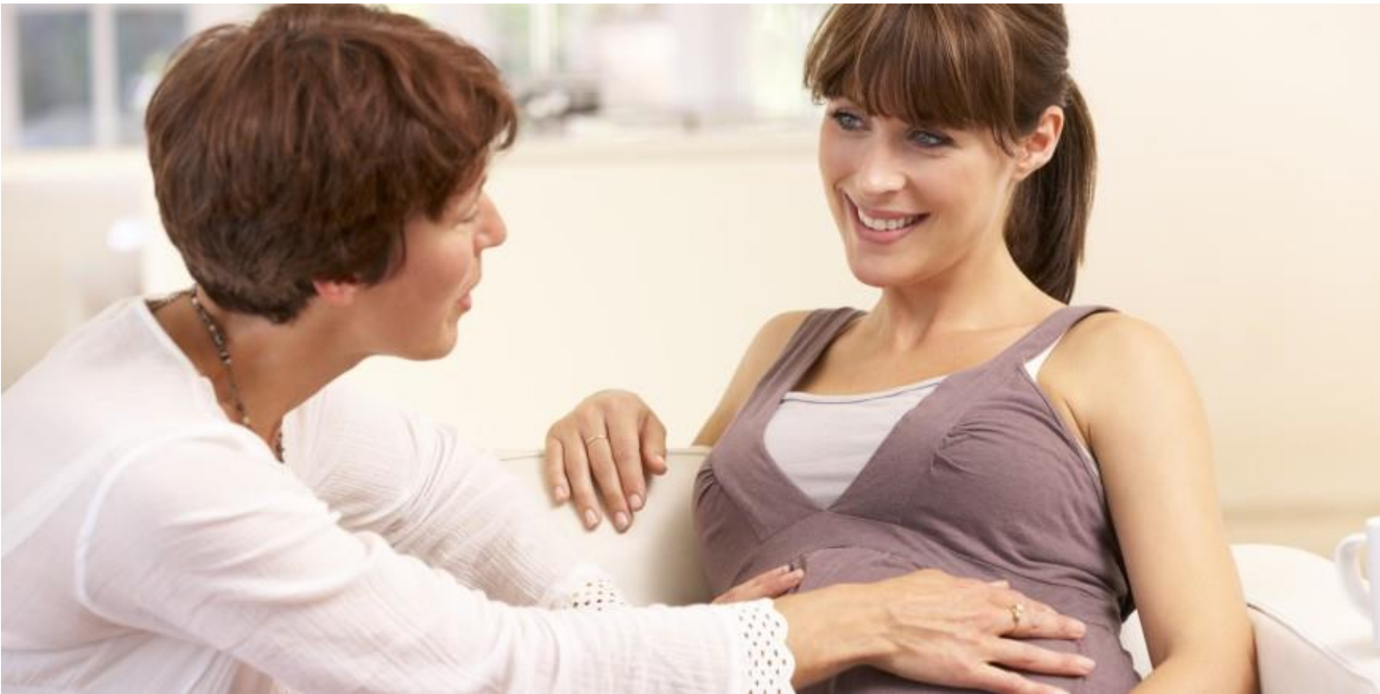

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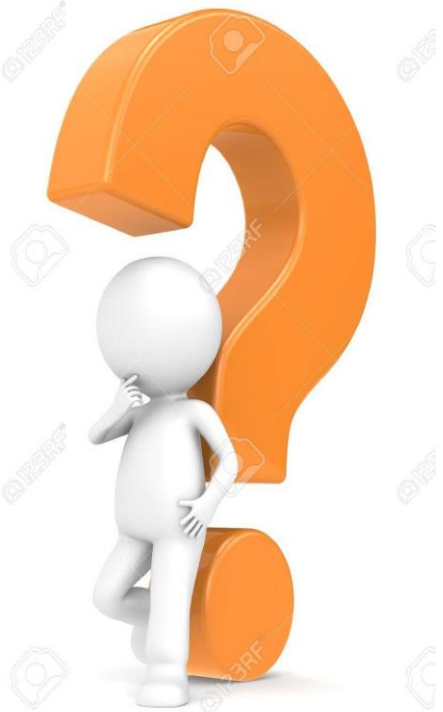
Navigating the Third Trimester

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

Genevieve Schmidt RN/RM
Midwifery Unit Manager FMC

An Obstetric Shared Care Presentation



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

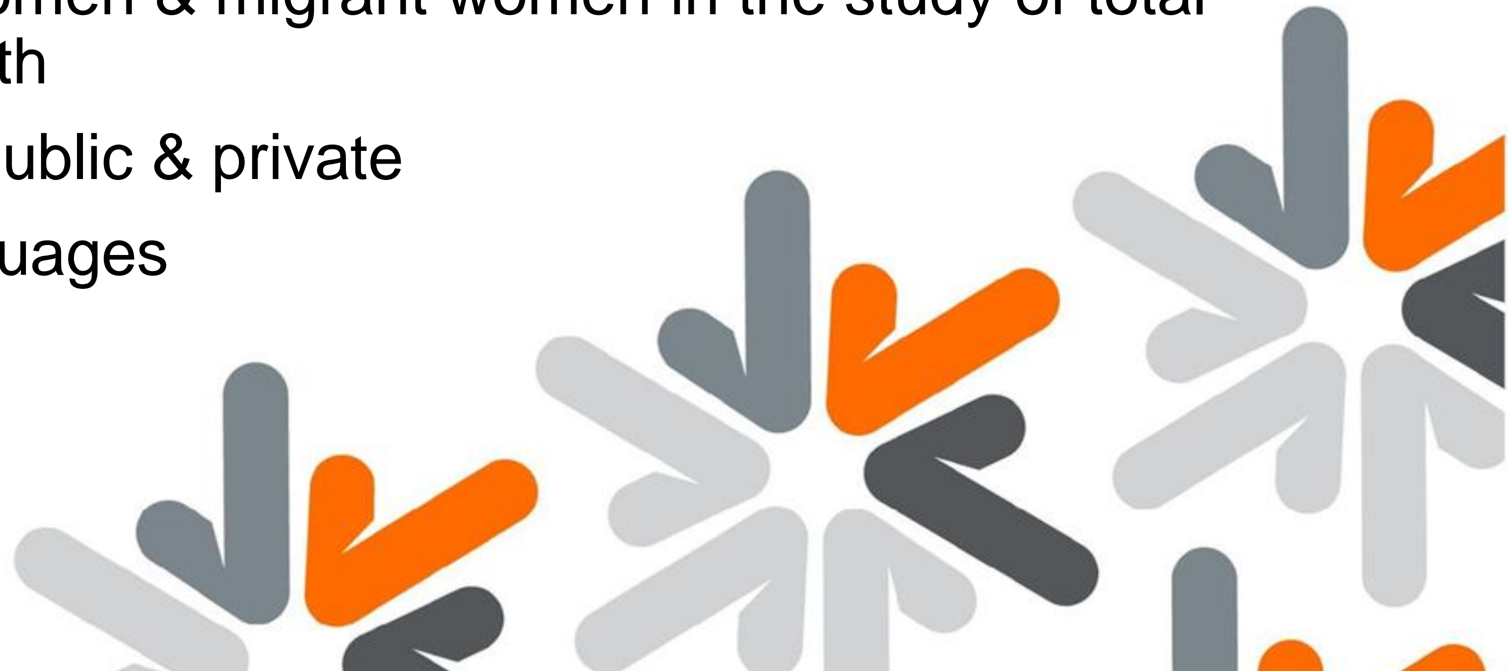
Tell me what you want, what you really, really want?

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

28 weeks – Now What?

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

Past Ob Hx:
Previous Elective LSCS for breech
Gestational Hypertension noted at 36 weeks

Past MHx - Hypothyroidism
FHx - Father Type 2 DM

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

28 weeks – Now What?

Routine 28 weeks bloods

- Blood Group & Ab
- CBP
- Ferritin
- Vit D
- Syphilis
- OGTT

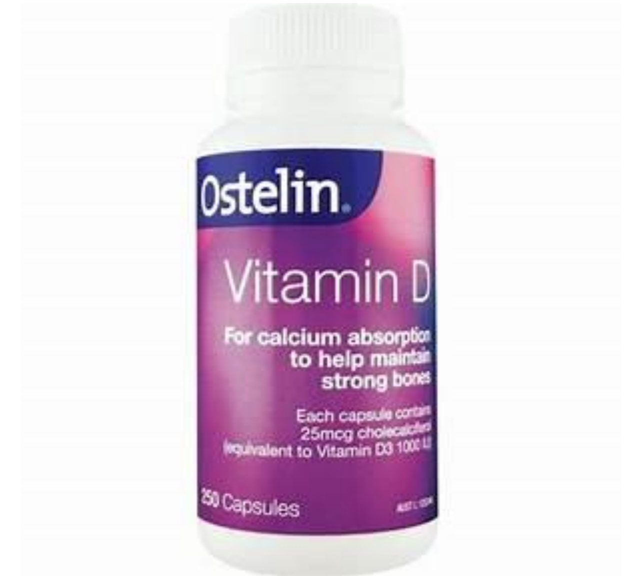
28 WEEKS	*Order routine blood tests:*	*Health promotion discussions to include:*
	☐CBE ☐Ferritin ☐Blood group antibodies ☐OGTT *Order additional targeted screening test:* ☐Vitamin D if previously deficient ☐Syphilis if in STI risk group	☐Monitoring for changes in fetal movement (emphasised at each visit from 28 weeks) ☐Side sleeping from 28 weeks ☐Repeat EPDS ☐Confirm booking at intended site for birth (Regional Sites / BMI Changes) ☐Administer prophylactic Anti-D to Rh negative women

- PE baseline
- Other TFT

- Repeat EPDS
- Confirm booking at intended site

28 weeks – Now What?

Routine 28 weeks bloods



- Blood Group & Ab – O neg & neg
- CBP – Hb 110
- Ferritin - 17
- Vit D - 48
- Syphilis - neg
- OGTT - 5.2, 8.2, 9.5

- PE baseline - normal
- Other TFT – all within range

Abnormal results – Now What?

Call the birthing hospital for advice

Can they still do OSC?

28 weeks – Now What?

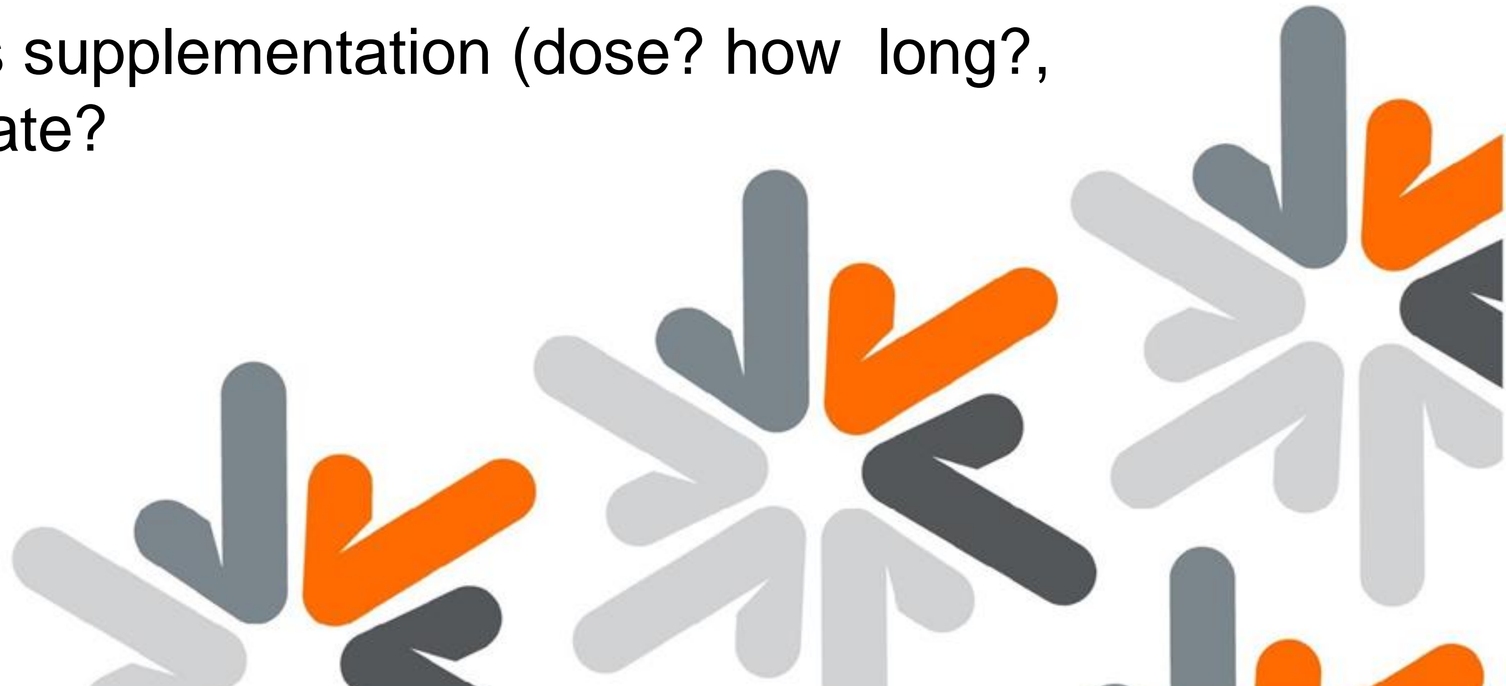
BP large cuff seated 132/80
SFH 34cm, FHH 138
FMF

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 hypertension
Hypothyroidism
Iron deficiency
Vit D deficiency
GDM
Rhesus negative
Low lying placenta

- 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

- What if declined OGTT or had bariatric surgery ?

FMC - Profiles 2 weeks

- Monitor for other co-morbidities

e.g. Hypertension, Pre-eclampsia

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:

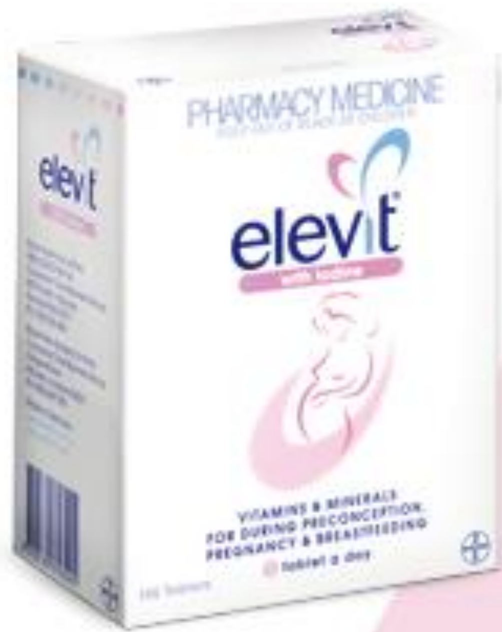
- Diet
- Ferrograd & maltofer
- Infusion?

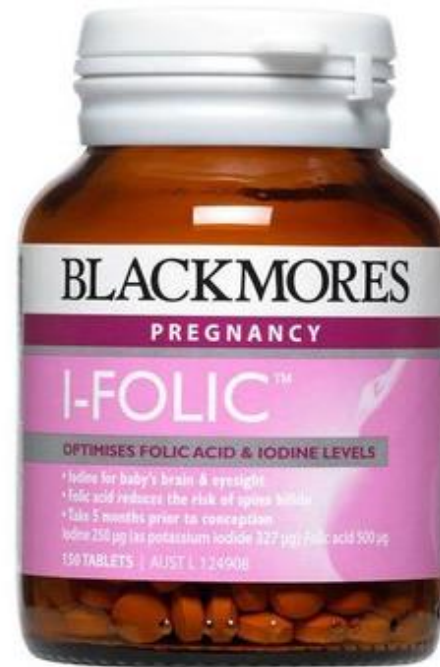
Vit D:

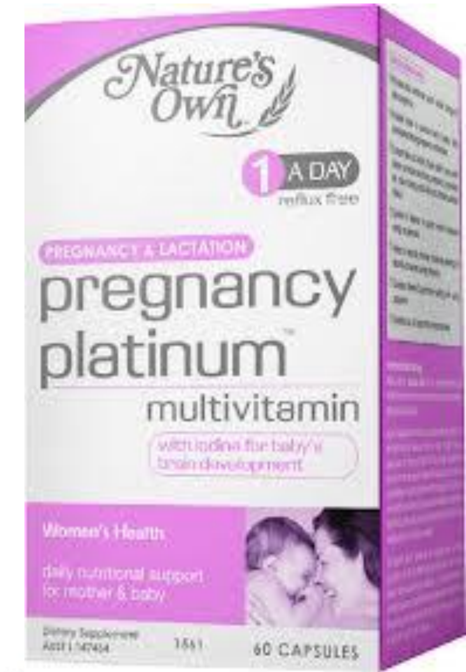
- 400 IU daily but in deficiency 1000 IU daily (increase to 2 if still low at 28 weeks)

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 & Breastfeeding **8161 7555**

Hospital Midwife Coordinator – GP Obstetric Shared Care

GP Partners Australia – GP Obstetric Shared Care Program

OTIS – www.teratology.org/OTIS_fact_Sheets.asp

TGA Prescribing Medicines in Pregnancy link:

Prescribed Medication

Refer to https://www.tga.gov.au/products/medicines/find-information-about-medicine/prescribing-medicines-pregnancy-database

Medications	Dose	Frequency	Ceased	TGA Pregnancy Category	Safe & Appropriate?

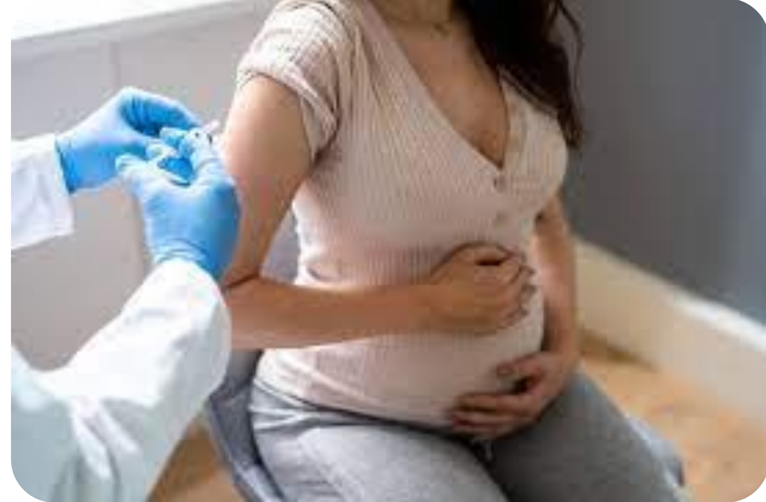
28 weeks – Vaccinations?

Vaccinations:

Fluvax anytime

Pertusss 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 (PPG)
Explanation/importance of control
Impact pregnancy & life long
Refer Diabetes Education
Monitoring: profiles- Fasting, 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 (Hypertension, Pre-eclampsia), growth monitoring- scans, weight gain
Timing of birth
OGTT Follow-up - 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)

Low lying placenta
(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

ULTRASOUND

Given Name: ....
Second Given Name: ....
D.O.B.: .... Sex/Gender: ....
Visit No. *(if applicable)*: ....

Please record all ultrasound results here

Date	Type	Average Gestational Age	Cervical Length (mm)	Comments
	Dating			
	Nuchal Translucency			_______mm
	Morphology		☐TA ☐TV	Fetal morphology: ☐ No abnormalities detected Placenta: ☐ ≥ 2cm clear of the os No Cord: ☐ abnormalities detected Cervical length: ☐ TA ≥ 35mm ☐ TV ≥ 25mm If above criteria not met, commence management plan

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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

- 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:

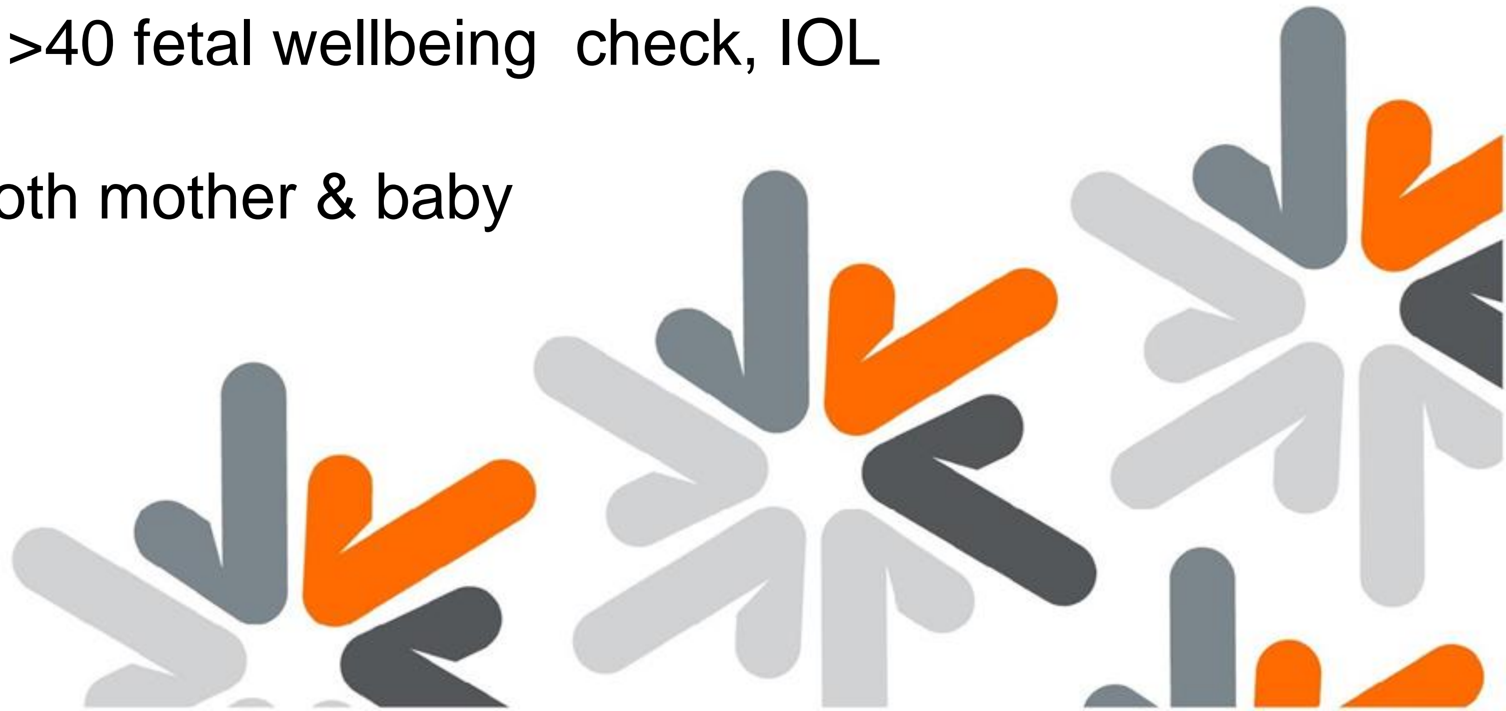
- B/F education – encourage attendance (GDM- EBM prior to birth)
- LVS
- Review results 32 or 36 week - CBP, ferritin, iron infusion?
- GDM control – timing of birth
- Birth planning- repeat LSCS ? VBAC? Timing
- Identify WAS, car parking…

38 weeks – Now What?

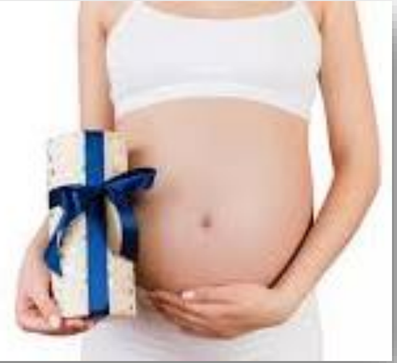
BP, SFH, FHH, FMF, presentation lie

- Diabetes control?
- 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 GP visit 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

Birth - Now What?

Early discharge….

How did it go?
Domiciliary MW? CAFHS?

2 & 6 week review but PRN
Monitor Mental health, supports, CAFHS - EPDS
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!

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GP Partners Australia Website

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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

GP Shared Care
Obstetric

Thank you

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