

Illawarra Antenatal Shared Care Program CLINICAL PATHWAY

Preconception or early visit	Weeks 8-12	Week 12-14	Week 16	Week 20	Wk 24	Week 28	Wk 30	Week 32	Week 34	Week 36	Weeks 37-40	Postnatal (6 week) check
GP	GP	Clinic visit	Monthly visits with GP				Clinic visit	Fortnightly visits with GP			Clinic visit	GP
<p>Order FBC, Group A/Bodies</p> <p>Fasting BGL Rubella, Hep B MSU, RPR/TPHA U/A Chlamydia <25yrs PAP if due ?varicella (preconcept only)</p> <p>Offer: HIV/Hep C</p> <p>copies sent to clinic</p> <p>First Trimester Screen or Prenatal Diagnosis refer if indicated</p>	<p>Review pathology results</p> <p>Complete & explain PNC2 card</p> <p>Offer NT Scan</p> <p>Booking In - prior to making appointments must attend 'Admissions' at Wollongong or Shellharbour hospitals</p> <p>Discuss Immunisation Lifestyle changes, Vitamin supp, Dental check Family History</p>	<p>Please send with patient:</p> <p>- referral letter (on your letterhead) To Dr Davis or Coleman - copies path & U/S - yellow card</p>	<p>Order U/S for 18 weeks</p> <p>copies sent to clinic</p>	<p>Review U/S results - refer to specialist if needed Confirm EDC (only change if >10days different to LMP)</p>	<p>Discuss Antenatal Classes Breastfeeding info/support QUIT smoking</p>		<p>Order GTT (75gm) 0,1 & 2 hrs Antibodies FBC (prior to 30 week visit).</p> <p>copies sent to clinic</p> <p>For Rh Negative Prophylactic Anti-D (28-30wks)</p> <p>remind to make next appt at ANC- Ph 42534256</p>	Clinic visit	<p>Order 34 week U/S</p> <p>copies sent to clinic</p>	<p>Arrange Appt for Anti-D Ph 42534256 (antibodies not required if Anti-D given at 28wks)</p>	<p>Attend Group B Strep test NB 1 swab (Vagina & Rectum)</p> <p>copies sent to clinic</p>	<p>Discuss & refer if necessary:</p> <ul style="list-style-type: none"> - Pelvic examination - Continence assessment - Breastfeeding - Child & Family Support - Contraception - Immunisation - PND <p>Order if required Pap smear Blood test</p> <p>Feedback birth experience to hospital if required</p>

Antenatal Clinic
(for all appointments)
Ph 42534256

Each visit check: urinalysis, fundal height (compared with gestational age), blood pressure, fetal heart rate



Please request copies of ALL pathology & ultrasounds to be sent to the clinic

Any deviations/ concerns in results from pathway should be referred immediately to
HOSPITAL Obstet REGISTRAR – phone 4222 5000 - page 508 / DAY ASSESSMENT UNIT 4253 4256 / Birthing Unit – 4253 4270
(weekdays) (after hours)