Clinical Practice Guideline	**Risk Assessment for Model of Pregnancy Care**
Department	**Women's Health**

Target Audience
Midwives, Shared Maternity Care General Practitioner, Obstetric Residents and Registrars, Obstetric Consultants

Purpose
This is intended to guide decision making and assessment at midwifery booking and at subsequent antenatal visits for inclusion in a model of care and to guide referral within and between models of antenatal care. It will assist in providing evidence based, safe and collaborative care

Guideline
The risk assessment for the appropriate model of care is undertaken by the midwife at the booking visit. If women have no risk factors, they are suitable for Group A care (see below). If there is any doubt about the relevant of risk factors, an appointment is to be made for the obstetric registrar or consultant to determine the appropriate model of care.

Use the table '**Indications for Discussion, Consultation and Referral**' located on page three of this document to decide the most appropriate model of antenatal care
These indications are presented in two sections

- Indications at commencement of care, divided into past or current medical history, preexisting gynaecological disorders and obstetric history
- Conditions developed or discovered during pregnancy
- Previous or existing conditions are divided into groups A, B or C

Discuss with women which group their condition or history falls into and the recommended model of care.

Note: it is not the women who are in the group but their condition or history. Care plans are to be customised according to the individual circumstances of the woman and their family.

Group A: Women with well pregnancy suitable for Midwife, GP shared care or VMO care. Women are advised to have a **health check** with their GP. If there is doubt about whether women are suitable for low risk care, or if the GP identifies an issue with the health check, an **obstetric planning visit** with an obstetric registrar or specialist is required.
Group B: Refer to obstetric specialist (hospital or VMO) for an **obstetric planning visit** with a plan of care to made and documented. The timing of antenatal review appointments and the type of clinician (midwife, shared care GP, registrar, consultant) is to be clearly documented in the plan on BOS. Women would usually have a mix of appointments with the obstetric registrar/specialist and some with other care providers.
Group C: Antenatal care to be continued by obstetric doctors at the hospital or by an accredited VMO in accordance with plan documented by an obstetric specialist.

GP Health Check

Women who are in group A with no known risk factors are advised to see their GP, if they have not already done so, for a health check. The purpose of this is to ensure that women who are having midwifery led care have a medical review and examination to exclude any obvious morbidity. The health check should comprise:

- Review of any medical history if not already done
- General health and wellbeing
- Confirm estimated date of birth (EDB)
- Provide smoking cessation and substance use advice if applicable

Systemic examination to include **(if not already done at first visit)**:

- Pulse rate, blood pressure
- Body mass index
- Cardiovascular (exclude murmurs, signs of
- Respiratory examination (exclude murmurs, respiratory conditions)
- Breast examination only if indicated from symptoms
- Thyroid examination
- Abdominal examination (exclude masses)
- Speculum examination only if indicated from symptoms with HVS, chlamydia if indicated.

Investigations **(if not already done at first visit)**

- Cervical screening test if indicated (opportunistic screening)
- Urine for MSU and urine dipstick for protein
- Urine for chlamydia screening if <25yrs or past history of chlamydia

It should be noted that this visit is not to allocate a level of risk or a model of care. Allocation of the model of care is conducted at the booking visit and in conjunction with the obstetric planning visit. If the GP identifies any issues that may alter the allocation of risk category, they should refer the woman back to the antenatal clinic for a clear plan of care to be made.

Obstetric Planning Visit

This visit should be arranged for any women with group B or C conditions or risk factors. In addition, if there is uncertainty about the significance of a condition at any point in the pregnancy, a referral should be made for an obstetric assessment. The referral can be made by a GP or midwife and the woman should be seen by the hospital obstetric registrar, consultant or obstetric VMO.

MODELS OF CARE

Midwifery care: Antenatal care is provided by hospital midwives while pregnancy remains well and there are no group B or C conditions. A medical **health check** with a shared care GP or VMO is advised.

GP shared care: Antenatal care is provided by a GP who is accredited for the Peninsula Health shared maternity care program. Appointments for hospital obstetric clinic care are required at 36 weeks and at 41 weeks gestation. Women whose pregnancy is in group A are suitable for GP shared care. Women who have group B conditions may be suitable for GP shared care after an assessment and plan is made with hospital obstetric team. This plan will be recorded in BOS, printed and placed in VMR (Victorian Maternity Record), or written in the VMR. If a GP identifies risks in the pregnancy or abnormal investigations that place women is a different category of risk, the woman is to be referred to the antenatal clinic for an obstetric review to update a care plan.

Hospital obstetric care: Antenatal care is provided by hospital obstetric registrar and/or consultant

Private obstetrician (visiting medical officer - VMO): Antenatal care is provided by an accredited private obstetrician or Visiting Medical Officer (VMO) with labour and postnatal care provided by Frankston Hospital

Special Maternity Clinic (SMC): Specialist clinic for women with mental health conditions, intellectual disability and/or substance misuse. This is a multidisciplinary clinic.

Young Women's Clinic: For women under 21 years of age who are pregnant with their first baby. This is a multidisciplinary service.

Koori Maternity Service: Specialist midwifery service for families who identify as Aboriginal or Torres Strait Islander

Key Aligned Documents

Abdominal examination/palpation obstetrics and gynaecology
Advanced maternal age
Cholestasis of pregnancy
Diabetes in pregnancy
Hypertension in pregnancy
Iron deficiency anaemia in pregnancy, intrapartum and postpartum
Management of placenta praevia, placenta accrete and vasa praevia
Management of the small for gestational age or growth restricted fetus
Perinatal mental health
Prenatal Screening Tests
Reduced fetal movement
Twin pregnancy

Evaluation

Evaluation is through the reporting of events with the VHIMS system, in depth case reviews and audit through Women's Health morbidity and mortality meetings

References

[1] Maternal suitability for models of care, and indications for referral within and between models of care. RANZCOG. 2015.
[2] National Midwifery Guidelines for Consultation and Referral.3rd ed. Issue 2. ACM. 2013.
[3] National Maternity Services Capability Framework. DHHS. 2012.
[4] National Maternity Services Plan. AHMAC. 2010.

Clinical Practice Guideline	**Risk Assessment for Model of Pregnancy Care**
Department	**Women's Health**

Indications at commencement of care

Past History or Current Medical Conditions

Condition	Group
Anaesthetic difficulties	
Previous failure or complication	B
Malignant hyperthermia or neuromuscular disease	C
Autoimmune connective tissue disorders	
SLE	
Active OR major organ involvement OR on medication OR positive Ro/La OR coexisting anti-phospholipid or ITP	C
Inactive, no renal involvement, no hypertension, or only skin/joint problems	B
Scleroderma	C
Raynaud's disease	C
Periarteritis Nodosa	C
Rheumatoid Arthritis	C
Sjörgen's syndrome	C
Other automimmune disease	B
BMI	
BMI below 18	B
BMI above 35	B
BMI above 40	C
Cardiovascular disease	
Arrhythmia/palpitation; murmurs: recurrent, persistent or associated with other symptoms	B
Cardiac valve disease/replacement	C
Cardiomyopathy	C
Congenital cardiac disease	C
Hypertension	C
Ischaemic cardiac disease	C
Pulmonary hypertension	C
Other cardiac disease	C
Drugs of dependence or misuse	
Use of alcohol and other drugs	SMC/B
Medicine use of concern (Mothersafe 1800 647 848)	B

Condition	Group
Endocrine	
Diabetes Type 1 or 2	C
Previous gestational diabetes (B/C depending on testing outcome)	B
Hypothyroidism (subclinical)	B
Hyperthyroidism (subclinical)	B
Other thyroid diseases	B
Addison's, Cushing's or thyroid disease requiring treatment	C
Gastrointestinal	
Hepatitis B with positive serology (hBsAg+) (stable LFTs)	B
Hepatitis C (stable LFTs), consider SMC	B
History of obstetric cholestasis	C
Inflammatory bowel disease (ulcerative colitis, Crohn's)	C
Irritable bowel disease	B
Other GIT disease	B
Genetic - any condition	C
Haematological	
Personal history of thromboembolic disease	C
Coagulation disorder	C
Hereditary anaemia	B
Anaemia –iron deficiency anaemia,intrapartum and postpartum	B
Haemolytic anaemia	C
Women declining blood products	B
Haemoglobinopathies	B/C
Rhesus antibodies (pre-existing or not explained by routine prophylaxis)	C
Other antibodies detected (see section on acquired conditions below)	B/C
Rhesus negative requiring Anti D	B
Thalassaemia	C
Thrombocytopaenia platelets less than 150 $x10^9$	C
Thromboembolic disease consider underlying pathology and family history	C
Thrombophilia	
Anti Phospholipid antibodies and hereditary thrombophilia other than MTFHR mutation heterozygous	C
MTFHR mutation heterozygous	B
Infectious Diseases	
Cytomegalovirus	C
Chlamydia	B
Previous GBs positive neonate	B

Condition	Group
HIV	C
Genital herpes	B
Gonorrhoea	B
Listeriosis	B
Parasitic infection	A/B
Parvovirus infection	C
Rubella	C
Syphilis (previously treated = B)	C
Trichomoniasis	B
Toxoplasmosis	C
Tuberculosis : Active	C
Varicella or Herpes Zoster infection	C
Other infection for advice/plan	B
Maternal age	
Under 16 years of age	B/YWC
Over 35 years of age	B
Neurological	
AV malformation	C
Bell's palsy	A
Epilepsy with seizure or medication in past 12 months	C
Epilepsy without medication and no seizure in the past 12 months	B
Multiple sclerosis	B
Muscular or Myotonic Dystrophy	C
Myasthenia gravis	C
Spinal cord lesion (paraplegia or quadriplegia)	C
Muscular or myotonic dystrophy	C
Subarrachnoid haemorrhage, aneurysm	C
Other neurological condition	B
Organ Transplants	C
Perinatal Mental Health Problems *consider *perinatal linkages clinic* referral and/or SMC	
Moderate/severe depression EPDS above 12 or positive response re self-harm	B/C*
Psychiatric condition requiring medication	B*
Postpartum depression	B/C*
Puerperal psychosis	C*
Eating Disorder	C*

Condition	Group
Renal function disorder	
Disorders of renal function	C
Glomerulonephritis	C
Pyelitis	B
Previous kidney surgery with potential to impair kidney function in pregnancy	C
Recurrent UTI	B
Other renal	B
Respiratory Disease	
Mild asthma	B
Moderate asthma (oral steroids in past year and maintenance therapy)	B
Severe or deteriorating asthma (recent steroids or admission in pregnancy)	C
Influenza in this pregnancy	C
Lung function disorder	B
Sarcoidosis	C
Skeletal Disorders	
History of developmental skeletal disorders	B
Osteogensis imperfecta	B/C
Scheuermann's disease	B/C
Scoliosis	B/C
Spondylolisthesis	B/C
Skin - Dermatological disease requiring systemic therapy	B
Social	
Current or previous child protection, poor attender, family violence (SMC)	C
System/connective tissue disorders	
Marfan's syndrome/Reynaud's disease	C
Other systemic and rare disorders	C

Previous Gynaecological History

Condition	Group
Cervical abnormalities	
Cervical screening result needing follow up	B
Cervical amputation	B
Cervical surgery- cone biopsy, laser excision or LLETZ	B
Cervical surgery with subsequent term vaginal birth	A/B
Cervical surgery without subsequent term vaginal birth	B

Female Genital Mutilation	B
Fibroids	B
Infertility treatment	B
Intrauterine contraceptive device in situ	B
Pelvic deformities (trauma, congenital or acquired deformity)	B
Pelvic floor reconstruction	
Colposuspension for prolapse, fistula repair, mesh repair	C
Vaginal repair for prolapse (non mesh)	B
Uterine abnormalities	
Myomectomy/hysterotomy	C
Bicornuate uterus/unicornuate uterus or other congenital reproductive tract anomaly	C

Obstetric History

Condition	Group
Red cell incompatibility	C
Anti-Red cell antibodies including but not exclusively Rh, Kell, Duffy, Kidd	C
Anti-Platelet antibodies (Neonatal alloimmune thrombocytopaenia)	C
Caesarean section	
Lower segment	B
Classical or T-incision	C
Cervical weakness cervical length shorter than 25mm / Cx suture	C
Cervical laceration	C
Cholestasis	C
Congenital and/or hereditary disorder of a previous child	B
Forceps or vacuum assisted birth (B if wishes to debrief)	A/B
Grand multiparity parity greater or equal to 5	B
Hypertension	
Eclampsia/Severe preeclampsia or HELLP	C
Gestational hypertension (previous)	B
Preeclampsia (previous B, current C)	C
IUGR birth weight below 10th percentile using Dobbins chart	B/C
Macrosomia birthweight above 4.5kg	B
Neonatal hypoxic injury or Apgar below 7 at 5 minutes	B
Perinatal death	B
Placenta	
Abruption	B
Accreta	C
Manual removal	B
Postpartum haemorrhage	B
Preterm birth before 37 weeks gestation	B
Previous neonatal GBS infection	B
Recurrent miscarriage 3 or more first trimester	B

Rhesus isoimmunisation	C
Shoulder dystocia	B
Termination of pregnancy > 3	B
Trophoblastic disease hydatiform mole or vesicular mole in past 12 months	B
Third or fourth degree perineal laceration	B
Pelvic floor dysfunction	B/C
Previous mid trimester pregnancy loss	B/C
Other significant obstetric event	B/C

Clinical Practice Guideline	Risk Assessment for Model of Pregnancy Care
Department	Women's Health

Indications developed / discovered during pregnancy

Condition	Group
Planned adoption	B
Cervical weakness cervical length shorter than 25mm	C
Cervix cytology abnormality	B/C
Ectopic pregnancy	C
Endocrine	
Gestational diabetes diet controlled	B
Gestational diabetes requiring insulin	C
Subclinical hypothyroidism, hypothyroidism, hyperthyroidism	B
Other endocrine disorder requiring treatment	C
Fetal anomaly	B/C
Fetal death in utero	C
Fetal size/dates discrepancy	
SFH static or greater than 2cm or more above or below expected measurement	B
Polyhydramnios	C
Oligohydramnios	C
Fibroids	B
Gastrointestinal and Hepatobiliary	
Cholecystitis or biliary colic	B
Cholestasis	C
Acute Hepatitis or jaundice	B
Other acute gastrointestinal or hepatobiliary presentation	B
Haematological	
Anaemia	B
Blood group incompatibility	C
Coagulation disorder	B
Mean corpuscular volume (MCV) below 80	B
Rhesus negative requiring Anti D	B
Thrombocytopaenia platelets below 150 $x10^9$/L	B/C
Thrombosis	C

Peninsula Health

Clinical Practice Guideline	Risk Assessment for Model of Pregnancy Care
Department	Women's Health

Condition	Group
Hernia nuclei pulposi (slipped disc)	B
Hypertension	
Chronic hypertension	C
Eclampsia	C
Gestational hypertension BP above 140/90	C
Pre-eclampsia BP with any of: proteinuria, platelet <150 x10^9/L, abnormal renal or liver function, obstetric complication	C
Infectious diseases	
Chlamydia	B
Cytomegalovirus	C
Genital herpes: late pregnancy active lesion	C
Primary infection	B
Gonorrhoea	B
HIV	C
Listeriosis	B
Parvovirus infection	C
Rubella	B
Syphilis	C
Toxoplasmosis	B
Tuberculosis	
Active	C
Past history and treated	B
Insufficient antenatal care	B/C
Perinatal mental health issues	
EPDS above 12 or positive response to self harm	B/C/SMC*
Mental health issue requiring commencement of medication	B/C/SMC*
Placental indications	
Placental abruption	C
Placenta accreta	C
Placenta praevia (minor at 20/40)	B
Placenta praevia (major, or with APH, or minor after 32/40)	C
Vasa praevia	C
Post term pregnancy	
More than 41 weeks gestation	B
More than 42 weeks gestation	C

Clinical Practice Guideline	**Risk Assessment for Model of Pregnancy Care**
Department	**Women's Health**

Condition	Group
Preterm labour	B/C
Reduced fetal movements	
First presentation with normal CTG	B
Second or recurrent presentation	C
Renal function disorders	
Haematuria or proteinuria	B
Urinary tract infections	B
Pyelitis	B
Respiratory disease	
Asthma	B
Surgery during pregnancy	C
Malpresentation/noncephalic presentation at 36 weeks	C
Fetal head not engaged at 40 weeks	C
Multiple pregnancy	C
Vaginal blood loss	
Recurring loss before 12 weeks gestation	B
Vaginal blood loss at or after 12 weeks	B
Potentially significant clinical presentation Not limited to acute abdominal pain, palpitations, neurological symptoms	B

Document management	Position
Executive Sponsor:	Insert
Document Owner:	
Document Author	
Approved by:	
Date created/revised in archived system:	

Appendix 1: Risk Assessment and Schedule of Visits Summary

Women's Health
Risk Assessment for Model of Care
Schedule of Visits

All women must have an assessment of pre-pregnancy and pregnancy related risk factors

Group A: No risk factors. Suitable for midwifery, VMO or GP shared care. Advise to have a **health check** with their shared care GP or VMO. (If any clinical concerns at all, must have an **obstetric planning visit** with an obstetric registrar or specialist).

Group B: Moderate risk factor(s). Obstetric visit to discuss and document plan of care. May share some visits with GP shared care or midwifery.

Group C: Higher risk factors. Obstetric care only (hospital or VMO).

Risk category may change during the pregnancy.

Medical Indications

Group A: Low Risk	
No clinical risks	
Possible risks/conditions not listed below – arrange hospital screening visit with O&G registrar or consultant.	
Group B: Medium Risk	
Age: Under 16yrs (+YWC), over 35yrs. **AOD:** Alcohol and other drug use (Also SMC) **Anaes:** Previous anaesthetic complications **BMI:** <18 or from ≥35 to <40 **Card:** Heart murmurs or palpitations **Derm:** Skin condition requiring systemic therapy **Endo:** GDM diet controlled. Subclinical thyroid disease **GI:** Hepatitis B or C (stable LFTs), irritable bowel disease or other GI disorders **Haem:** Hereditary anaemias, iron deficiency anaemia Women declining blood products. Rhesus -ve requiring Anti-D. MTFHR mutation heterozygous **ID:** Chlamydia, previous GBS positive neonate, genital herpes, gonorrhoea, listeriosis, parasitic infection, trichomoniasis, Other infection for advice/plan	**MSk:** Developmental skeletal disorders, osteogenesis imperfecta, Scheuermann's disease, scoliosis, spondylolisthesis (C if compromised function) **Neuro:** Epilepsy without medication and no seizure in the past 12 months, multiple sclerosis **Pharm:** Prescription medication in category 3, 4 and X **Psy:** Moderate/severe depression (EPDS above 12 or positive response re self-harm), psychiatric condition requiring medication, consider SMC **Resp:** Mild and moderate asthma (oral steroids in past year and maintenance therapy) Lung function disorder (incl Resp consultation) **Renal:** Recurrent UTI, haematuria, proteinuria **Rheum:** Inactive auto immune disease on no medication
Group C: Higher Risk	
Anaes: Malignant hyperthermia or neuromuscular disease **BMI:** ≥40 **Card:** Cardiac valve disease/replacement, cardiomyopathy congenital cardiac disease, hypertension, ischaemic cardiac disease, pulmonary hypertension, other cardiac disease **Endo:** Gestational or pre-existing diabetes (unless diet controlled GDM), clinical hyper or hypothyroidism other non-thyroid endocrine disorders **GI:** Inflammatory bowel disease (Crohn's or UC) **Gen:** Genetic disease (eg CF) **Haem:** Hx of thromboembolic disease, coagulation disorder, haemolytic anaemia, haemoglobinopathies (B or C), thalassaemia, thrombocytopaenia (<150 x10^9), thrombophilia. ABO incompatibility, active blood incompatibility, anti-Red cell antibodies including but not exclusively Rh, Kell, Duffy, Kidd, anti-Platelet antibodies (neonatal alloimmune thrombocytopaenia)	**ID:** Cytomegalovirus, HIV Parvovirus, rubella, syphilis, toxoplasmosis, active tuberculosis, active, varicella/zoster virus infection **Neuro:** AV malformation, epilepsy with seizure or medication in past 12 month, muscular or myotonic dystrophy, myasthenia gravis, spinal cord lesion (paraplegia or quadriplegia), muscular or myotonic dystrophy, subarachnoid haemorrhage, aneurysm **Organ transplant:** Any **Psy:** Hx of puerperal psychosis, eating disorder **Renal:** Abnormal renal function, glomerulonephritis Previous kidney surgery with potential to impair kidney function in pregnancy **Resp:** Severe or deteriorating asthma (recent steroids or admission in pregnancy), influenza in this pregnancy, sarcoidosis **Rheum:** Active SLE either on treatment or with organ disease, anti Ro/La, antiphospholipid syndrome. Scleroderma, Raynaud's disease, periarteritis nodosa, rheumatoid Arthritis, Sjörgen's syndrome Marfan's syndrome/Reynaud's disease **Social:** Current or previous child protection(SMC) poor attender, family violence

Women's Health
Risk Assessment for Model of Care
Schedule of Visits

Obstetric Indications

Group B: Medium Risk	
Abdominal pain	Postpartum depression (B or C and SMC where appropriate**)**
Caesarean section (lower segment)	Postpartum haemorrhage
Congenital and/or hereditary disorder of a previous child	Preeclampsia or gest hypertension (previous preg)
Forceps or vacuum assisted birth (A, or B if wishes discussion)	Preterm birth before 37 weeks' gestation
FGR (previous) birth weight between 5th and 10th centile using Dobbins neonatal birthweight chart	Previous neonatal GBS infection
Grand multiparity parity greater or equal to 5	Shoulder dystocia
Gestational hypertension	Suspected FGR (>2cm above or below exp fundal height)
Hypertension	Termination of pregnancy > 3
Macrosomia birthweight above 4.5kg	Threatened preterm labour
Manual removal of placenta	Third or fourth degree perineal laceration
Mid-trimester fetal loss	Trophoblastic disease hydatidiform mole or vesicular mole in past 12 months
Neonatal hypoxic injury or Apgar below 7 at 5 minutes	Pelvic floor dysfunction (B or C)
Placental abruption	Previous mid trimester pregnancy loss (B or C dep on cause)
Placenta praevia (minor at 20/40, discussion and follow up appt)	Reduced fetal movements (first with normal CTG)
Group C: Higher Risk	
Breech or malpresentation at 36/40	Perinatal death (B or C where appropriate)Pre-eclampsia or gest hypertension (current pregnancy)
Classical or T-incision caesarean	Past eclampsia, severe preeclampsia or HELLP
Cervical weakness, length shorter than 25mm, Cx suture	Placenta praevia (major)
Cervical laceration	Placenta accreta (past or suspected)
Cholestasis	Poly or oligohydramnios
Fetal anomaly (B or C where appropriate)	Reduced fetal movements (recurrent)
FGR (previous) birth weight below 5th percentile using Dobbins neonatal chart	Ruptured membranes (term or preterm)
FGR (current) on ultrasound or risk factors (see FGR screening tool)	Twins or other multiple pregnancy
	Vasa praevia

Gynaecological Indications

Group B: Medium Risk	
Cervical screening result needing follow up	Intrauterine contraceptive device in situ
Laser excision or LLETZ	Miscarriage (threatened or multiple)
Female Genital Mutilation	Pelvic bone deformities (trauma, congenital or acquired deformity)
Fibroids	
Infertility treatment	Pelvic floor repair (see below)
Group C: Higher Risk	
Colposuspension or mesh following prolapse repair, previous fistula	Myomectomy/hysterotomy, bicornuate uterus/unicornuate uterus or other congenital uterine anomaly
Cone biopsy or LLETZx2	

Abbreviations

AOD	Alcohol and other drugs	Haem	Haematological
Anaes	Anaesthetic	ID	Infectious diseases
BMI	Body mass index	LLETZ	Large loop excision of the transformation zone
Card	Cardiac	MSk	Musculoskeletal
CF	Cystic Fibrosis	Neuro	Neurological
Derm	Dermatological	Pharm	Pharmacological
Endo	Endocrinological	PIH	Pregnancy induced hypertension
EPDS	Edinburgh postnatal depression score	Psy	Psychiatric
FGR	Fetal growth restriction	Resp	Respiratory
GBS	Group B Streptococcus	Rheum	Rheumatological
GDM	Gestational diabetes mellitus	SMC	Special maternity clinic
Gen	Genetic	UC	Ulcerative Colitis
GI	Gastrointestinal	YWC	Young Women's Clinic

Women's Health
Risk Assessment for Model of Care
Schedule of Visits

Pregnancy Models of Care Minimum Schedule of Visits			
	Group A	**Group B**	**Group C**
Week of Pregnancy	**Low risk Primary Maternity Care** Suitable for - *midwife care, GP shared care, private obstetrician, private midwife*	**Medium risk Collaborative Maternity Care.** Suitable for – *collaborative hospital obstetric and midwife care, specialty maternity clinic, young women's clinic, private obstetrician, hospital obstetric care*	**High risk Specialist Obstetric Care** Suitable for – *hospital obstetric care, complex pregnancy care, private obstetrician*
6-10 weeks (confirmation of pregnancy early pregnancy screening)	GP / VMO	GP /VMO	GP /VMO
10-14 weeks (Hospital booking initial model of care triage)	Midwife	Midwife	Midwife
14-16 weeks (health check with GP or obstetric planning visit)	Hospital obstetric doctor, VMO, shared care GP (GP health check, or obstetric planning visit if uncertain about risk factors)	Hospital obstetric doctor, VMO (obstetric planning visit)	Hospital obstetric doctor, VMO (obstetric planning visit)
20-22 weeks (after morphology scan)	Midwife, VMO, Shared care GP	Hospital obstetric doctor, VMO *(schedule additional visits as required)*	Hospital obstetric doctor, VMO *(schedule additional visits as required)*
28 weeks (after OGTT, Gp antibodies, FBE, anti D administration)	Midwife, VMO, Shared care GP	Midwife, hospital obstetric doctor, VMO, shared care GP ***(women having serial growth scans require hospital obstetric or VMO review**. Schedule additional visits as required)*	Hospital obstetric doctor, VMO *(schedule additional visits as required))*
32 Weeks	Midwife, VMO, Shared care GP	Hospital obstetric doctor, VMO *(schedule additional visits as required)*	Hospital obstetric doctor, VMO *(schedule additional visits as required)*
34 weeks **Anti D administration**	Midwife - birth planning and pregnancy education (may replace or be in addition to VMO or share care GP visit)	Midwife -birth planning and pregnancy education (may replace or be in addition to hospital obstetric,VMO or shared care GP visit) *(schedule additional visits as required)*	Midwife -birth planning and pregnancy education (may replace or be in addition to hospital obstetric,VMO) *(schedule additional visits as required)*
36 weeks	Midwife, hospital obstetric doctor, VMO	Hospital obstetric doctor, VMO *(schedule additional visits as required)*	Hospital obstetric doctor, VMO *(schedule additional visits as required)*
38 weeks	Midwife, VMO, Shared care GP	Midwife, hospital obstetric doctor, VMO, share care GP ***(women with risk factors for FGR require hospital obstetric or VMO review**. (schedule additional visits as required)*	Hospital obstetric doctor, VMO *(schedule additional visits as required)*
39-40 weeks	Midwife, VMO, Shared care GP	Midwife, hospital obstetric doctor, VMO, share care GP ***(women with risk factors for FGR require hospital obstetric or VMO review)***	Hospital obstetric doctor, VMO *(schedule additional visits as required)*
41-42 weeks ***(post dates screening and induction of labour planning)***	Midwife, VMO, hospital obstetric doctor	Hospital obstetric doctor, VMO	Hospital obstetric doctor, VMO

Women's Health
Risk Assessment for Model of Care
Schedule of Visits

References:

Collaborative Maternity Care. (2016) https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Collaborative-Maternity-Care-(C-Obs-33)-Review-March-2016.pdf?ext=.pdf

Mercy Health WMH Antenatal Schedule of Care Clinical Guideline August 2017 reviewed June 2018 https://system.prompt.org.au/download/document.aspx?id=40055074&code=D7152164807E4861A5B8987918C32AD9

Royal Women's Hospital. Guidelines for Shared Maternity Care Affiliates. 2015 https://www.thewomens.org.au/images/uploads/general-downloads/health-pro/Shared-Maternity-Care-Affiliate-Guidelines-2015.pdf

Monash Health. Collaborative care – booking criteria Procedure. 2016 https://system.prompt.org.au/download/document.aspx?id=22283958&code=077607CC847129601660D653D4FAE8B6

Monash Health. Pregnancy visit schedule for shared maternity care. Implementation tool. 2019. https://system.prompt.org.au/download/document.aspx?id=45944183&code=25AF6F3A63629B3E87B09BAE8E3031AA

Document management	**Position**
Executive Sponsor:	Insert
Document Owner:	
Document Author	
Approved by:	
Date created/revised in archived system:	