February 21: Changes in shared care schedule and GDM testing

As we move to low community numbers and transmission of COVID-19, with enhanced mitigation strategies and vaccination roll-out, we have updated the shared care schedules to:

- Largely resume face to face
- Resume GTTs

Routine Schedule of Antenatal Care for Shared Maternity Care (Parkville):

(COVID-19 Revised: February 2021)

Gestation	Rh +ve	Rh -ve	Previous caesarean
15-20 weeks	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
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
	SMCA Face to Face appointment	Examination required: BP, fundal height and fetal heart rate
	Hospital Telehealth or Face to Face appointment	*If a telehealth appointment, patient requires BP reading prior
	Hospital Face to Face appointment	Examination required: BP, fundal height and fetal heart rate

^Testing for Gestational Diabetes (GDM): Resumption of:

- Glucose tolerance test (GTT) for all women at about 26-28 weeks (unless known to have diabetes)
 - o If woman is Rh-ve this is done at RWH. Otherwise this is undertaken in the community (ordered by the hospital with a cc to the shared care doctor/midwife)
 - o FBE and blood group antibodies done routinely with GTT
- High risk women should *also* have a fasting blood glucose (FBG) & HbA1C in first trimester. Request from RWH that this is ordered by their GP thank you
 - If FBG \geq 6 or HbA1C \geq 5.9% (or RBG \geq 7.8mmol/L), please notify the shared maternity care coordinator
- Postnatal GTT for women who have gestational diabetes at about 6 12 weeks