

Shared Maternity Care Updates October 2021

This includes:

- Revised routine schedule of visits
- Information on GDM testing

Please note: The Pfizer or Moderna COVID vaccines can be given at any stage of pregnancy or while breastfeeding.

Routine Schedule of Antenatal Care for Shared Maternity Care (Parkville): COVID-19 Revised: October 2021

It is expected that all Shared Maternity Care Affiliates (SMCAs) will provide face to face care to pregnant women according to the schedule below. Please notify the shared care office if you are unable to provide face to face care so that we can reallocate your patient(s) to another care provider.

Gestation	Standard	Rh -ve	Previous caesarean
15-20 weeks Telehealth	Hospital*	Hospital*	Hospital*
16 weeks	SMCA*	SMCA*	SMCA*
22 weeks	SMCA*	SMCA*	SMCA*
28 weeks Review 26-28 week blood results^ Pertussis/Influenza vaccine if not had	SMCA	Hospital (+ Anti D)	Hospital
28-30 weeks – MAP# Phone or telehealth	Hospital midwife	Hospital midwife	Hospital midwife
32 weeks	SMCA	SMCA	SMCA
34 weeks	SMCA	SMCA	SMCA
36 weeks (plus GBS swab)	Hospital	Hospital (+ Anti D)	Hospital
38 weeks	SMCA	SMCA	SMCA
39/40 weeks	SMCA	SMCA	Hospital
41 weeks (if required)	Hospital	Hospital	

SMCA Telehealth or Face to Face appointment	*If a telehealth appointment, patient requires BP reading prior, e.g. from GP/practice nurse, pharmacy, own BP machine
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	SMCA Face to Face appointment	Examination required: BP, fundal height and fetal heart rate As little Face to Face time as possible (eg “hybrid” consult, with history by telephone and brief Face to Face examination)
	Hospital Telehealth appointment	* patient requires BP reading prior to the booking visit at 15-20 weeks, e.g. from GP/practice nurse, pharmacy, own BP machine # MAP = Midwife Antenatal Preadmissions
	Hospital Face to Face appointment	Examination required: BP, fundal height and fetal heart rate

^Testing for Gestational Diabetes (GDM):

- The Glucose Tolerance Test (GTT) is the preferred test for GDM if this can be done safely. Testing using fasting BSL and HbA1c misses a number of women who would have been diagnosed with GDM based on GTT.
- If the woman cannot safely wait the two hours required for the GTT, please follow the ADIPS guidelines: <https://www.adips.org/documents/COVID-19GDMDiagnosis030420ADIPSADSADDEADAforWebsite.pdf>

If a woman is positive for COVID-19, symptomatic, in isolation or in quarantine, the GDM screening should be delayed and a telehealth consultation for routine care should take place instead of a face to face in the first instance.

Please notify the hospital if you become aware that a pregnant woman, who is a patient of the Women’s, is COVID positive (and you believe the hospital is not aware of her COVID status) on Covid.preg@thewomens.org.au. Pregnant women are considered at high risk of complications of COVID and the hospital will contact the woman about her ongoing care.

If a pregnant woman tests positive to COVID, or is a close or primary contact of a positive case, care will be provided if they require urgent review (eg reduced fetal movements, high blood pressure) and should not be delayed. Please ask the woman to call ahead to the hospital (8345 2000) so that plans can be made for her arrival.