

REFERRAL GUIDELINES - ACCESS

Antenatal Clinic

Head of Clinic: Dr Nisha Khot.

Referrals: Referral addressed to Head of Clinic on Antenatal Clinic Referral Form is preferred.

Fax: 9788 1879

E-referral via Mastercare Antenatal Clinic Referral Template is preferred.

Appointment Enquiries PH: 9784 2600

Clinic overview

This clinic provides antenatal care for women on the Mornington Peninsula.

Routine and Urgent Referral

Please refer before 12 weeks if possible. We are aiming for women to have their Booking-In visit at the hospital around 10-14 weeks and their first Obstetric visit by 14-16 weeks.

If a GP has an URGENT pregnancy concern, please contact the obstetric registrar via switchboard on 9784 7777

If a GP has a **clinical concern about a woman you are referring, please call the Antenatal Clinic PH: 9784 2626** to speak with the clinical staff

Eligibility Criteria

Pregnancy and live in Peninsula Health catchment area

Exclusions

- BMI > 50 – please refer to Monash Health
- Triplets
- Complex medical conditions will be assessed and may be referred to Monash Health

Alternative referral option

- Private Services

Mandatory Referral Information

- EDD Based on LNMP or US Dating Scan (indicate what EDD is based on)
- Height/Weight/BMI
- BP
- Relevant Current and Past History
- Obstetric history
- Risk Factors

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner
- Provider Number
- Referrer's signature

Patient

Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter required

Clinical:

- Estimated Due Date
- LNMP
- Blood Pressure
- Height/Weight/BMI
- Management to date
- Past medical history
- Current medications
- Allergies
- Risk Factors
- **Radiology and pathology results**

Preferred:

- Addressed to named practitioner
- Duration of referral
- Email address
- Next of kin

HEAD OF CLINIC

Dr Nisha Khot

PROGRAM DIRECTOR

Colleen Whit
ENQUIRIES

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- Medications
- Allergies
- Blood Test/Ultrasound
- First Trimester Screening Results - if available
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Key Points for Referral

- **Refer Early (before 12 weeks if possible)**
- **Start Supplements and Aspirin (if indicated level 2 or 3 risk as per Peninsula Health routine Pregnancy Care Clinical Practice Guideline)**

Level 1	Level 2	Level 3
<p>No FGR risk factors identified^A</p> <p>One minor risk factor with normal clinical growth^{A/B}</p> <p>Note: more than 50% of FGR cases have no risk factors</p>	<p>2 or more minor risk factors</p> <ul style="list-style-type: none"> • Age ≥ 35 yrs^B • Nulliparity^A • IVF singleton pregnancy^B • Aboriginal or Torres Strait Islander^A • Smoking ≤ 10/day • BMI 30 to 34 kg/m²^{A/B} • BMI < 18 kg/m² <p>OR</p> <ul style="list-style-type: none"> • Previous late ($\geq 32/40$) FGR or pre-eclampsia^B <p><i>Advise low dose Aspirin 150mg nocte prior to 16/40 up to 36/40</i></p>	<p>Antenatal Complications</p> <p>Suspected FGR/SGA (SFH > 2cm behind projected fundal height, static growth, SFH < 10th %)^B</p> <p>Arrange US fetal growth. If growth normal but ongoing clinical suspicion, arrange FU growth assessment.</p>
<p>Standardized serial SFH at each visit from 24/40</p> <p>Plot SFH on growth chart</p>	<p>US fetal growth at 28 and 34-36wks</p> <p>Review model of care group (see CPG)</p>	<p>High Risk of Early FGR^C</p> <ul style="list-style-type: none"> • Maternal age ≥ 40 yrs • Smoker > 10/day, substance use • Previous early (< 32/40) FGR/SGA or pre-eclampsia • PAPP-A < 0.4 MoM • Congenital CMV • Pre-eclampsia or hypertension • APH heavier than menstrual loss • Previous stillbirth with FGR/SGA • Maternal medical conditions (e.g. antiphospholipid syndrome, renal impairment, diabetes with vascular disease, chronic inflammatory conditions) • BMI ≥ 35 kg/m²^{A/B} * <p><i>Advise low dose aspirin (150mg nocte) prior to 16/40 up to 36/40</i></p> <p>Review model of care (see CPG)</p> <p>US growth 4 wksly from 24/40</p> <p>* BMI ≥ 35 see CPG US growth/AFI/Doppler 28, 32, 36 weeks</p>

- **Order Standard Investigations** (some women need more tests in first trimester)

Standard investigations:

Results to be sent with referral and results received after referral to:

- Antenatal Clinic, Peninsula Health – Fax 9788 1879
- Patient

Recommended at around 9-10 weeks.

- Blood group and antibodies
- FBE, Ferritin
- Hepatitis B, Hepatitis C, HIV, Rubella, Syphilis
- Midstream urine for MC&S

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- Prenatal Screening – Combined First Trimester screening, or Non-invasive prenatal testing (NIPT) (cfDNA) or, if not done offer second trimester maternal screening: see further resources.

Some women need more tests to be done in first trimester:

Early Oral Glucose Tolerance Test (OGTT)²

- Increased risk of Gestational Diabetes (GDM), BMI > 30
- Family history of diabetes (1st degree relative with DM with GDM)
- Previous GDM or previous macrosomia (>4500gm or >90th centile)
- Elevated booking BGL
- Multiple Pregnancy
- Polycystic Ovarian Syndrome (PCOS)
- Maternal age of 40 years or over
- Corticosteroid or antipsychotic medication
- Previous perinatal loss
- Women with ethnicity of increased risk (Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, African)
- **Chlamydia and Sexually Transmitted Infection (STI) screening** - Offer testing to at risk populations

Routine cervical screening is safe in pregnancy and should continue as per **recommendations**

- **Patient Information** – click [here](#) for helpful patient information about Maternity Services

<https://www.peninsulahealth.org.au/services/womens-children-health/maternity-services/>

Antenatal Triage and Models of care

Decisions about appropriate models of care should be guided by the Peninsula Health Risk Assessment for Model of Care document and made in consultation with patients.

Antenatal triage

- Women with no risk factors (Group A) are considered low risk and suitable for GP or Midwife Shared Maternity Care
- Women with medium risk (Group B) are suitable for GP or Midwife Shared Care with Obstetric review at key gestation appointments as per obstetric plan
- Higher risk (Group C) women should be for Obstetric care only
- See [Risk Assessment for Model of Pregnancy Care](#)

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Models of Care at Peninsula Health

Models of care are described [here](#):

<https://www.peninsulahealth.org.au/services/womens-children-health/maternity-services/i-am-pregnant/pregnancy-and-postnatal-care-clinics/>

Models of care may change according to need during pregnancy and/or labour

For urgent clinical **advice please contact the Obstetric Registrar on duty via switch on 9784 7777**

New model –Midwifery Group Practice (MGP)

Women are allocated to a MGP midwife for their care. They will attend to their antenatal appointments, attend some ANC obstetric appointments if required, birth and postnatal visits.

Our model is all risk so regardless of any complications the women may have they can have a single midwife who will follow them through pregnancy, birth and postnatal.

Places in this model are limited. If women are interested, please detail their interest when writing your referral letter. Please explain that this does not guarantee a place in the program. Referrals will be triaged and the women contacted directly with the outcome.

Clinic information

Women's Services Antenatal Clinic

Outpatient Area 1, Building D
Frankston Hospital,
Frankston, Vic, 3199

Further Resources

- See [Peninsula Health Clinical Practice Guidelines](#) including
 - [Routine Pregnancy Care Clinical Practice Guideline](#)
 - [Risk Assessment Model of Pregnancy Care](#)
- [RANZCOG Vitamin and Mineral Supplementation and Pregnancy](#)
- [RANZCOG Prenatal Screening for Chromosomal and Genetic Conditions](#)
- [Healthy eating in pregnancy including foods to avoid](#)
- [Pregnancy Care](#)- Information for women
<https://www.peninsulahealth.org.au/services/womens-children-health/maternity-services/i-am-pregnant/>

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