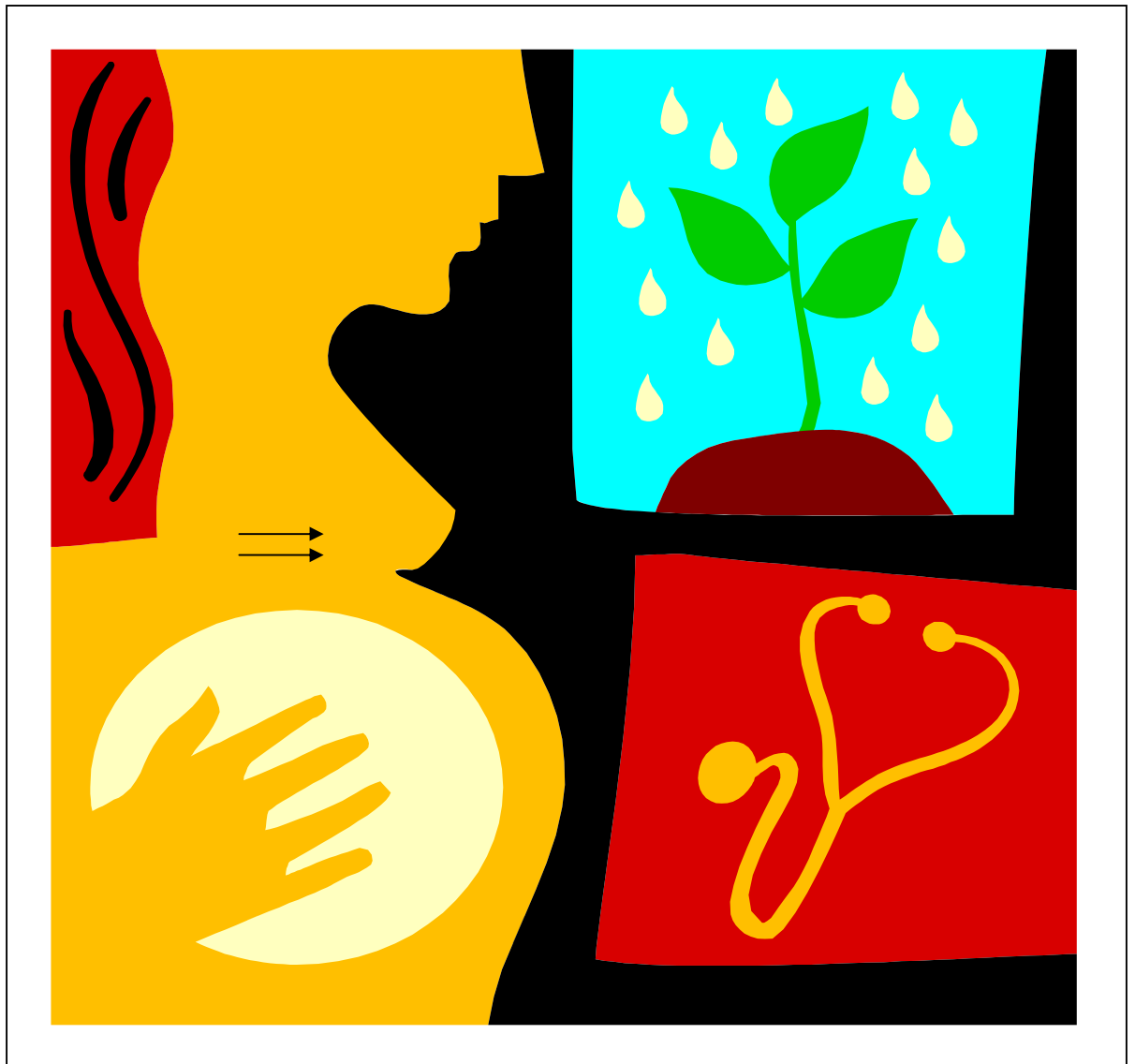


INFORMATION KIT

ANTENATAL SHARED CARE 2011



Funding: The Australian Government Department of Health and Ageing is acknowledged as a funding body for Divisions of General Practice.

Disclaimer: Whilst every reasonable effort has been made to ensure that the information given in this resource is accurate, General Practice South will not accept liability for any injury, loss or damage arising directly or indirectly from any use or reliance on this information.

Note: This resource will be completely revised in July 2012. Amendments to the resource before this date will be available for download from the Women's and Children's Health Program page on the General Practice South web-site. An amendment alert will be included in the General Practice South publications *Division News* and *Practice Support News*.

The resource is available for download at www.gpsouth.com.au/womens.html

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Antenatal Shared Care Information Kit

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COUNSELLING OF THOSE SCREENING “AT INCREASED RISK” OF A CHROMOSOMAL DISORDER

Patients who receive an “increased risk” screening result should be offered a face-to-face appointment to discuss the result. Ideally the patient’s partner/husband should attend. The person counselling the patient should aim to cover the following:

- Address anxiety
- Assess understanding of what Down syndrome is
- Discuss magnitude of screened risk relative to patient’s age-related risk
- Outline options (no action/diagnostic testing/wait for 18-20 week ultrasound) including advantages and disadvantages of each
- Explain the diagnostic procedures, what’s involved, risk of miscarriage
- Explain limitations (a normal karyotype doesn’t rule out all genetic diseases)
- Explore patient’s thoughts about raising a child with a disability (resources & support – financial, emotional and family)
- Explore patient beliefs concerning termination of pregnancy
- Explain termination procedures (curette, induction of labour)
- Time frame for results
- The possibility of detecting an unexpected chromosomal abnormality

It is preferable that there is a time interval of at least 24 hours between this counseling and any appointment for a diagnostic procedure, to allow the patient time to absorb the information, reflect, discuss with their partner, and reach a decision they are comfortable with.

GPs may elect to counsel their patients themselves, or may elect to refer the patient to the genetic counseling service (ph: 6222 8296). See diagram on following page.

Dr Peter Reynolds conducts a weekly ORP (outside referred patient) clinic at the Royal Hobart Hospital on Wednesday mornings which is dedicated to diagnostic testing (CVS and amniocentesis) for those at increased risk of chromosomal or single gene disorders.

If you have counseled your ‘increased risk’ patient yourself, and the patient elects to have either CVS or amniocentesis, you may arrange this by faxing an ORP referral form addressed to Dr Peter Reynolds at the RHH antenatal clinic (fax: 6222 8900) with a copy of the increased risk report, (and dating scan report if MSST) and details about which procedure the patient is requesting.

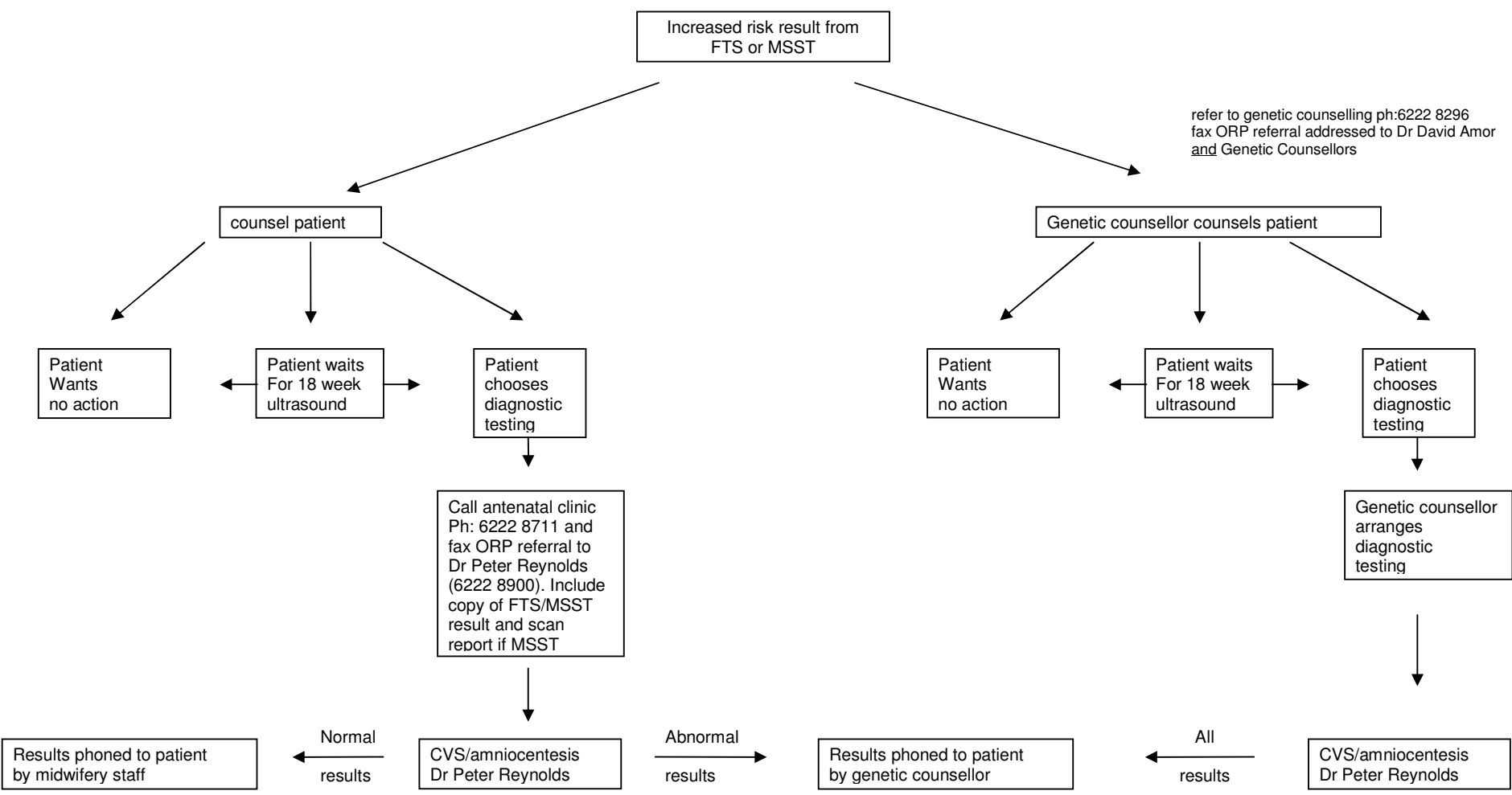
If you would like your ‘increased risk’ patient to see a genetic counselor for discussion and help with decision making, please contact the genetic counseling service (ph: 6222 8296). Fax an ORP referral **addressed to Dr David Amor and Genetic Counsellors** to the Genetic Counselling department on 6222 7961. Your patient will be contacted within 24 hours (weekends excepted) and offered a face-to-face appointment (although some patients prefer to receive this counselling by phone). Those patients who elect to have CVS or amniocentesis will be booked into the appropriate Wednesday morning clinic by the genetic counsellor. Those who elect to await the outcome of the 18 – 20 week scan will be followed up by a genetic counselor after the scan takes place.

Normal results from diagnostic testing will be phoned to the patient by either a genetic counselor or midwifery staff depending on the route of referral. All abnormal results will be phoned to patients by a genetic counsellor, and an appointment arranged with a consultant obstetrician (usually) within 24 hours. Copies of diagnostic testing results will be faxed to the referring GP.

If your patient is requesting pre-natal diagnosis because of a personal or family history of a single gene disorder or familial chromosomal translocation, please refer directly to the genetic counsellors as soon as possible – some ‘work-up’ may be required before pre-natal testing can be offered.

Updated July 2011

FOLLOW UP OF INCREASED RISK RESULTS FROM FTS/MSST



Nutrition before and during pregnancy



It is important to eat well before you become pregnant. Even in the first weeks of life, your baby relies on your stores of vitamins and minerals. Here's how you can give your baby the best start in life...

1. **Eat from all the food groups every day-** to get all the vitamins and minerals you and your baby need.
 - The five food groups = breads and cereals, fruit, vegetables, dairy foods, and meat and meat alternatives (e.g. legumes, eggs). Eat a variety of different foods from each food group.
 - Drink plenty of water.
 - Use the handout **How well are you eating?** to check if you are eating well.

2. **Have more folate**
 - Folate is a vitamin found in most plant foods. It can help to reduce your chance of having a baby with neural tube defect (e.g. spina bifida).
 - You need extra folate one month before and for the first three months of pregnancy.
 - Take a 0.5mg folic acid supplement tablet every day.
 - You also need to eat more foods that are high in folate.
 - Folate is found in plant foods including: fruit and vegetables, legumes (e.g. chickpeas, lentils, baked beans) and wholegrain cereals.
 - Some foods have extra folate added to them. Check labels on breads, cereals, fruit juice and yeast extracts e.g. Vegemite™.



Continued over page

3. Iodine

- Pregnant and breastfeeding women have increased iodine needs and will not get enough iodine from food alone (even with the addition of iodine to bread).
- Pregnant and breastfeeding women are advised to take a supplement with 150 µg (micrograms) of iodine per day.

4. If you are a vegan...

Vitamin B12 is found only in animal foods. If you don't eat animal foods (meat, chicken, fish, eggs and dairy etc) you may not have enough body stores of vitamin B12. Vitamin B12 is needed for development of the baby's brain, spinal cord and nervous system.

- Ask your GP to check your vitamin B12 levels.
- Speak to your GP or an Accredited Practising Dietitian about whether you need to take a supplement.

SOURCE: Tuckertalk Manual (The Family Nutrition Education Manual)
REVIEWED: January 2011

Listeriosis



Listeriosis is an illness caused by eating food that has the bacterium ***Listeria monocytogenes*** in it. Listeriosis is not common, but when it does occur the illness is often severe. Luckily, listeriosis can be avoided by good food safety and by avoiding certain foods.

1. Who is at risk?

Listeria does not cause illness in most people. People at risk of infection are:

- Pregnant women.
- Newborn babies and people over the age of 65.
- People with weakened immune systems (for example, people receiving treatment for cancer or those with HIV).

2. What kind of illness is listeriosis?

- Pregnant women may not know they have been infected but the illness can be fatal to the unborn child.
- In the young, the elderly or those with low immunity, listeriosis may cause gastrointestinal symptoms such as nausea and diarrhoea. More severe infection may result in blood poisoning or swelling of the brain.

3. How do you reduce your risk?

Listeria is common in soil and some raw foods, including meats and vegetables. It can grow to high numbers even in the fridge, but is killed by cooking foods well.

- If you are at risk, avoid 'high risk' foods.

Continued over page

- Always prepare and store food safely – keep your kitchen clean; wash your hands often; prepare raw and cooked foods using different boards and utensils; and store raw foods in sealed containers away from foods that are ready to eat.
- Order hot meals when you eat out.

4. **High risk foods – to be avoided**

People at increased risk of listeriosis should **not** eat:

- Soft cheeses, such as brie, camembert and ricotta.
- Paté.
- Soft serve ice-cream.
- Cold meats and poultry, such as deli meats and cold chicken.
- Raw and smoked fish and seafood.
- Pre-packed salads.

For more information see the Food Standards Australia New Zealand fact sheet – [Go to the Food Standards Australia and New Zealand website <http://www.foodstandards.govt.nz/> and search for Listeria fact sheet].

SOURCE: Tuckertalk Manual (The Family Nutrition Education Manual)
REVIEWED: January 2011

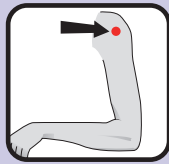
IMMUNISATION

COMMONLY OBSERVED REACTIONS TO VACCINES AND WHAT TO DO

ALL VACCINE NEEDLES (INJECTIONS) MAY CAUSE THE FOLLOWING REACTIONS:



Mild fever
<38.5
short
lasting



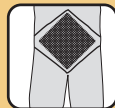
Where the needle was
given: Sore, red, burning,
itching or swelling for 1-2
days and/or small, hard
lump for a few weeks



Grizzly, unsettled
and unhappy

SOME VACCINE NEEDLES (INJECTIONS) MAY CAUSE ADDITIONAL REACTIONS:

DTPa-Hib-Hep B-Polio vaccine:
diphtheria-tetanus-pertussis-
hepatitis B-polio-haemophilus
influenzae B



Not hungry

Given

Pneumococcal vaccine



Sleepy

Given

Varicella zoster vaccine:
varicella/chicken pox
After 5-26 days



Mild rash where needle given; may
spread to other parts of the body

Given

MMR vaccine:
measles-mumps-rubella
After 5-12 days



Light rash (not infectious)

Given

Meningococcal C vaccine



Headache



Not hungry

Given

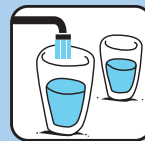
WHAT TO DO AT HOME:



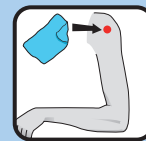
Give paracetamol, in
accordance with the
directions on the pack.
If hot, grizzly or for sore
injection site as needed



Do not put
on lots of
clothes or
blankets if
hot

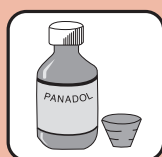


Give
extra
fluids



Put a cold
wet cloth on
the injection
site if it is
sore

WHEN TO SEEK MEDICAL ADVICE:



Paracetamol is
needed for more than
1 or 2 days



Side effects are bad and
not going away. Or, if you
are worried at all

COMMONLY OBSERVED REACTIONS TO VACCINES ON THE NATIONAL IMMUNISATION PROGRAM

DTPa-*hib*-*hep b*-*polio*

- Irritable, crying, unsettled and generally unhappy
- Drowsiness or tiredness
- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)
- Muscle aches

Rotavirus

- Vomiting and diarrhoea can occur up to 7 days after vaccination

23vPPV & 7vPCV (*pneumococcal*)

- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)

MenCCV (*meningococcal C*)

- Irritable, crying, unsettled and generally unhappy
- Loss of appetite
- Headache (usually observed in adolescent/adults)
- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)

MMR (*measles/mumps/rubella*)

- Occasionally injection site nodule – may last many weeks (no treatment needed)

Seen 7 to 10 days after vaccination:

- Low grade temperature (fever) lasting 2-3 days
- Faint red rash (not infectious)
- Head cold and/or runny nose, cough and/or puffy eyes
- Drowsiness or tiredness
- Swelling of salivary glands

Hib (*haemophilus influenzae*)

- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)

VZV (*varicella/chicken pox*)

- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)

Seen 5-26 days after vaccination:

- few small red lumps or blisters (2-5 lesions) usually at injection site which occasionally covers other parts of the body

Hep B (*hepatitis B*)

- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)

Human papillomavirus (HPV)

- Localised pain, redness and swelling at injection site
- Low grade temperature (fever)
- Mild nausea
- Mild headache

Adult DTP (*diphtheria/tetanus/pertussis*)

- Drowsiness or tiredness
- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)
- Muscle aches

Influenza

- Drowsiness or tiredness
- Muscle aches
- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)

Adult dT (*diphtheria/tetanus*)

- Localised pain, redness and swelling at injection site
- Occasionally injection site nodule – may last many weeks (no treatment needed)
- Low grade temperature (fever)

NOTE TO IMMUNISATION PROVIDERS: PLEASE INDICATE THE VACCINE ADMINISTERED BY TICKING THE BOX