# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>Purpose</td>
<td>4</td>
</tr>
<tr>
<td>Victorian Government definitions of primary, secondary and tertiary</td>
<td>4</td>
</tr>
<tr>
<td>maternity care</td>
<td></td>
</tr>
<tr>
<td>Professional Responsibility and Legislation</td>
<td>5</td>
</tr>
<tr>
<td>Data collection in maternity care</td>
<td>5</td>
</tr>
<tr>
<td>Informed Consent</td>
<td>6</td>
</tr>
<tr>
<td>Consultation and Referral Guidelines</td>
<td>6</td>
</tr>
<tr>
<td>Cultural Safety</td>
<td>6</td>
</tr>
<tr>
<td>7-12 Maternity Assessment</td>
<td>7</td>
</tr>
<tr>
<td>12-18 Maternity Assessment</td>
<td>10</td>
</tr>
<tr>
<td>18-22 Maternity Assessment</td>
<td>12</td>
</tr>
<tr>
<td>26-28 Maternity Assessment</td>
<td>13</td>
</tr>
<tr>
<td>30-32 Maternity Assessment</td>
<td>14</td>
</tr>
<tr>
<td>33-36 Maternity Assessment</td>
<td>15</td>
</tr>
<tr>
<td>36-38 Maternity Assessment</td>
<td>16</td>
</tr>
<tr>
<td>38-40 Maternity Assessment</td>
<td>17</td>
</tr>
<tr>
<td>40-42 Maternity Assessment</td>
<td>18</td>
</tr>
<tr>
<td>Resources (Local)</td>
<td>19</td>
</tr>
<tr>
<td>Resources (National)</td>
<td>20</td>
</tr>
<tr>
<td>Resources (Pregnancy Care)</td>
<td>23</td>
</tr>
<tr>
<td>References</td>
<td>28</td>
</tr>
</tbody>
</table>
Background

The Victorian Government’s strategy, *Future directions for Victoria’s maternity services* (2004), focuses on woman centred maternity care and encourages a partnership between each woman and her midwife/doctor within the context of collaborative decision-making.

Primary pregnancy care meets the maternity needs of women with uncomplicated pregnancies. Central to this care is the development of an ongoing maternity relationship with either a midwife, general practitioner (GP) or obstetrician.

Purpose

*The Primary Pregnancy Care Handbook* provides you with a guide to your professional responsibility to each woman during her pregnancy care. This reflects the Government’s *Future directions strategy* to provide consistent pregnancy care across the state.


The focus of the handbook is primary maternity care within a collaborative framework and is a trigger for you to clarify your scope of practice, experience and professional responsibility to each pregnant woman.

The shared decision-making responsibilities are a guide for you to identify the need for consultation and referral to secondary and tertiary maternity care.

The resource websites and references will assist you to meet each woman’s specific maternity care needs. They will also provide direction to review current research and enable you to provide each woman with clear information so that she has the opportunity to give informed consent to her treatment and care.

Victorian Government definitions of primary, secondary and tertiary maternity care

**Primary Maternity Care**
All women are entitled to this minimum standard (provided by midwives and/or GPs for women with low risk pregnancies)

**Secondary Maternity Care**
Involves specialist medical care for moderate complications

**Tertiary Maternity Care**
Complex care – provided by a multidisciplinary team
Professional Responsibility and Legislation

Each midwife and medical practitioner is required through legislation (Medical Practice Act, 1994; Nurses Act, 1993; and Health Services Conciliation and Review Act, 1987):

- To protect the public, in this case each woman and her baby.
- To understand their scope of practice and to consult/refer to ensure protection of each woman and her baby.
- To ensure their practice is informed by evidence.
- To provide each woman with clear information for her to make informed decisions about her pregnancy treatments and care.
- To uphold each woman’s rights to privacy and confidentiality.

AHPRA is the Australian Health Practitioner Regulation Agency. All midwives and obstetricians are required to renew their registration annually.

Data collection in maternity care

The Australian Government Department of Health and Ageing identified the need for consistent, comprehensive national maternity data to monitor progress towards achieving these and other key targets (Commonwealth of Australia, 2009).

The term ‘maternity data’ refers to information that is collected about pregnancy, labour, birth, the health of mothers up to 42 days after the birth, and babies up to 28 days after birth.

Data are routinely collated for all births in Australia in: national, state and territory perinatal data collections; vital registration collections; and hospital-admitted patient data collections. Information about rare events such as deaths and severe maternal and neonatal morbidity is collected by the Australasian Maternity Outcomes Surveillance System, the Australia and New Zealand Neonatal Network, and state/territory morbidity and mortality review committee collections.

The collection of perinatal data is the responsibility of the health service providing care to the woman - usually a midwife or attending doctor.

This symbol is displayed throughout the pregnancy care handbook to highlight the importance of data collection in programs such as the Birthing Outcome System (BOS) or manual maternity care record.

This data is submitted to the perinatal data collection unit in Victoria to assist: routine reporting; service planning; performance monitoring, including setting points of reference and reporting of indicators; quality and safety initiatives, including clinical audit and morbidity and mortality review committees; epidemiological studies and other research; and monitoring efforts to close the gap in Aboriginal and Torres Strait Islander health outcomes. Oral health has now been included into BOS version 6.3.0 and is found within the Antenatal assessment - Maternal Details 2.
Informed Consent

The legal and ethical framework for each medical practitioner and midwife requires the provision of clear information to each woman to make an informed decision about all her treatments and care (Medical Practice Act, 1994; Nurses Act, 1993; and Health Services Conciliation and Review Act, 1987). Each maternity care provider is responsible for ensuring their individual understanding and the implications of informed consent for pregnancy care.

Consultation and Referral Guidelines

The intention of consultation and referral guidelines is to inform your decision-making in the care of each pregnant woman. They provide a practical framework for you to critically evaluate your scope of practice and experience and assist you to decide when it is appropriate to discuss the woman’s care with a colleague and to facilitate consultation and integration of her care (Australian College of Midwives: 3rd edition, 2013).

Cultural Safety

Every woman has the right to feel safe and respected during her pregnancy care experience. This requires maternity care clinicians to tailor pregnancy care to each woman’s specific clinical and cultural needs. Please see page 25 for some suggested resources to support culturally safe care.

The first step to providing culturally safe care for Aboriginal and Torres Strait Islander families is to ask all women the following;

1. Are you of Aboriginal or Torres Strait Islander origin?
2. Is your baby of Aboriginal or Torres Strait Islander origin?

You cannot rely on using a person’s appearance to determine whether they are of Aboriginal and/or Torres Strait Islander origin or not. The only sure way to find out is to ask everyone.

Offer referral to culturally sensitive services available (for example, an Aboriginal Hospital Liaison Officer, Aboriginal Health Worker or Koori Maternity Service located in an Aboriginal Community Controlled Health Organisation). A woman’s choice to accept or refuse referral to these services should be respected.
7-12 Maternity Assessment

This initial visit provides a benchmark of each woman’s health and lifestyle through a comprehensive assessment and documentation of her physical, psychological, cultural and spiritual needs and expectations for her pregnancy-childbirth continuum.

Your responsibility is to provide each woman with information about her options for this pregnancy care and to discuss these options.

Information sharing required

- Confirm and record each woman’s personal and contact details

Ask each woman:

“Are you of Aboriginal or Torres Strait Islander origin?”

“Is your baby of Aboriginal or Torres Strait Islander origin?”

Record this information in the woman’s maternal history. A woman’s and baby’s status may already be on her paperwork. Confirm this and offer referral to the relevant services available.

- Discuss confirmation and implications of this pregnancy and birth

Estimated date of birth (EDB) - length of gestation

- Discuss and review her health status, lifestyle, medical and maternity history
- Physical and lifestyle adjustment to this pregnancy
- Birth plan and preferences
- Assessing and identifying mental health problems
- Identifying past/current physical, sexual or psychological abuse when alone with the woman

Smoking, drug and alcohol assessment and screen

- Identification of support networks
- Explore options for feeding her baby
- Guidelines for Consultation and Referral
- Discuss her consent and participation in research and for students to be involved in her pregnancy and birth care

Physical observation and examination

Observe, discuss and review the woman’s physical health status and establish a baseline blood pressure and body mass index (BMI). Record the results in the maternal history. Consider the need for further consultation and referral if required.
### Tests and investigations

#### Recommend/offer
- Full Blood Examination
- Blood Group
- Antibodies
- Urinalysis/MSU
- Hepatitis B
- Syphilis
- Rubella
- HIV/AIDS
- Hep C
- Vitamin D
- Combined Screening (9-13+6 weeks) or MSST (14-20 weeks) or non-invasive prenatal testing
- Rh D-ve

#### Consider/offer
- Ultrasound (9-13 wks + 6 days)
- Ferritin if clinically indicated
- Haemoglobinopathies, HBE, DNA
- CVS
- Amniocentesis

Additional tests, monitoring and management may be required:
- Review all test results and monitor ongoing management
- Clarify maternal history to date

### Health information and education

- Options for maternity care including place of birth
- Pregnancy, birth and mothering record or Victorian Maternity Record
- Schedule of pregnancy visits
- Hospital and community information and supports
- Commence pregnancy, birth and parenting education
- Choices for childbirth/parenting education
- Education on adjustments and choices for this pregnancy related to a healthy lifestyle
- Discuss complaints process

### Oral health

Hormonal changes that occur during pregnancy place the woman at risk of poor oral health. Severe periodontal disease may affect pregnancy outcomes. Poor maternal oral health increases the risk of poor oral health in the child.

Ask each woman:

"Do you have bleeding gums, swelling, sensitive teeth, loose teeth, holes in your teeth, broken teeth, toothache or any other problems in your mouth?"

"When did you last visit a dentist?"

- Refer for a dental checkup (see page 11 for further details).

Provide oral health advice:
- Use a small soft headed tooth brush and clean teeth twice a day with fluoride toothpaste (even if gums are bleeding)
- With morning sickness, wait 30 minutes before brushing teeth, in the meantime rinse mouth with water and rub a small amount of fluoride toothpaste over the teeth.
- Drink plenty of tap water after eating and chew sugar free gum.
- Limit intake of sweet and/or sour foods and drinks.
Summary of embryonic period

4th Week
- Neural tube fusing but neuropores open at rostral (anterior) and caudal ends
- Folding produces characteristic C-shaped curved embryo
- Optic pits present (primitive ear)
- Optic vesicles formed
- Upper limb buds appear, then lower limb buds
- Three pairs of brachial arches present
- Beating heart prominent
- Forebrain prominent
- Attenuated tail
- Rudiments of organ systems established
- Rostral neuropore, then caudal neuropore close
- Crown rump length 4-6 mm

5th Week
- Rapid brain development and head enlargement (cephalisation)
- Facial prominences develop
- Upper limb buds become paddle shaped
- Lower limb buds are flipper like
- Mesonephric ridges denote position of mesonephric (interim) kidneys
- Crown rump length 7-9 mm

6th Week
- Joints of upper limbs differentiate
- Digital rays (fingers) of upper limbs evident
- External ear canal and auricle (pinna) formed
- Retinal pigment formed so eye is obvious
- Head very large, projects over heart prominence
- Reflex responses to touch
- Crown rump length 11-14 mm

7th Week
- Joints of upper limbs differentiate
- Digital rays (fingers) of upper limbs evident
- External ear canal and auricle (pinna) formed
- Retinal pigment formed so eye is obvious
- Head very large, projects over heart prominence
- Reflex responses to touch
- Crown rump length 14-26 mm

8th Week
- Digits of hand separated (but still webbed)
- Notches visible between digital rays of feet
- Stubby tail disappears
- Purposeful limb movements occur
- Ossification begins in lower limbs
- Head still disproportionately large (about half of total embryo length)
- Eye lids closing
- Ears are characteristic shape but still low set
- External genitalia evident (but not distinct enough for sexual identification)
- Crown rump length 27-31 mm

9-12 Weeks
- Growth in body length and limbs accelerates
- Ears are low set, eyes are fused
- Formation of deciduous (baby teeth) begins
12-18 Maternity Assessment

This visit is undertaken by an obstetric registrar or an obstetric consultant. This assessment may also be undertaken by a midwife, obstetrician or GP.

Your responsibility is to ensure each woman has been provided with information, is aware of her options for pregnancy care and to discuss these options with the woman and then respect her choice.

Information sharing required

- Discuss results of tests and investigations ordered at the woman’s initial pregnancy assessment
- Discuss and review documented information from the woman’s initial pregnancy assessment related to health status, lifestyle, medical and maternity history
- Complete obstetric, gynaecological, medical and surgical history
- Genetic screening discussion and the results
- Perform any incomplete tests
- Discuss 18-20 week ultrasound scan for anomalies
- Birth plan and preferences
- Guidelines for consultation and referral
- Discuss potential for Pap test

Physical observation and examination

- Observe, discuss and review her physical health status
- Physical examination of heart and lungs, and ongoing monitoring of blood pressure and fundal height

Tests and investigations

Recommend/offer

- Maternal Serum Screening Test only (MSST) (14-20 weeks)

Consider/offer

- Ultrasound (18-20 weeks)

Additional tests, monitoring and management may be required

- Review all test results and monitor ongoing management
- Clarify maternal history to date
Health information and education

- Options for maternity care including place of birth
- Pregnancy and birth and parenting record or Victorian Maternity Record
- Schedule of pregnancy visits
- Hospital /community information and supports
- Ongoing pregnancy, birth and parenting education
- Education on adjustments and choices for pregnancy related to a healthy lifestyle

Ask each woman (if first visit to ANC clinic):

"Do you have bleeding gums, swelling, sensitive teeth, loose teeth, holes in your teeth, broken teeth, toothache or any other problems in your mouth?"

"When did you last visit a dentist?"

- Refer for a dental checkup. Routine dental treatments are safely provided at any time during pregnancy if the dental practitioner is informed of the pregnancy. If the woman has a health care card or is on a pension she is eligible to use the public dental services (in Victoria, pregnant women have priority access, and are not placed on the general wait list).
- Provide oral health advice (refer to page 9 for details).

Summary of fetal development

**13-16 Weeks**
- Rapid growth
- Coordinated limb movements (not felt by mother)
- Active ossification of skeleton
- Slow eye movements
- Ovaries differentiated and contain primordial follicles
- External genitalia recognisable
- Eyes and ears closer to normal positions

**17-20 Weeks**
- Growth slows down
- Limbs reach mature proportions
- Fetal movements felt by mother (‘quickening’) 
- Skin covered with protective layer of vernix caseosa, held in position by lanugo (downy hair)
- Brown fat deposited
18-22 Maternity Assessment

This visit is undertaken by the woman’s primary maternity carer – midwife, GP or obstetrician.

Information Sharing Required

- Review and confirm estimated date of birth (EDB)
- Discuss need for consultation and referral if required
- Discuss and review the woman’s health status, lifestyle, medical and maternity history
- Discuss physical and lifestyle adjustment to this pregnancy
- Address any questions or concerns
- Discuss any results of tests or screening
- Offer information about screening for gestational diabetes testing and follow up
  FBE, Vitamin D if required, blood group and antibodies
- Organise Parent Education class attendance for 30/40 gestation

Physical Observation and Examination

- Pregnancy assessment including, abdominal palpation, fundal height, fetal movements and blood pressure
- Urinalysis if clinically indicated eg; risk factors present for preeclampsia

Tests and Investigations

Recommend/Offer

- Discuss and review tests to date for this pregnancy - perform any incomplete tests if required
- Review morphology scan results

Health Information and Education

- Ongoing pregnancy, birth and mothering planning
- Smoking assessment experiences
- Re-visit family violence experiences (if applicable)

Summary of fetal development

21-25 Weeks

- Fetus gains weight
- Skin wrinkled and translucent, appears red-pink
- Rapid eye movements begin
- Blink-startle responses to noise
- Surfactant secretion begins but respiratory system immature
- Fingernails are present
- May be viable if born prematurely
- Permanent teeth begin forming
26-28 Maternity Assessment

This visit is undertaken by the woman’s primary maternity carer – midwife, GP or obstetrician.

Information Sharing Required

- Ensure that the woman has the correct maternity care contact number/s if she has any problems or concerns
- Inform the woman if there are any pregnancy complications and who to contact if she experiences specific signs or symptoms e.g.; persistent headache or epigastric pain
- Ongoing discussion of the woman’s adjustment to this pregnancy
- Address any questions or concerns
- Provide information and discuss Newborn Screening Program

Physical Observation and Examination

- Pregnancy assessment including abdominal palpation, fundal height, fetal movements, fetal heart rate
- Monitor blood pressure and maternal weight gain
- Urinalysis if clinically indicated e.g.; risk factors present for preeclampsia

Tests and Investigations

Recommend/Offer

- If Rh negative offer FBE & Rh antibodies, Anti-D vaccination (28/40 weeks)
- Offer screening for gestational diabetes
- Retest Vitamin D levels if low on initial results

Health Information and Education

- Offer information about the woman’s choice of birth place and what to expect
- Provide information and discuss with each woman her options for feeding baby
- Discuss support at home following the birth of this baby
- Ongoing pregnancy, birth and parenting planning

Summary of fetal development

26-29 Weeks

- Lungs capable of breathing air
- Central Nervous System can control breathing
- Eyes open
- Toenails visible
- Fat (3.5% body weight) deposited under skin so wrinkles smooth out
- Erythropoiesis moves from spleen to bone marrow
This visit is undertaken by the woman’s primary maternity carer – midwife, GP or obstetrician.

**Information Sharing Required**

- Discuss palpation assessment and her baby’s movements
- Discuss the woman’s options about working with pain in labour, positions for labour and birth and her support people
- Address any questions or concerns
- Discuss Maternal and Child Health Care Service

**Physical Observation and Examination**

- Pregnancy assessment including abdominal palpation, fundal height, fetal movements, fetal heart rate
- Monitor blood pressure and maternal weight gain
- Urinalysis if clinically indicated e.g.; risk factors present for preeclampsia

**Tests and Investigations**

Recommend/Offer

- Review and discuss any tests and investigation results

**Health Information and Education**

- Discuss her health, diet and exercise
- Discuss mental health/Postnatal Depression
- Child safety/car restraints
- Ongoing pregnancy, birth and parenting planning
- Ongoing discussion about her options for infant feeding

**Summary of fetal development**

**30-34 Weeks**

- Pupillary light reflex
- Skin pink and smooth, limbs chubby
- White fat is 8% of body weight
- From 32 weeks survival is more likely
33-36 Maternity Assessment

This visit is undertaken by the woman’s primary maternity carer – midwife, GP or obstetrician.

Information Sharing Required

- Provide information about post birth, length of stay in hospital and her follow-up maternity care at home
- Ongoing discussion of palpation assessment and her baby’s movements
- Discuss changes she may begin to experience, such as increased tiredness, mild irregular contractions, vaginal discharge and increased urination
- Address any questions or concerns

Physical Observation and Examination

- Pregnancy assessment including abdominal palpation, fundal height, fetal movements, fetal heart rate
- Monitor blood pressure and maternal weight gain
- Urinalysis if clinically indicated e.g; risk factors present for preeclampsia

Tests and Investigations

Recommend/Offer

- FBE
- If Rh negative offer to check Rh antibodies if there has been a sensitising event, Anti-D vaccination (34/40 weeks)

Health Information and Education

- Discuss her contraception options and sexuality following the birth of her baby
- Discuss newborn support and services if her baby is sick
- Ongoing pregnancy, birth and parenting planning
- Ongoing discussion about her options for infant feeding

Summary of fetal development

35-38 Weeks

- Firm grasp
- Orientates towards light
- Circumference of head and abdomen are approximately equal
- White fat is about 16% of body weight, 14g fat gained per day
- Skin appears bluish-pink
- Term fetus is about 3400g, crown-rump length is about 360mm

33-36 Maternity Assessment
36-38 Maternity Assessment

This visit is undertaken by the woman’s primary maternity carer – midwife, GP or obstetrician.

Information Sharing Required

- Ongoing discussion about labour and birth preparation
- Discuss palpation assessment and baby’s movements
- Address any questions or concerns

Revise the maternal data record to ensure key information has been recorded e.g.

Check that the woman and baby’s Aboriginal and/or Torres Strait Islander status is known. If transfer is required for an Aboriginal and/or Torres Strait Islander woman, offer to contact the Aboriginal Hospital Liaison Officer at your service and at the receiving service.

Physical Observation and Examination

- Pregnancy assessment including abdominal palpation, fundal height, fetal movements, fetal heart rate
- Monitor blood pressure and maternal weight gain
- Urinalysis if clinically indicated e.g; risk factors present for preeclampsia

Tests and Investigations

Recommend/Offer

- Review and discuss any tests and investigation results
- Group B Streptococcus screen
- If Rh negative offer to check Rh

Health Information and Education

- Follow-up on birth and mothering information she requires
- Ongoing pregnancy, birth and mothering planning
38-40 Maternity Assessment

This visit is undertaken by the woman’s primary maternity carer – midwife, GP or obstetrician.

Information Sharing Required

- Ongoing discussion of palpation assessment and baby’s movements
- Discuss what changes the woman is experiencing related to tiredness, contractions, vaginal discharge
- Discuss signs of labour and what to do when labour starts and who to contact
- Address any questions or concerns
- Discuss ongoing care and book the next visit with a medical or midwifery consultant
- Discuss the use of complementary medicine, natural methods of induction of labour

Physical Observation and Examination

- Pregnancy assessment including abdominal palpation, fundal height, fetal movements, fetal heart rate
- Monitor blood pressure and maternal weight gain
- Urinalysis if clinically indicated e.g.; risk factors present for preeclampsia

Tests and Investigations

Recommend/Offer

- Review and discuss any tests and investigation results

Health Information and Education

- Follow-up on birth and parenting information as required
- Ongoing pregnancy and birth plan
40-42 Maternity Assessment

This visit/s is undertaken by a medical or midwife consultant (depending upon model of care)

Information Sharing Required

- Ongoing discussion of palpation assessment and baby’s movements
- Discuss what changes the woman is experiencing related to tiredness, contractions, vaginal discharge
- Review and confirm EDB
- Discuss fetal monitoring, CTG, ultrasound and amniotic fluid index studies
- Discuss possible need for biophysical profile if concern regarding fetal wellbeing
- Discuss induction process and options
- Address any questions or concerns
- Discuss ongoing care and book her next visit with a medical or midwifery consultant
- Discuss complementary medicine and natural methods of inducing labour
- Discuss stretch and sweep of membranes

Physical Observation and Examination

- Pregnancy assessment including abdominal palpation, fundal height, fetal movements, fetal heart rate
- Monitor blood pressure and maternal weight gain
- Urinalysis if clinically indicated e.g; risk factors present for preeclampsia
- Vaginal examination and Bishop’s score

Tests and Investigations

Recommend/Offer

- Review and discuss any tests and investigation results

Health Information and Education

- Ongoing discussion of signs of labour, what to do when labour starts and who to contact
- Follow-up on birth and parenting information as required
Resources

Local

**Genetic Counsellor:**
Contact details:

**Pharmacist:**
Contact details:

**Aboriginal Hospital Liaison Officer:**
Contact details:

**Women’s Support Services:**
Contact details:

**Dental Services:**
Visit Dental Health Services Victoria’s website www.dhsv.org.au and click on “find a clinic” for your nearest public dental service or check the yellow pages to find a private dentist.

**Social Worker:**
Contact details:

**Maternal & Child Health Nurse:**
Contact details:

**Pathology:**
Contact details:

**Biochemistry:**
Contact details:

**Cytology:**
Contact details:

**Haematology:**
Contact details:

**Histology:**
Contact details:

**Immunology:**
Contact details:

**Infection control:**
Contact details:

**Microbiology:**
Contact details:

**Aboriginal Community Controlled Health Organisation:**
Contact details:
National Reports and Guidelines


Australian Health Ministers Advisory Council (2012): Clinical Practice Guidelines: Antenatal care – Module 1


Australian Health Practitioner Regulation Agency (APRHA) www.aprha.gov.au accessed on 26/08/13


Code of Ethics for Midwives in Australia - August 2008 Available on line at: www.midwives.org.au

Code of Professional Conduct for Midwives in Australia- August 2008 Available on line at: www.midwives.org.au


Midwifery Practice Decision Summary Available on line at: www.midwives.org.au


Standards of Maternity Care in Australia and New Zealand (2011): The Royal Australian and New Zealand College of Obstetricians and Gynaecologists 254-260 Albert Street, East Melbourne, Victoria 3002, Australia


PSANZ Clinical Practice Guideline for Perinatal Mortality Audit www.psanz.com.au

Department of Health and Human Services www.betterhealth.vic.gov.au
www.dhs.vic.gov.au
Collaborative Projects
Australian Maternity Outcomes Surveillance System (AMOSS)
www.amoss.com.au

Three Centres Consensus Guidelines on Antenatal Care
www.3centres.com.au

Genetic Health
Association for Genetic Support of Australasia
Centre for Genetics Education’s Prenatal Testing – Overview
Decision Aid for Prenatal Testing for Fetal Abnormalities – Your Choice: Screening & Diagnostic tests in Pregnancy
Murdoch Children’s Institute
www.mcri.edu.au
Down Syndrome Association
Telephone 1300 658 873

Genetic Health Services Victoria
www.genetichealthvic.net.au

Haemophilia Foundation of Victoria
Telephone (03) 9555 7595
www.hfv.org.au

Monash Health
Telephone (03) 9594 6666
www.monashhealth.org

Royal Children’s Hospital
Telephone (03) 8341 6303
www.rch.org.au

Screening and Diagnostic Tests
www.genetichealthvic.net.au/pages/search.html

Spina Bifida Association
Telephone (03) 9362 6143

The Royal Women’s Hospital
Telephone (03) 8345 2000
www.thewomens.org.au

Infectious Diseases
AIDS
Vicaids.asn.au

Hepatitis B
Hepatitis Information Line 1800 703 003

Hepatitis C Council of Victoria
Telephone (03) 9380 4644
Toll free 1800 703 003
Hepcvic.org.au
Pregnancy Care

Drug Information and use in pregnancy

Monash Health ADAPT Team Telephone: 9594 2361

National Health and Medical Research Council (2013): Australian Dietary Guidelines Canberra:
Royal Women’s Hospital
Telephone 8345 3190


Fetal movement

Hypertension in Pregnancy
Three Centres Collaboration (2011):

Immunisation

Management of prolonged pregnancy

Nutritional supplements during pregnancy
Oral health during pregnancy

Routine Pregnancy Blood Testing
Australian Health Ministers Advisory Council 2012: Clinical Practice Guidelines: Antenatal care – Module 1


Smoking cessation in pregnancy

Quit Victoria
Telephone 9663 7777
Quit line 13 78 48
www.quit.org.au

Ultrasound assessment during pregnancy

Vitamin D deficiency in pregnancy

Weight gain in pregnancy

Young Women’s Clinic
Monash Health
Telephone 9594 6000

The Royal Women’s Hospital
Telephone 8345 2127

Mental Health and Assessing Psychosocial Risk Factors

www.blackdoginstitute.org.au/healthprofessionals/resources/thepsychologicaltoolkit.cfm

**Online training**

**Aboriginal Health Resources**
Australian HealthInfoNet – helping to close the gap
Telephone (08) 9370 6336
www.healthinfonet.ecu.edu.au

Australian Health Minister’s Advisory Council (2011). The characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander women.

Koori Health
www.dhs.vic.gov.au

Improving care for Aboriginal and Torres Strait Islander patients (ICAP) resource kit

RACGP (2011): Cultural Awareness Education and Cultural Safety Training. The RACGP National Faculty of Aboriginal and Torres Strait Islander Health.

Victorian Aboriginal Community Controlled Health Organisation
Telephone (03) 9411 9411
www.vaccho.org.au


**Resources for immigrant and refugee families**
Central Health Interpreting Services
www.chis.org.au

Royal Women’s Hospital (2010): Female Genital Mutilation – Maternity.
www.thewomens.org.au/FemaleGenitalMutilationMaternity

Victorian Interpreting and Translation Service
www.vits.com.au

**Sexual Health and Family Planning**
Family Planning Victoria
Action Centre (Melbourne) T/ 03 9660 4700 or free call 1800 013952
Box Hill clinic T/ 03 9257 0100 or freecall 1800 013 952
Youth Resource Centre (Hoppers Crossing) T/ 03 8734 1355 or 03 9660
www.fpv.org.au

Melbourne Sexual Health Centre
Telephone (03) 9341 6200 Mshc.org.au
General
Assessing for family violence

Crisis Line
Telephone (03) 9322 3555
Toll free 1800 015 188

DiVeRT - Domestic Violence Response Training. Free face-to-face or online training for health professionals through Lifeline. www.lifeline.org.au

Family Violence
www.betterhealth.vic.gov.au

Responding Appropriately to Domestic Violence Online Generic Resource Package.

Women’s Health Victoria
www.whv.org.au

Breastfeeding
Australian Breastfeeding Association
Telephone 1800 686 268
www.breastfeeding.asn.au

Australian Breastfeeding Association Lactation Resource Centre
www.lrc.asn.au

Australian Government Department of Health and Ageing,

Maternal & Child Health
Telephone Advice Line 13 22 29 (24 hr. Service)
www.dhs.vic.gov.au - Child Health

Travel during pregnancy

Professional
Maternity Coalition
www.maternitycoalition.org.au
Australian College Of Midwives (ACM)
www.midwives.org.au

Australian Health Practitioner Regulation Agency (APRHA)
www.aprha.gov.au

Medical Practitioners Board of Victoria
www.medicalboard.org.au

The Royal Australian & New Zealand College of Obstetricians & Gynaecologists
(RANZCOG)
www.ranzcog.edu.au
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