

Western Health Antenatal Care for Shared Maternity Care Patients during COVID 19

Gestation	Standard Care	RH negative Patients	Previous Caesarean Section
14-16 Weeks Maternity Booking Appt	Hospital via Telehealth	Hospital via Telehealth	Hospital via Telehealth
16-18 weeks	Shared Maternity Care	Shared Maternity Care	Shared Maternity Care
22 weeks	Hospital Face to Face	Hospital Face to Face	Hospital Face to Face
28 weeks (relevant pathology performed)	Shared Maternity Care	Hospital + Anti D	Hospital to discuss mode of birth
32 weeks	Shared Maternity Care	Shared Maternity Care	Shared Maternity Care
34 weeks	Shared Maternity Care	Shared Maternity Care	Shared Maternity Care
36 weeks (plus GBS Swab)	Hospital Face to Face	Hospital + Anti D	Hospital Face to Face
38 weeks	Shared Maternity Care	Shared Maternity Care	Shared Maternity Care
39 weeks	Shared Maternity Care	Shared Maternity Care	Shared Maternity Care
40 weeks (pts wishing a VBAC should be seen at WH for further discussions)	Shared Maternity Care	Shared Maternity Care	Shared Maternity Care
41 weeks (if required)	Hospital Face to Face	Hospital Face to Face	

*Vaccination – offer fluvax from early pregnancy. Pertussis vaccination to be offered from 20 weeks gestation.

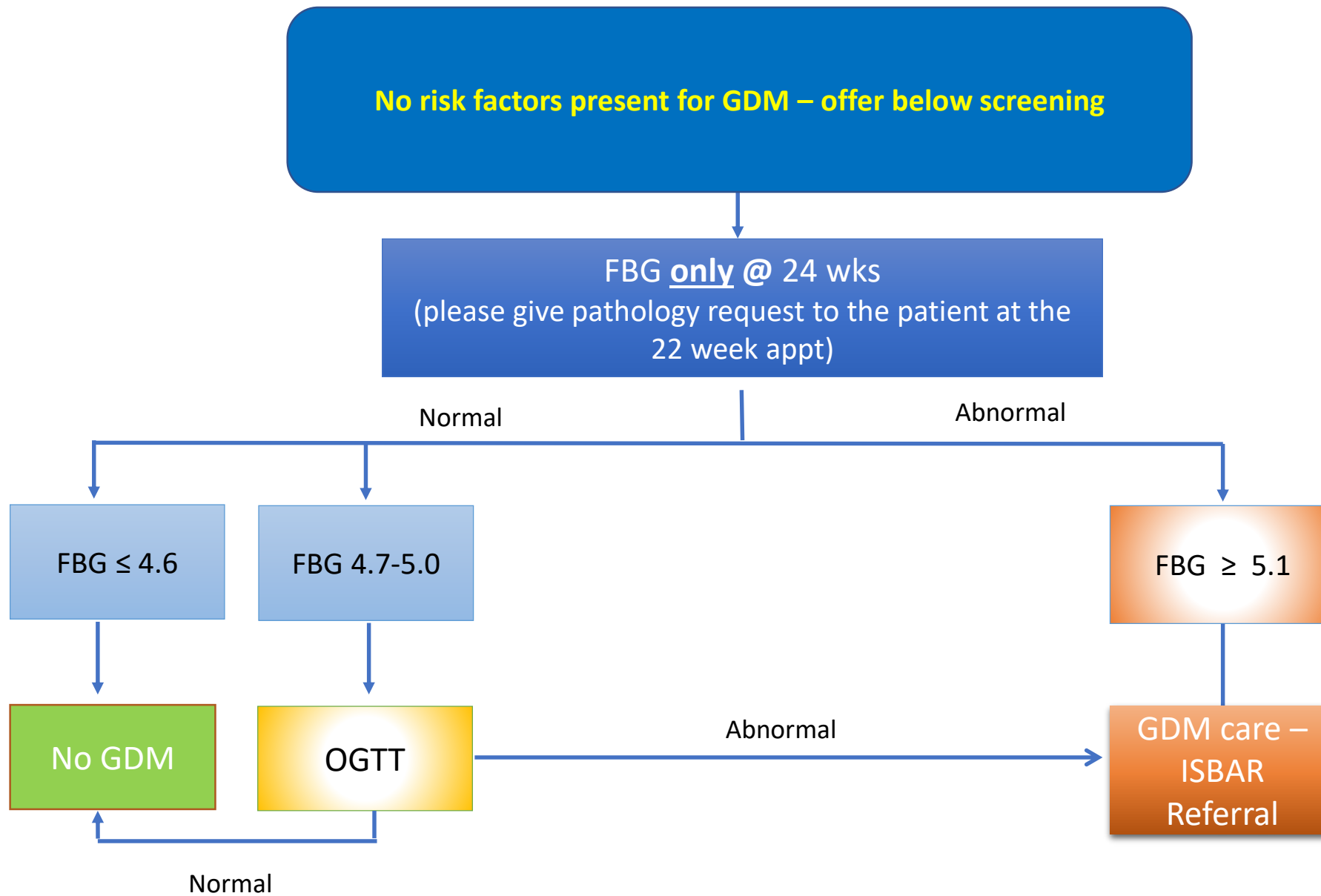
Guide:

	Shared Maternity Care via Telehealth		
	Shared Maternity Care Face to Face		Examination: Blood pressure, fundal height and fetal heart rate auscultated
	Hospital Appointment either Face to Face or Telehealth		

Please note:

All patients who have a telehealth appointment will be required to have a BP check performed prior to the appointment. This can either be conducted by the GP, Practice nurse, at a Pharmacy or with their own home monitoring if they have the facilities

GDM screening during pregnancy has been modified during COVID 19. Guidance has been sourced from Diabetes Australia, along with the Australasian Diabetes in Pregnancy Society (ADIPS) to develop a strategy to manage diagnostic testing for GDM during pregnancy in the current pandemic. Attached is a flowchart demonstrating the revised process of screening for GDM in pregnancy.



Risk factors for GDM

- BMI >30 kg/m² (pre-pregnancy or on entry to care)
- Ethnicity (Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African)
- Previous elevated BGL
- Maternal age 40 years
- Family history DM (1st degree relative or sister with GDM)
- Previous macrosomia (birth weight >4500g or >90th percentile)
- Previous perinatal loss
- Polycystic ovarian syndrome
- Medications: corticosteroids, anti-psychotics
- Multiple pregnancy
- History of GDM

Please Note

HbA1C & FBG Test Management <13 weeks:-

HbA1C – if performed and $\leq 5.9\%$, no need to request again in this pregnancy

FBG >6.0 - refer for GDM care at MBA to the Endocrinologist

FBG ≤ 5.9 – Please repeat as per flowchart below

