Inadequate Referral
Consequences

• Imperfect triage - clinical risk
• Time consuming
Audit of GP Referral to Antenatal Clinic

• 2013, initial audit of 100 consecutively received GP referrals
• 2014, 1 year later a second audit of 100 consecutively received GP referrals
What Makes an Adequate Referral

Essential Data:
• LMP/EDD
• FBC
• Blood group & antibodies
• HIV
• Hep B
• Hep C
• Syphilis

Desirable data:
• Request for shared care
• MSU
• Chlamydia
• Vit D
2013 Audit Results

Referrals

- Inadequate: 51%
- Adequate: 49%
1. A fax was sent requesting further information from the GP if referral inadequate.
2. GP Education e- Bulletin

- Medicare Local newsletter
- Receipt of referral letter to GP
- Whenever communicating with individual GPs send copy of the A4 antenatal shared care guideline

### Bulletin

**Medicare Local newsletter**

Fax No: (08) 9346 8215

Pathology/Ultrasounds.

- **Haemoglobinopathy Screening**
  - Patient known to have
  - GP to organise screening of partner if
    - MCV <80 or MCH <27 and Ferritin N, or;
    - Pacific Islander, South American, Maori, Mediterranean, Middle Eastern, As

Then Calcium 600mg and Ostelin/Osteovit 125mcg daily/ 5000iu

Patient will be seen at OPH Antenatal Clinic (ANC) from 20 weeks.

Each appointment check:
- Weight
- Blood Pressure
- Urinalysis
- Fetal heart rate (from 20 weeks)
- Fetal movements (from 24 weeks)
- Fundal Height (from 24 weeks)

#### 20 weeks

- Recommended iron supplements (>100mg/unit elemental iron)
- Check that iron is taken at a different time to calcium to prevent malabsorption

#### 26-28 WEEKS

**Routine Blood Tests:**
- Full blood picture (+/- iron studies if at risk)
- Vitamin D if indicated
- Antibody screen if Rh negative
- anti-D if Rh negative
- GTT for ALL women
- Copies of blood test results for ANC

#### 36 WEEKS

- OPH Antenatal Clinic will organise Group B Neisseria screening (SOLVS and rectal swab)
  - If Group B positive patient for IV antibiotics in labour.
  - Full blood picture if indicated
  - anti-D if Rh negative

#### 40-41 WEEKS

- VE +/- sweep
- Book onto wait list for IOL

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**OSBORNE PARK HOSPITAL\nANTENATAL CARE GUIDELINES Feb 2015**

**GP FIRST VISIT (<12 weeks)**

- Confirm LMP and arrange dating ultrasound if indicated
- Obstetric/Gynaecological history
- Any significant history, i.e. Medical, Surgical, Medication and allergies
- Folate advice
- Listeria and Salmonella avoidance advice
- Counseling regarding tobacco/ alcohol/ drug cessation
- Discuss and offer influenza vaccination
- Offer free pertussis vaccination in 3rd trimester preferably 32-36 weeks

**FIRST TRIMESTER ROUTINE TESTS**

- Blood groups/abc/d antibodies
- Full blood picture
- Hepatitis B surface antigen
- Hepatitis C antibodies
- HIV antibodies
- Rubella titre
- Syphilis serology
- Random blood glucose (GT T high risk)
- Midstream urine
- Pap smear – consider if no PAP in last two years or at six weeks post parum
- Chlamydia First void urine +SOLVS

**Vitamin D Deficiency:** <50nmol/L

- Ostelin/Osteovit 125mcg daily/ 5000iu
- Calcium 600mg daily. Repeat blood tests in six weeks. Continue medication until within normal range.
- Then Calcium 600mg and Ostelin/Osteovit 25mcg per day until cessation of lactation

**Haemoglobinopathy Screening**

- Ethnic groups at high risk: African, Mediterranean, Middle Eastern, Asian, Pacific Islander, South American, Māori, or:
  - MCV <80 or MCH <27 and Fentinit N. or;
  - Past history/family history of anaemia or Haemoglobinopathy
- GP to organise screening of partner if patient known to have Haemoglobinopathy.

Please send copies of all results to OPH with the patient referral letter or organise copies for OPH when requesting Pathology/Ultrasounds.

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**GP to organise:**

- Prophylaxis – all rhesus negative antibody women need to have:
  - Antibody screen at 20-28 weeks then initial Anti-D injection 625IU at 28 weeks.
  - Anti-D injection 625 IU at 34-36 weeks.
  - No blood test required pre-injection.

1st Trimester

- Bleed sensitising events:
  - Threatened miscarriage
  - Abruptio placentae
  - Chronic villus sampling
  - Ectopic pregnancy
  - 250 IU injection
  - Multiple pregnancy, give 625 IU.

2nd / 3rd Trimester

- Anti-D required:
  - Anemia/ breech
  - External cephalic version
  - Anti-platelet haemorrhage
  - Abdominal trauma

- Kleihauer test prior to giving dose to check adequacy of dose.

- Usage: 625 IU

**Postnatal:**

Given if baby Rhesus positive.

**Anti-D Available From:**
- OPH – Available only for patients booked for confinement at OPH
- Patient may attend Maternity Assessment Area with order/letter from GP.
- OPH Maternity Assessment (08) 9346 8029
- Red Cross (08) 9325 3030
- Western Diagnostic/Myaree (08) 9317 8883
- Clinpath – West Perth (08) 9476 5222
- SJOG Subiaco (08) 9382 6690

**POSTNATAL 6-8 WEEKS**

- GP to organise:
  - Gestational diabetic women, repeat GTT.
  - Then 1-2 yearly.
  - Pap smear, if due
  - Check perineum and uterine size
  - Update immunisations, especially whooping cough for all caregivers of neonates.
  - Contraception needs
  - Postnatal depression screen
  - Vitamin D deficiency – mother will require supplements until the end of breastfeeding. Baby will also require vit D supplements

**40-41 WEEKS**

- VE +/- sweep
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**Rhesus negative women**

**Anti-D**

- Required:

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N.B. Weight restrictions apply at OPH. If weight is <52kg and BMI is <40, refer patient to KEMH.

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2014 Re-Audit Results

Letter Adequacy Comparison

- 2013: 49% Inadequate, 51% Adequate
- 2014: 39% Inadequate, 61% Adequate
2014 Re-Audit Results

Referral Type

Handwritten: 10% in 2013, 0% in 2014
Handwritten OPH: 18% in 2013, 11% in 2014
OPH e form: 7% in 2013, 19% in 2014
Other e form: 13% in 2013, 14% in 2014
E-practice letter: 52% in 2013, 56% in 2014

2013: 56% hand-written, 44% electronic
2014: 39% hand-written, 61% electronic

E-practice letter as a percentage of all audits increased from 8% to 16%.
Future Improvements

1. Continue the fax back method of getting complete information for the triaging midwife
2. Continued antenatal information in the local GP electronic newsletter set up by the HLGPs in the area, and now distributed by the PHNs
3. Commence bi-annual GP shared care newsletter
4. Supporting the employment of 4 GPs in the antenatal clinic
IT'S A PROCESS,
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IT'S A PROCESS;
CHANGE TAKES TIME.