

South Australian Perinatal Practice Guideline

GP Obstetric Shared Care

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate, and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements.

Note: The words woman/women/mother/she/her have been used throughout this guideline as most pregnant and birthing people identify with their birth sex. However, for the purpose of this guideline, these terms include people who do not identify as women or mothers, including those with a non-binary identity. All clinicians should ask the pregnant person what their preferred term is and ensure this is communicated to the healthcare team.

Explanation of the Aboriginal artwork:

The Aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the Aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant woman. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



Australian Aboriginal Culture is the oldest living culture in the world, yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio-economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services, and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics, the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation, and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectfully manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

Purpose and Scope of PPG

The purpose of this practice guideline is to provide non-mandatory material guidance to assist staff in implementing the GP Obstetric Shared Care Policy. It is to be used as a general guide for practice in association with other Perinatal Practice Guidelines (PPGs), whilst recognising each woman's individual care requirements.



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Abbreviations

>	Greater than
≥	Equal to or greater than
<	Less than
≤	Equal to or less than
ACCHO	Aboriginal Community Controlled Health Organisation
CaFHS	Child and Family Health Service
CMV	Cytomegalovirus
GP	General Practitioner
GPOSC	General Practitioner Obstetric Shared Care
kg/m²	Kilograms per metre squared
PPG	Perinatal practice guideline
PV	Per vaginum
SA	South Australia
SAPR	South Australian Pregnancy Record

Definitions

GPOSC accredited GP	A GP who has fulfilled the criteria for accreditation for the GPOSC Program as outlined in the GPOSC Program Policy.
External contract provider	The organisation external to SA Health who is contracted by SA Health to manage the GPOSC Program.

Model of Care

General Practitioner (GP) Obstetric Shared Care (GPOSC) is a model of care available when women choose to birth in a public hospital. In this model, antenatal care is 'shared' between the GPOSC accredited GP and the public hospital or GP Obstetrician according to a pre-determined visit schedule, with intrapartum, inpatient and home visiting postnatal care provided by the Local Health Network. Women attending a public hospital in SA that provides GP Obstetric Shared Care must be informed of this option for their maternity care if they meet the eligibility criteria.

Note: Accredited GPs may be in private practice, or other organisations such as Aboriginal Community Controlled Healthcare Organisations (ACCHOs) or the Refugee Health Service.



Aboriginal women receiving GPOSC should be referred to an Aboriginal Health Professional to support their care.

Roles and Responsibilities

External Contract Provider

Specific responsibilities of the external contract provider relating to GP accreditation and education compliance monitoring and reporting are mandated in the contract with SA Health.

SA Health has contracted GP Partners Australia, now merged with GPEx, as the coordinating body for the GPOSC program in SA. GPEx manages the GPOSC program in liaison with the SA Department for Health and Wellbeing within a governance framework that includes:

- Clinical Governance Committee
- GP Obstetric Shared Care Program Manager
- GPOSC Midwife Coordinators
- GP Representatives (regional and metropolitan)
- GPEx

The GPOSC Program Manager must manage the initial and ongoing accreditation for GPs to participate in the GPOSC Program, including ensuring that the GP meets the maternity care training and experience or supervision requirements before granting initial accreditation:

- Royal Australian & New Zealand College of Obstetricians & Gynaecologists (RANZCOG) - (Advanced DRANZCOG or DRANZCOG) with current recertification, or equivalent qualification, **Or**
- Diploma in Obstetrics, Royal Australian College of Obstetricians & Gynaecologists (RACOG – prior to amalgamation with NZ), **Or**
- Certificate in Women's Health, plus recent involvement in antenatal care provision, **Or**
- Ability to demonstrate recent significant obstetric experience such as having spent a minimum 3-month placement in obstetrics at a recognised teaching hospital, **And**
- Completion of a full-day GPOSC Accreditation Seminar. Note: Where a GP has not yet undertaken a full-day Accreditation Seminar, provisional accreditation may be approved for up to 12 months provided the GP fulfills this requirement within that time.

Note: *If the GP does not have the necessary qualification or experience, the GPOSC Program Manager may organise a supervised clinical placement in one of the public metropolitan maternity hospitals to secure this experience. It must be a minimum of 12 hours with accreditation subject to the supervising clinician(s) assessment.*

The GPOSC Program Manager must maintain an accurate register of individual GP compliance with accreditation requirements:

- The GPOSC Program Manager must notify the GP if they are not compliant and act to either facilitate GP compliance or remove them from the GPOSC Program.
- The GPOSC Program Manager must provide an annual compliance report to SA Health as per the contractual obligations.
- The GPOSC Program Manager must provide the GPOSC Midwife Coordinators with a list of GPOSC accredited GPs that is updated monthly.
- The GPOSC accredited GP must ensure their details are accurate with any changes communicated to the GPOSC Program Manager.

A database of accredited GPs in SA is maintained by GPEx and is sent to the GPOSC Midwife Coordinators monthly.

GPEx Contact Details

Phone: (08) 8490 0420
Program Manager: 0418 803 844
Postal: PO Box 579, 132 Greenhill Road, UNLEY SA 5061
Fax: (08) 8227 2220
E-mail: leanne.march@gpex.com.au
Website: www.gpex.com.au

Midwife Coordinators at the Booking Hospital

Public hospitals that offer formal GPOSC Programs ensure access to a GPOSC midwife coordinator to support the program within business hours, according to local processes. The midwife coordinator:

- acts as an advocate for both the woman and the GP involved in the GPOSC program
- informs the GP of the woman's request to commence GPOSC
- liaises with a range of practitioners from the multi-disciplinary team to support access and/or referral to relevant antenatal and postnatal services
- liaises with GPs to ensure appropriate communication of the woman's healthcare needs / care plans to facilitate transition of care between the hospital and the GP as required.



Midwife Coordinator Contact Details

Flinders Medical Centre

Address: Flinders Drive, BEDFORD PARK SA 5042
Phone: (08) 8204 4650/ 8204 6894
Fax: (08) 8204 5210
Email: Health.FMCsharedcare@sa.gov.au

Lyell McEwin Hospital

Address: Haydown Road, ELIZABETH VALE SA 5112
Phone: (08) 8182 9000 or 0417 840 062 (GPOSC Midwife Coordinator)
Fax: (08) 8282 1612
Email: Health.NALHNSharedcare@sa.gov.au

Modbury Hospital

Address: Smart Road, MODBURY SA 5092
Phone: 81612593 or 0417 840 062 (GPOSC Midwife Coordinator)
Fax: 8161 2227
Email: Health.NALHNSharedcare@sa.gov.au

Women's and Children's Hospital

Address: 72 King William Road, NORTH ADELAIDE SA 5006
Phone: (08) 8161 7000 pager 4259
Fax: (08) 8161 8189
Email: healthCYWHSSharedCare@sa.gov.au

Gawler Health Service

Address: 21 Hutchinson Road, GAWLER EAST SA 5118
Phone: (08) 8521 2060
Fax: (08) 8521 2069
Email: HEALTHCHSAGHSCCommunityMidwives@sa.gov.au

Mount Barker District's Soldiers Memorial Hospital

Address: 87 Wellington Road, MOUNT BARKER SA 5251
Phone: (08) 8393 1715
Fax: (08) 8393 1649
Email: health.chsamtbarkehospitalmaternity@sa.gov.au

GPOSC Program Accredited General Practitioners

GPs are required to meet professional and medical indemnity obligations as outlined below. GPs unable to meet their obligations should contact the GPOSC Program Manager to discuss their options.

GP Continuing Professional Development (CPD) for Ongoing Accreditation

- To maintain accreditation for the GPOSC Program the GP must undertake 12 hours of CPD specific to maternity care every year or 36 hours of CPD per triennium.
 - Where the education is not organised by the GPOSC Program Manager, the GP must forward the relevant documentation to the GPOSC Program Manager for assessment.
- The GPOSC Program Manager must facilitate access to and assessment of education that meets accreditation requirements, including:
 - GPOSC full-day accreditation seminars
 - half-day and evening seminars, webinars, podcasts and Extension of Community Healthcare Outcomes (ECHO) interactive online learning sessions
 - assessment of continuing professional development activities not facilitated by the GPOSC Program Manager.



GP Medical Indemnity

- GPs accredited for the GPOSC Program must:
 - hold General or Specialist registration 'without any conditions' under the Australian Health Practitioner Regulation Agency
 - have and maintain current Medical Registration appropriate to their scope of practice
 - prospectively ensure adequate medical indemnity cover for any consultations, procedures or related activities
 - have a prospectively approved GPOSC Program accreditation prior to commencement of duties
 - hold a current DHS Working with Children Check and National Police Certificate for employment involving unsupervised contact with vulnerable groups
 - practice in accordance with the SA Department for Health and Wellbeing Perinatal Practice Guidelines (PPGs) to guide their clinical practice, including health promotion. The PPGs are available via the SA Health website - www.sahealth.sa.gov.au/perinatal the SA Health external applications website - [Practice Guidelines \(sahealth.sa.gov.au\)](http://Practice Guidelines (sahealth.sa.gov.au)).

It is essential that GPs accredited for GPOSC ensure that their current details are accurate, and any changes are communicated to GPEx via the GPOSC Program Manager email.

Procedural Guidelines

Contraindications for GPOSC

Where risk factors are present, the GP should seek advice from the GPOSC Midwife Coordinator or an Obstetric Registrar / Consultant at the 'booking' hospital to clarify the appropriate level of care for the woman. Risk factors that preclude GPOSC include, but are not restricted to:

Medical History

- Endocrine disease, including diabetes
- Cardiac disease
- Renal disease
- Hypertension
- Respiratory disease
- Neurological disease, including epilepsy on medication
- Thromboembolic disorders or antiphospholipid syndrome
- Substance misuse
- Haematological disorders including haemoglobinopathy and thrombocytopenia
- Red cell antibodies, including rhesus or other blood group antibodies
- Gastro-intestinal disease
- Obesity – bmi > 45 kg/m²

Note: BMI 40–44 kg/m² requires anaesthetic and obstetric consultation prior to acceptance into GPOSC

Previous Obstetric History

- Severe preeclampsia
- Perinatal death
- Placental abruption
- Preterm birth < 34 weeks
- Fetal growth restriction or small for gestational age
- Recurrent pregnancy loss
- Cervical insufficiency (actual or suspected)



Current Pregnancy

- Multiple pregnancy
- Hyperemesis gravidarum that requires hospitalisation or is prolonged > 16 weeks
- Antepartum haemorrhage (≥ 20 weeks) or recurrent pv bleeding
- Fetal anomaly
- Psychological illness requiring hospitalisation
- Hypertension and/or preeclampsia
- Fetal growth restriction (actual or suspected)
- Recurrent urinary tract infection
- Gestational diabetes requiring medication
- Deep vein thrombosis or embolism
- Abnormal placentation (including placenta praevia)
- Non-cephalic presentation after 36 weeks
- Threatened preterm labour
- Intrahepatic cholestasis of pregnancy
- Preterm rupture of membranes

Booking at the Hospital Providing GPOSC

Women planning to undertake their pregnancy care with GPOSC should contact a birthing ('booking') hospital early in pregnancy to ensure their first antenatal visit is scheduled before 20 weeks gestation, preferably in the 1st trimester.

All women require a reference number to book their first visit at the birthing hospital. To obtain this, women need to telephone the:

SA Pregnancy Referral Line:

Phone: **1300 368 820**

Operating hours: 9 am–4 pm Monday to Friday (excluding public holidays)

GPs who are notified by the booking hospital of a woman's request to commence GPOSC that do not have the woman registered should notify the booking hospital in a timely manner.

South Australian Pregnancy Record (SAPR)

SA Health has endorsed the SAPR as the substantive record of a woman's pregnancy. The aim of the SAPR is to facilitate continuity of care and women's participation in their care. The SAPR must be used to document the care provided for all women involved in GPOSC and should be commenced and given to the woman at her first antenatal visit. Further information on how to order the SAPR and guidelines for use is available at [SA Pregnancy Record | SA Health](#).

GPOSC Antenatal Visit Schedule

The antenatal visit schedule is detailed in the SAPR and the Antenatal Care PPG, with the division of GP and hospital visits guided by the 'booking' hospital. The *Antenatal Care* PPG in the A-to-Z index at www.sahealth.sa.gov.au/perinatal, should guide clinical care, including routine assessment, screening, referral for specialist care and health promotion. GPs should be familiar with its content. PPG content includes:

- first visit history, clinical assessment, assessment using screening tools, routine health testing and additional targeted testing
- screening for structural, chromosomal, and genetic fetal anomalies
- subsequent antenatal visit clinical assessment, frequency, and screening tests
- vaccinations recommended in pregnancy
- Anti-D prophylaxis
- supplements in pregnancy
- health promotion topics including breastfeeding, fetal movements, side-sleeping, CMV, exercise, substance use, perineal care etc
- common conditions in pregnancy.

Investigations, including Managing Abnormal Results

All investigations requested by the GP should also state that a copy should be sent to the 'booking' hospital on the request form.

Any investigations or screening requested or undertaken by the GP themselves must be followed up by the GP. It is the GP's responsibility to follow up all abnormal results irrespective of whether a copy of the results has been sent to the 'booking' hospital.

If there are abnormal findings in any antenatal testing/screening, it is recommended that the GP refer to the relevant PPG and seek obstetric advice from and/or refer the woman to the 'booking' hospital.

Managing Abnormal Symptoms or Clinical Findings

While most women will have a normal pregnancy, it is imperative that thorough, comprehensive antenatal assessments are undertaken to ensure early and accurate detection of conditions that may lead to adverse clinical outcomes. If an abnormality is noted the GP should seek obstetric advice from the 'booking' hospital.

If the woman presents at ≥ 36 weeks gestation with a suspected breech or transverse lie, the GP should seek advice from and/or refer the woman to the 'booking' hospital.

Perinatal Mental Health

Routine screening is detailed in the *Antenatal Care* PPG and the *Anxiety and Depression* PPG in the A-to-Z index at www.sahealth.sa.gov.au/perinatal. This PPG also details perinatal mental health pathways and resources for families and clinicians, including contact details for perinatal mental health services in metropolitan hospitals providing maternity care.

Labour and Birth

The care of the woman during labour and birth is the responsibility of the maternity team at the 'booking' hospital. Women should be aware of how and when to contact the 'booking' hospital.



All Aboriginal women should be consulted about any decisions regarding their care and offered support from an Aboriginal Health Worker, Aboriginal Midwife or AMIC Practitioner to ensure cultural safety, sensitivity, and appropriateness of care during labour/birth.

The 'booking' hospital is expected to provide a discharge summary with details of the pregnancy, labour, and birth for the GP at discharge of the woman.

Postnatal Care

Women and their babies may be discharged from the hospital from 4 hours following normal birth but is usually by day 2. Women may be discharged from the hospital from day 1 following a caesarean section.

Whilst in hospital, women will be offered a universal home visit from a Child and Family Health Nurse. This appointment will include an infant health check and will usually occur within a few weeks of leaving hospital.

Women will be advised by the 'booking' hospital to secure follow-up postnatal visits with their GP at 2 and 6 weeks, unless needed prior. Some women may be required to return to the 'booking' hospital if they have experienced complications during pregnancy, birth, or the immediate postnatal period. This appointment should be made for the woman prior to discharge.

Postnatal checks by GP at 2 and 6 weeks

The GP should review the woman's obstetric and medical history and that of the baby.



Aboriginal women should be consulted on whether they would like cultural support from an Aboriginal Health Practitioner or Worker when receiving care.

Mother

Routine maternal checks include assessment of uterine involution, lochia, perineum, or caesarean section wound (if applicable), breasts and bladder and bowel function.

GPs should undertake targeted follow-up of any pregnancy complications (e.g., hypertension, gestational diabetes) should be undertaken in accordance with the relevant PPG.

Assessment of psychosocial wellbeing and adapting to parenthood/infant attachment can be undertaken in a conversational manner. Women should be screened for possible depressive disorders using the Edinburgh Postnatal Depression Scale (EPDS) at 6–12 weeks postpartum.

Resumption of sexual intercourse and contraception options should be discussed.

Infant

The GP should document the visit, including examination findings, in the infant's My Health and Development Record ('blue book').

Physical assessments of the infant include:

- measurement of weight, length and head circumference
- assessment of posture/general symmetry/tone, activity/spontaneous movement, responsiveness, skin (colour, turgor, integrity), head (eyes, nose, mouth, fontanelles), neck, upper extremities, abdomen (including umbilicus), genitalia, groin, elimination (voiding frequency and stool frequency, colour and consistency), and lower extremities
- screening for developmental dysplasia of the hip with hip examinations at the 1-4 week, 6-8 week and 6-9 month health checks.
- Additional screening at the 6-week visit:
 - developmental assessment
 - assessment of eyes – appearance, fixation, following
 - asking parents if they have concerns about their infant's vision or hearing
 - Any physical concerns should warrant assessment of vital signs +/- referral to the hospital for medical review.



Aboriginal women should be consulted and involved in decisions on the care of the newborn and where available offered support from an Aboriginal health professional.

Infant Feeding

Specific questioning (+/- observation) to determine effectiveness of feeding should be undertaken. Details for breastfeeding support services in SA are available on the [Child and Family Health Service website](#).

Health Promotion

GPs should offer appropriate immunisations as per the National [Childhood immunisation schedule | Childhood Immunisation and Aged Care \(health.gov.au\)](#).

GPs should ensure that women and other family members are current with their immunisations as per the [National Immunisation Program Schedule | Australian Government Department of Health and Aged Care](#).

GPs should reinforce infant safe sleeping messages. See:

- [Resources and Factsheets | Red Nose Australia](#) (available in different languages)
- [Kidsafe SA Sleeping Your Baby Safely brochure](#) (for Aboriginal families)

Resources

GPs should discuss other community or online resources. Examples include:

- **The Child and Family Health Service (CaFHS)** who offer a range of services for children aged 0-5 years including:
 - Support with feeding, settling, sleeping, emotional wellbeing, being a parent, child safety etc.
 - Health and developmental checks
 - Parenting groups
 - Locations and appointment times can be found at <http://www.cyh.com>
 - Phone 1300 733 606.

- **Parenting websites and Apps:**
 - [Pregnancy, Birth and Baby | Pregnancy Birth and Baby \(pregnancybirthandbaby.org.au\)](http://pregnancybirthandbaby.org.au)
 - [Raising Children Network](#)
 - [For Dads - SMS4dads](#)
 - [Early years app \(education.sa.gov.au\)](http://education.sa.gov.au)

- **Specific resources for Aboriginal families:**
 - [Working with Aboriginal & Torres Strait Islander parents | Raising Children Network](#)
 - [Parenting - WellMob](#)
 - [Deadly Dads - SMS4dads](#)

Resources

SAPPGs Web-based App:

[Practice Guidelines \(sahealth.sa.gov.au\)](http://sahealth.sa.gov.au)

Medicines Information: (sahealthlibrary.sa.gov.au)

<https://sahealthlibrary.sa.gov.au/friendly.php?s=SAPharmacy>

SA Health Pregnancy:

[Pregnancy | SA Health](#)

Australian Government Pregnancy, Birth and Baby: (www.pregnancybirthandbaby.org.au)

[Pregnancy, Birth and Baby | Pregnancy Birth and Baby \(pregnancybirthandbaby.org.au\)](http://pregnancybirthandbaby.org.au)

Pathology Tests Explained: (<https://pathologytestsexplained.org.au/>)

[Pathology Tests Explained](#)



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If so, which perinatal practice guideline (title)? *GP Obstetric Shared Care Protocols*

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30/07/2024	V1	Clinical Guidelines Domain Custodian	Original clinical guidelines Domain Custodian approved version. Clinical and general management guidance from the GP Obstetric Shared Care Protocols Clinical Directive have been transferred to this guideline. Mandated aspects of the Directive have been transferred to the new GP Obstetric Shared Care Policy.