

MATERNITY CARE GUIDE

HORNSBY KU-RING-GAI HOSPITAL



Preface

The Northern Sydney Local Health District (NSLHD) Shared Antenatal Care Guidelines 2024 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

Hornsby Ku-ring-gai (HKH) provides antenatal care for private and public women who live in the Hornsby Ku-ring-gai LGA. Where there are complications which are outside the role delineation of HKH, transfer of care is required to a tertiary facility.

Areas we cover

- Hornsby
- Hornsby Heights
- Berowra
- Berowra Heights
- Mount Colah
- Cowan
- Pennant Hills
- Cherrybrook
- Beecroft
- West Pennant Hills (boundaries)
- Carlingford (boundaries)
- Epping (boundaries)
- Waitara
- Wahroonga
- Glenorie (boundaries)
- Dural (boundaries)
- Castle Hill (Boundaries)
- Killara
- Maroota (Boundaries)
- Wisemans Ferry (boundaries)
- Dangar Island
- Brooklyn
- Mount Ku-ring-gai
- Asquith
- Warrawee
- Turramurra
- Pymble
- Gordon
- Lindfield
- Roseville (Boundaries)
- Thornleigh
- Normanhurst
- Westleigh
- Galston
- Arcadia
- Fiddletown
- Canoelands
- St Ives
- North Turramurra

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NSLHD-HKH-
AmbulatoryCare@health.nsw.gov.au
Phone: (02) 9485 6699

Services offered to women birthing at HKH:

Childbirth education and hospital tours

HKH 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 HKH 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 HKH

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):

Public:

- Preferred Referral Pathway: Complete eReferral.
- If not available, please email referral to: AmbulatoryCare@health.nsw.gov.au

HKH Antenatal Booking Clerks **will not** call women when a referral has been sent.

Please ask the women to call HKH Antenatal Booking-In clerk at 8 weeks gestation to arrange a Booking-In appointment.

Booking in for pregnancy

Monday – Friday 8.00am - 4.00pm

Phone: (02) 9485 6699

Email: NSLHD-HKH-AmbulatoryCare@health.nsw.gov.au

The initial Booking In appointment will be scheduled for 13-14 weeks pregnant. The following should be brought to the booking-in appointment:

- A hard copy of all of blood tests and ultrasound reports (images are not necessary) from the pregnancy so far.
- The referral letter from the GP.
- Any questions for the midwives.
- Medicare card and proof of address

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

- Midwifery Unit Manager Antenatal Clinic – [0467194783](tel:0467194783)
- Maternity Bookings- (02) 9485 6699
- O&G Staff Specialists – Dr Ajay Vatsayan, Dr Stephen Yim, Dr Alexandra Bennett and Dr Vickie Chio
- O&G Registrars available through switch: (02)
- Outpatients: email : NSLHD-HKH-AmbulatoryCare@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.

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 scheduled at HKH.
- 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.

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 HKH, to provide antenatal care in collaboration with the HKH 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 maybe 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.
- Where risks arise during pregnancy, consultation and referral occurs with the hospital O&G medical team. Care continues to be provided by MAPS in collaboration with the medical team.
- 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.

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 birth unit where there is no clinical indication to stay.

HKH medical antenatal clinics:

- The HKH 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 (Midwifery In The Home) team

HKH midwifery antenatal clinics:

- The HKH 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

Student Midwife Clinic:

- The HKH 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 hospital's 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 handheld 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

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 < 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		* 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	ACTIVITIES AND CONSIDERATIONS	EDUCATION
GP <10 weeks	<p>Confirm pregnancy</p> <p>Review</p> <p>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.</p> <p>Examination: BP / Cardiac / Respiratory / Abdomen / Thyroid / Breast exam, Weight and Height (BMI)</p> <p>Assess:</p> <p>Assess estimated due date. Discuss care and screening around any identified risk factors. Determine suitability for GP SAC.</p> <p>Complete</p> <p>Ask the woman to phone call HKH : (02) 9485 6699</p> <p>Provide referral to chosen care provider – Obstetrician, HKH (indicate preferred care e.g. GPSAC)</p> <p>Obtain</p> <p>Consent for information sharing</p>	<p>Early Pregnancy Information</p> <p>Discuss</p> <p>All options for antenatal care Flu vaccination Nutrition Iodine and folic acid Exercise Genetic counselling Antenatal classes Pelvic floor exercises</p> <p>Encourage</p> <p>Quitting smoking Alcohol Avoidance Healthy lifestyle choices</p>
	<p style="text-align: center;">RECOMMENDED INVESTIGATIONS</p> <ul style="list-style-type: none"> ➢ 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) <p>Hard copy of pathology results for the woman to give the hospital at booking in visit</p>	
	<p style="text-align: center;">OPTIONAL SCREENING TESTS</p> <p>Ferritin – Where there are high rates of iron-deficiency anaemia</p> <p>HbA1C - Where there is increased risk of diabetes: age, BMI, PCOS, previous GDM, family history, ethnic origin, migration.</p> <p>Gonorrhoea - Where there are risk factors</p> <p>Chlamydia - For women <25yrs or with other risk factors</p> <p>Trichomoniasis - Where there are symptoms</p> <p>CMV - Where women have frequent contact with large numbers of young children</p> <p>Thyroid - Where there is high risk of thyroid dysfunction</p> <p>Vitamin D - Where there is an identified risk factor or in populations more likely to have Vitamin D deficiency</p>	
	<p style="text-align: center;">Nuchal Translucency screen + biochemistry</p>	
Ultrasound 11-13.6 /40		
GP 11.5-14 /40	<ul style="list-style-type: none"> • 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
HKH ANC 12-14 /40	<p>Collect and Review</p> <ul style="list-style-type: none"> • Review of antenatal pathology and imaging • Review of maternal and family history • Assessment of risk and referral to any services required • Psychosocial screening assessment <p>Assess</p> <ul style="list-style-type: none"> • Need for any further screening such as early GTT or HBA1C <p>Discuss</p> <ul style="list-style-type: none"> • 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 <p>Complete</p> <ul style="list-style-type: none"> • Antenatal handheld record 	<p>Discuss</p> <p>All appropriate options for antenatal care Flu vaccination Nutrition Iodine and folic acid Exercise Antenatal classes Pelvic floor exercises</p> <p>Encourage</p> <p>Quitting smoking Alcohol Avoidance Healthy lifestyle choices</p>

<p>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.</p> <p>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.</p>		
Ultrasound 18-20 /40	Anomaly ultrasound	
GP 20/40 (following US)	<p>Review Previous visits and ultrasound</p> <p>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</p> <p>Assess Routine assessment including: BP, Fundal Height, Fetal movements, Fetal heart rate (FHR)</p>	<p>Discuss Fetal movement patterns Maternal vaccinations – whooping cough and flu 26-28 week pathology</p>
<p>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</p>		
GP 24-25 /40 <i>* Primips only</i>	<p>Review Previous visits and investigations Ensure a referral for 26-28 week pathology has been provided</p> <p>Assess Routine visit</p>	
HKH ANC 28 -29 /40 (following blood tests)	<p>Review Review 26-28 pathology Maternal vaccinations</p> <p>Assess Routine visit Repeat EDS</p> <p>Provide Anti-D prophylaxis if required Referral for 3rd trimester ultrasound as required, low lying placenta, ↓PAPPA, ↑BMI</p>	<p>Discuss Breastfeeding Safe sleeping, Newborn injections (Vit K and Hep B birth dose), Newborn Bloodspot Screening</p>
GP 31 /40 <i>* Primips only</i>	<p>Review Any recent pathology or radiology</p> <p>Assess Routine visit</p>	<p>Discuss: Breastfeeding Preparation for labour and birth</p>
GP 34 /40	<p>Review Any recent pathology or radiology</p> <p>Assess Routine visit</p> <p>Provide Whooping cough and flu vaccination if not already attended</p>	<p>Discuss Breastfeeding Preparation for labour and birth Anti D for women who are Rh-ve GBS screening and care implications</p>
HKH ANC 36 /40	<p>Review Any recent pathology or radiology Risk factors which would make birth earlier than 40 weeks recommended</p> <p>Assess Routine visit</p> <p>Provide Anti D prophylaxis if Rh-ve Offer Low Vaginal Swab for Group B Strep Consent for Newborn injections, Safe sleeping and Bloodspot Screening.</p>	<p>Discuss Water Immersion and Sterile water injections in labour Signs of labour + birth plan</p>
GP 38 & 39/40 <i>**39 /40 visit optional for multips**</i>	<p>Review Group B Strep result and discuss implications with the woman</p> <p>Assess Routine visit</p>	<p>Discuss Induction of labour (IOL) if labour does not start spontaneously</p>
HKH ANC 40 /40 Drs clinic	<p>Review Birth plan and pregnancy history</p> <p>Assess Routine visit Offer vaginal examination</p> <p>Provide Postdates Day Assessment Unit assessment</p>	<p>Discuss Post-dates assessment What to expect of IOL</p>
HKH DAU 41/40	<p>Review Pregnancy and maternal history</p> <p>Assess Maternal and fetal wellbeing including CTG</p>	<p>Discuss What to expect of IOL</p>
GP	<p>Review Labour and birth and maternal history</p>	<p>Discuss Contraception</p>

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

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

Abbreviations

ACM	Australian College of Midwives	M&C/S	Microscopy and culture / sensitivity
BMI	Body Mass Index	MGP	Midwifery Group Practice
BP	Blood Pressure	MSU	Midstream urine sample
CTG	Cardiotocograph	NBH	Northern Beaches Hospital
EDD	Estimated date of delivery	NS LHD	Northern Sydney Local Health District
EDS	Edinburgh Depression Scale	NIPS	Non-invasive prenatal screening
GBS	Group B Streptococcus	NIPT	Non-invasive prenatal testing
GP	General Practitioner	O&G SS	Obstetrics and Gynaecology Staff Specialist
GP SAC	General Practitioner credentialed with SNHN to provide Shared Antenatal Care	PAPP-A	Pregnancy-associated placental protein-A
GTT	Glucose Tolerance Test	RACGP	Royal Australian and New Zealand College of General Practitioners
HIV	Human immunodeficiency virus	RANZCOG	Royal Australian and New Zealand College of Obstetrics and Gynaecology
HKH	Hornsby Kuringai Hospital	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