SNHN requirements		

Suitability for shared antenatal care & Notes Review

Women who have no identified risk factors at booking may be suitable for GP SAC. Booking notes, referral letters and results are sent for Notes Review with a senior obstetrician. If considered appropriate for the SAC Model of care, note of this is made in woman's eMaternity maternity record. Any modifications to standard GP SAC model are also noted in the e-Maternity recorded.

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 eMaternity 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 < 10 th 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	*Previous CS birth	* 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

Follow recommended visit schedule and antenatal testing as per NSLHD/SNHN GP Shared Antenatal Care Protocol available below and on [HealthPathways](#).

Abbreviations

ACM	Australian College of Midwives
BMI	Body Mass Index
BP	Blood Pressure
CTG	Cardiotocograph
EDD	Estimated date of delivery
EDS	Edinburgh Depression Scale
GBS	Group B Streptococcus
GP	General Practitioner
GP SAC	General Practitioner credentialed with SNHN to provide Shared Antenatal Care
GTT	Glucose Tolerance Test
HIV	Human immunodeficiency virus
HKH	Hornsby Kuringai Hospital
LMP	Last menstrual period
LSCS	Lower Segment Caesarean Section
MAPS	Maternity Antenatal Postnatal Service
M&C/S	Microscopy and culture / sensitivity

MGP	Midwifery Group Practice
MSU	Midstream urine sample
NBH	Northern Beaches Hospital
NS LHD	Northern Sydney Local Health District
NIPS	Non-invasive prenatal screening
NIPT	Non-invasive prenatal testing
O&G SS	Obstetric and Gynaecology Staff Specialist
PAPP-A	Pregnancy-associated placental protein-A
RACGP	Royal Australian and New Zealand College of General Practitioners
RANZCOG	Royal Australian and New Zealand College of Obstetrics and Gynaecology
RNSH	Royal North Shore Hospital
SAC	Shared Antenatal Care
SNHN	Sydney North Health Network
SIDS	Sudden Infant Death Syndrome
TSH	Thyroid Stimulating Hormone

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 of Northern Sydney Local Health District Hospitals. These links are provided to support clinicians in accessing convenient and contemporary information.