



 **GP Shared Care**
Obstetric

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Navigating the Third Trimester

**A Guide to the 28-Week Visit & Beyond,
Let's Talk about a Birth Plan!**

Dr Jenni Goold



GP Obstetric Shared Care Program

Managed by GP Partners Australia

GP Partners Australia Staff

- **Leanne March**

GP Shared Care Programs Manager / Registered Midwife

- **Naomi Pointon**

GP Shared Care Programs Event Support



Learning Outcomes

- What do women want (from GP OSC)
- Manage a pregnancy from 28 weeks & beyond
- Routine & ad hoc antenatal tests >28 weeks and managing results
- Managing issues that arise in 3rd trimester
- Lifestyle changes
- Medications/ vaccinations in last trimester - what to do?
- Advice re antenatal education- feeding options
- Talk about birth plan/preparedness



Tell me what you want, what you really, really want?

What women want if they were to have another baby:
the Australian Birth Experience Study (BESt) cross-sectional
national survey

Keedle H, et al. *BMJ Open* 2023; 13:e071582



Obj: To explore if Australian women would do anything differently if having another baby

- Large survey (8804 responses) on women's birth experiences in the last 5 years (2016-2021) in Australia
- Responders tended to be of higher socioeconomic status, >30 years & university educated
- Lower rates of First Nations women & migrant women in the study of total population of women giving birth
- Covered all models of care - public & Private
- Survey available in seven languages



BESt Survey Results

- Continuity of Care (CoC)
- Self Blame (guilt) for 'not being prepared'/ assertive about what they want
- Vaginal Birth with min. intervention/ active in labour
- Equity in acces- rural/ metro



What does this mean for GP OSC?

- CoC – Hospital models cost - effectiveness (fragmented care) vs GP model patient centred/holistic approach (CoC)
- Antenatal education - Formal/ opportunistic - 'feel prepared'
- Lifestyle changes – Highly motivated time e.g. smoking, drugs, alcohol, weight etc
- Birth plans: Personalise but realistic expectations
- Early discharge - Importance for follow-up
- Explore options - Hypnobirthing, fitness, environment
- Explore feeding options – B/F education
- Unpack previous experience - Support? MH care plan?
- Dispel myths
- Advocacy



The model of GP OSC is
invaluable in preparing
supporting pregnant women,
their partners & families
through birth & beyond



28 weeks – Now What?

35 year old Emily, GP OSC, booked at WCH, G3P1, BMI > 30 (35 at booking), early GTT NAD & morph scan LLP

P Ob Hx:

Previous Elective LSCS for breech

Gestational HTN noted at 36 weeks

PMHx - Hypothyroidism

FHx - Father Type 2 DM

Medications - Folic acid, Elevit 1 daily,
Thyroxine 100micrograms/daily



28 weeks – Now What?

Routine 28 weeks bloods

- Blood Group & Ab
- CBP
- Ferritin
- Vit D
- Syphilis
- GTT
- Others TFT, PE baseline



28 weeks – Now What?

Routine 28 weeks bloods

- Blood Group & Ab

O neg

- CBP

Hb 110

- Ferritin

17

- Vit D

48

- Syphilis

Neg

- GTT

5.2, 8.2, 9.5

- Others TFT, PE baseline
- TSH & T4 NAD, EUC/LFTs, ur prot, creat & ratio ok



Abnormal results – Now What?

Call the birthing hospital for advice

Can they still do OSC?



28 weeks – Now What?

BP large cuff seated 132/80

SFH 34cm, FHH 138

FMF

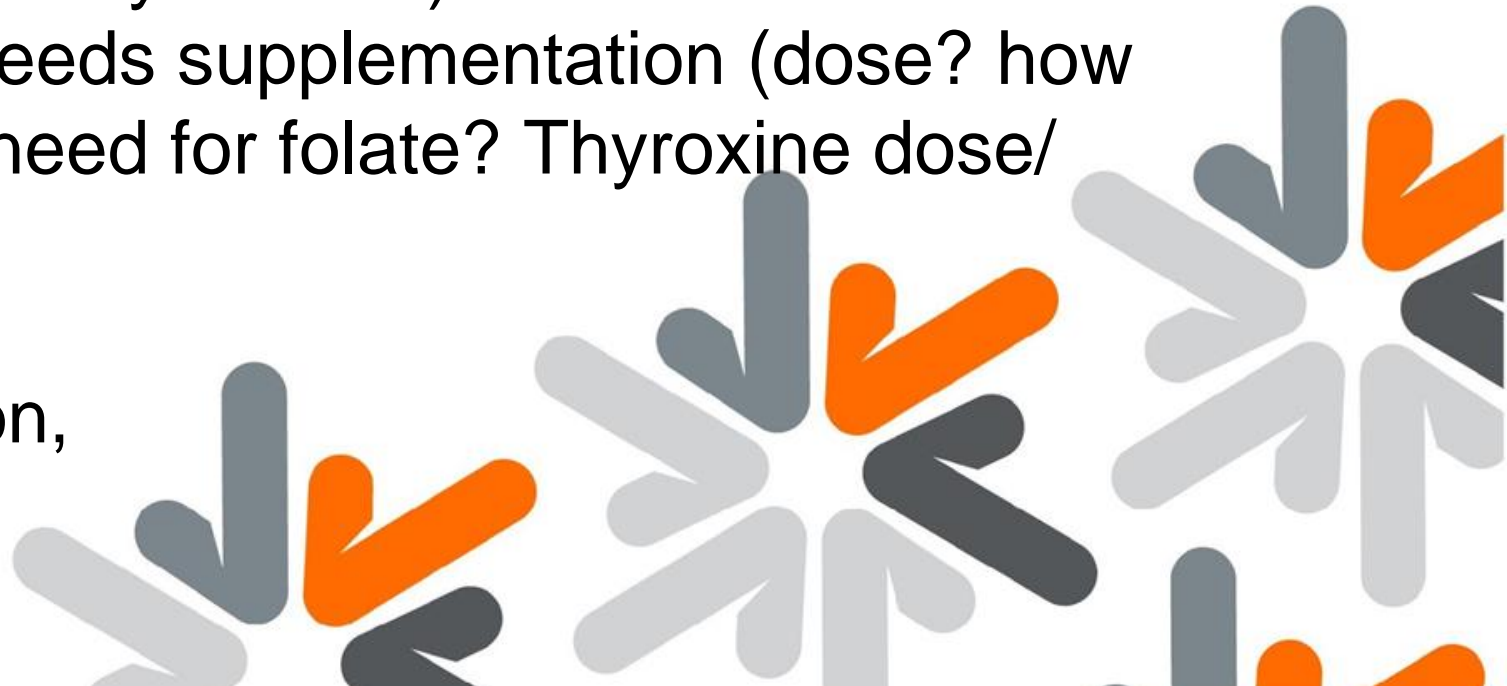
Issues to consider?

Reliability of SFH - (due to body habitus)

Results- Iron & Vit D def, needs supplementation (dose? how long?, if/when to recheck) need for folate? Thyroxine dose/monitoring?

GTT?

- lifestyle, mood, education, BF, concerns, myths



28 weeks – Issues

35 year old Emily:

Elevated BMI

PH LSCS & late onset gestational HTN

Hypothyroidism

Iron deficiency

Vit D deficiency

GDM

Rhesus negative

LLP

- lifestyle, mood, education, B/F, concerns, myths



28 weeks – BMI

Bariatric Guidelines:

BMI>35, liaise with hospital re special requirements

BP - cuff size

Monitor with growth scans: growth parameters, AFI & dopplers

28, 32-34 weeks & consider 36 weeks

Increased risk for GDM- early GTT and repeat 28 weeks

GDM screening- what if PHx bariatric surgery ?

Profiles 5 consecutive days

Monitor for other co-morbidities e.g. HTN, PE



28 weeks – Hypothyroidism

Who to screen?

Early TFT results??

Known Hypothyroidism:

Monitor 6 weekly, if stable min each trimester - Adjust dose accordingly

Post birth dosing?



28 weeks – Supplements

Iron:

- Diet
- Ferrograd & maltofer
- Infusion?

Vit D:

- 400 IU daily but in deficiency 1000 IU daily
(increase to 2 if still low at 28 weeks)
- How long?

Reminder re dietary requirements in pregnancy

Lifestyle education - smoking, alcohol etc



What supplements? Is it enough?



Vit D Routine & Deficient Dosing

Vitamin D - some products:

- Blackmores Preg & BF Gold (500u per capsule)
- Elevit (200 u per tablet)
- Swisse preg & Ultivite (600u per capsule)
- 0.5ml Ostelin Vit D liquid (1000units/0.5mls)
- OsteVit-D (1000u)
- Ostelin Vit D (1000u)



Medications?

As a general rule do not stop any pre-existing medication without seeking advice & consider safety profile of any medication added.....

Women's and Children's Hospital Drug Information in Pregnancy and Breastfeeding **8161 7222**

Hospital Midwife Coordinator – GP Obstetric Shared Care

GP Partners Australia – GP Obstetric Shared Care Program

OTIS – [www.teratology.org/OTIS fact Sheets.asp](http://www.teratology.org/OTIS_fact_Sheets.asp)

Anyone have any other favourite sources?drugs.com



28 weeks – Vaccinations?

Vaccinations:

Fluvax anytime

Pertussis from 20-32 weeks

Covid

Anti D- 28 & 34 weeks (& sensitising events),
birth



28 weeks – GDM

Diagnosis $F > 5$, 1 hour > 10 hours > 8.5

Explanation/importance of control

Impact pregnancy & life long

Refer Diabetes Education

Monitoring: profiles- F, 2 hr post-prandial

Range: F < 5.1 , Post prandial < 6.7 red flags?

Mx diet, metformin, insulin

Other Considerations:

High risk, risk of co-morbidities (HTN, PE),
growth monitoring- scans, weight gain

Timing of birth

F/U - 6 weeks & annually



>28 weeks Birth Plan (Item 16591)

Previous LSCS; Options:

- Repeat LSCS - what does this mean?
- VBAC – risks?

Timing?

- Depends on GDM control:

Diet - term

Treatment good control - >38-39 weeks

Treatment – poor control/ LGA >37 weeks

IOL/VBAC

Item 16591- Pregnancy planning

>28weeks

includes MH screen / DV screen



Scans?

Growth scan - Growth parameters, AFI, dopplers

Monitoring growth:

Elevated BMI (growth 28,32,36)

GDM (32,36)

LLP (32-34) & later if remains LL

When else?

Discrepancy from SFH & weeks

Other issues for F/U e.g. renal dilation, echogenic focus, dopplers, AFI, marginal cord, fibroids, atypical uterus



32 weeks – Now What?

BP 130/80, SFH 40, FHH 142, FMF, Weight, presentation breech, lie oblique, Not engaged 5/5

Others:

Scan for growth & placental position,
BSL monitoring, (emailing Diabetes Ed?)

Antenatal education classes (QR code)

Birth planning

Check CBP & Iron 32 or 36 weeks)

Prepare for 36 week hospital visit –
LVS, birth plan, B/F Ed, questions

- lifestyle, mood, education,
B/F, concerns, myths



34 weeks?

BP 130/80, SFH 40, FHH 142, FMF, Weight,
Presentation Cephalic, lie long 5/5

what else?

- Anti D x2
- Check-in
- Work plans?/ maternity leave?
- Diabetes control?
- Education - birth plan

She mentions she has an itchy rash on trunk....

Consider cholestasis - BA (<8)

Settles with soap free, moisturisers etc.

- ❖ Lifestyle, mood, education,
BF, concerns, myths



She says she is going to celebrate finishing work with a glass of champagne.

What do you do?

NHMRC guidelines 2009

There is no lower limit that can be guaranteed completely safe and so the safest thing is to **STOP**

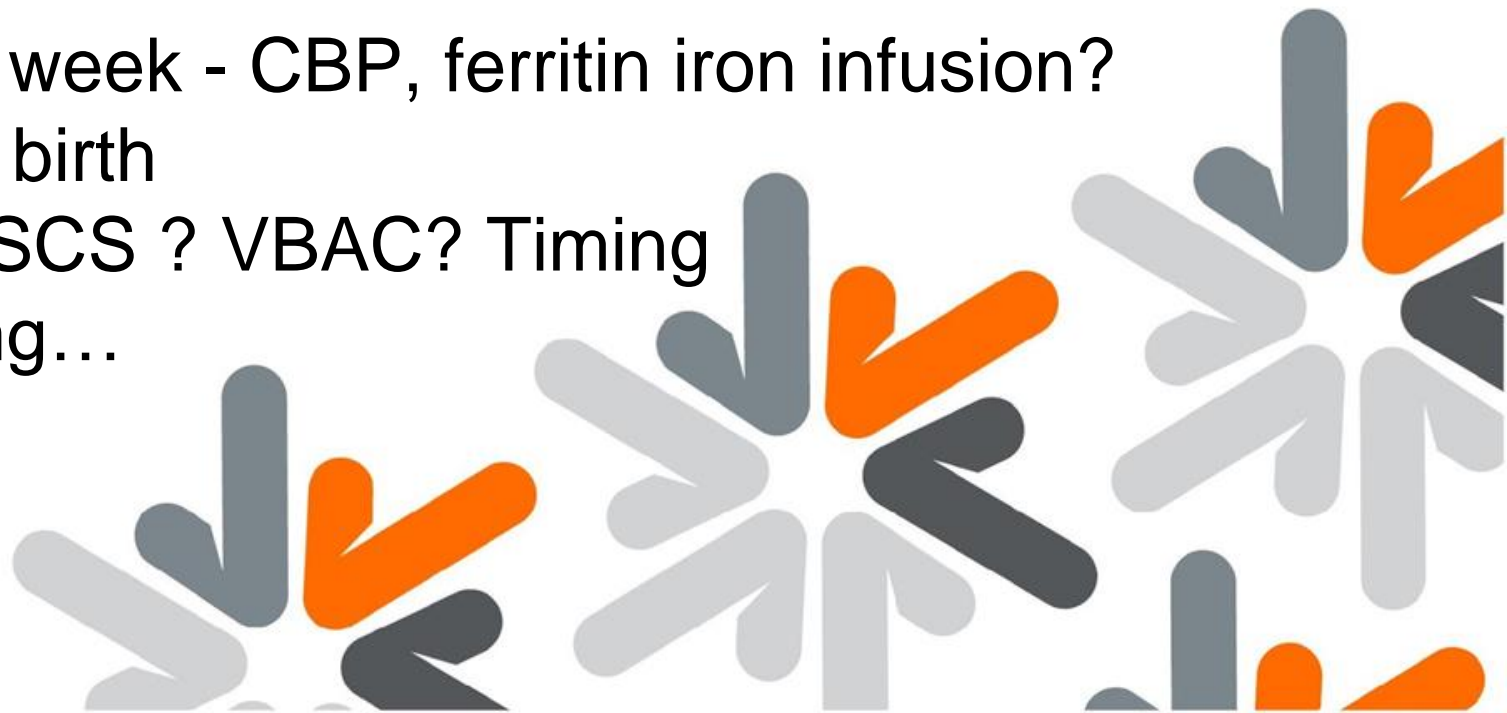


36 weeks – Now What?

Hospital Visit:

Ensure GP has set up expectations:

- B/F education – encourage attendance (GDM- EBM prior to birth)
- LVS - GBS
- Review results 32 or 36 week - CBP, ferritin iron infusion?
- GDM control – timing of birth
- Birth planning- repeat LSCS ? VBAC? Timing
- Identify WAS, car parking...



38 weeks – Now What?

BP, SFH, FHH, FMF, presentation lie

- Diabetes control?
- Unpack hospital visit: GBS result & explanation
- Check CBP, Ferritin from 32 or 36/40, TFT
- Birth Plan- early discharge, newborn screening/hearing, feeding options
- prolonged pregnancy planning: >40 fetal wellbeing check, IOL 41/40- GDM birth by term
- Plan 2 & 6 review for both mother & baby

* lifestyle, mood, education, B/F, concerns, myths



Term – Now What?

Hospital: BP 130/80, SFH 40, FHH 142, FMF,
Weight, presentation, lie

Birth Plan - prolonged labour, fetal wellbeing
(CTG, scan etc.)

VE - Bishops score, stretch & sweep

IOL booked

The Importance of a
Full-Term Pregnancy



Birth - Now What?

Early discharge....

How did it go?

Domiciliary MW? CAFHS?

2 & 6 week review but PRN

Monitor MH, supports, CAFHS - EPNDS

Feeding, lochia, wound - LSCS scar, episiotomy, perineum

Contraception

Feeding

Diabetes Mx - screening 6 weeks & annual

Baby – [Blue Book](#) checks, monitor growth parameters, vaccinations



Why Obstetric Shared Care?

- Continuity of care & holistic care
- Patients generally happy, healthy and well
- Great support from Hospitals, Midwife Coordinators, GP OSC Program & GP Partners Australia
- CPD Activities, resources and networking opportunities
- Financial incentives; item numbers 16500 & 16591
- Excellent option of care for low risk women
- Keeps GP patient population young!

**WE ARE
SIMPLY
THE
BEST**



So tell me what you want, What you really really want ?

Women want:
Continuity of Care

Who better than their GP!

What do Women Want?

ANSWER: **GP OSC**

"I'LL TELL YOU WHAT I WANT,
WHAT I REALLY
REALLY WANT..."



GP Partners Australia Website



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Pregnant – Now What?

Need Help?

- SA GP Obstetric Shared Care Protocols – April 2020 (New Version Coming!)
- SA Perinatal Practice Guidelines
 - www.health.sa.gov.au/ppg
- GP OSC Program Manager/Midwife
 - Leanne March – (T): 08 8112 1100 or (M): 0418 803 844
- GP Advisors
 - Contact via Leanne - GP OSC Program SA – (M): 0418 803 844
- OSC Midwife Coordinators
 - Contact details in GP OSC Brochure or via GP Partners or Hospital

Questions?





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Thank you

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www.gppaustralia.org.au