Antenatal care

GPs play a critical role in the management of pregnant women, with shared care utilised in up to 50 per cent of pregnancies in the public health system in Australia. Pregnancy-related encounters comprise 2.7 per cent of consultations in Australian general practice. Registrars frequently enter general practice with little or no obstetric experience, and therefore may find antenatal care challenging. GP supervisors can support a systematic approach to looking after the pregnant woman, including screening and monitoring for potentially serious problems.

TEACHING AND LEARNING AREAS	• Pre-pregnancy assessment and management • Initial antenatal visit – history, medications, examination, investigations, general advice etc. • Antenatal screening, including screening for Down's Syndrome and reproductive carrier screening • Management of common problems in pregnancy • Conditions that need immediate or early referral • Options for care and referral pathways – private, shared care
PRE- SESSION ACTIVITIES	• Review the 2022 RANZCOG resource Routine antenatal assessment in the absence of pregnancy complications
TEACHING TIPS AND TRAPS	• Never congratulate the newly pregnant patient without first establishing how she feels! • How to use the medical software to record pregnancy visits • Use a checklist for important investigations at specific times • Get the dates sorted before 12 weeks - the later you leave it, the more inaccurate an estimate will be • Some tests and interventions are time critical • Do not measure erythrocyte sedimentation rate (ESR) in pregnancy - Choosing Wisely Australia recommendation • Offer reproductive carrier screening to ALL women, regardless of family history and ethnicity • Don't be complacent about any new BP rise, especially after 20 weeks • Be aware of cultural issues in antenatal care • Influenza vaccine should and can be given anytime during pregnancy • Measure fundal height with the tape turned over to avoid measurement bias • Assess pre-eclampsia risk at the first antenatal visit

RESOURCES	**Read**	• NHMRC 2018 Pregnancy Care Guidelines • National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people • Enjoying a healthy pregnancy: GPs' essential role in health promotion
	Watch	• Antenatal examination
	Listen	• Bits and Bumps – O&G Podcast – some great talks from GP obstetricians

FOLLOW UP/ EXTENSION ACTIVITIES	• Undertake clinical reasoning activity and discuss with supervisor • Role play the registrar discussing first trimester screening, including the tests, risk assessment and implications

Clinical Reasoning Challenge

27-year-old Karen, a dental nurse, comes to see you for pre-pregnancy counselling. She has never been pregnant before. She takes escitalopram 10 mg for anxiety, and the OCP for contraception, but otherwise has no significant PMHx and is on no other medications. She is a non-smoker and drinks 3-4 glasses of wine per week. Her last cervical screening test was 2 years previously and was normal. She has no significant family history. Her examination is unremarkable. Her BMI is 29.7.

QUESTION 1.   What are the MOST IMPORTANT aspects of your pre pregnancy advice? List, in note form only, as many aspects of advice as appropriate.

_____

_____

_____

_____

_____

QUESTION 2.   What are the MOST IMPORTANT tests at this point in her care? List as manay as appropriate.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ANSWERS

QUESTION 1

What are the MOST IMPORTANT aspects of your pre pregnancy advice? .

- Immunity and vaccination status – varicella, MMR, DTP, influenza
- Alcohol cessation
- Folate and iodine supplementation
- Discuss pros and cons of ongoing use of SSRI
- Lifestyle advice – diet, exercise
- Weight loss
- Assess mental health status and risk of family violence
- Dental check

QUESTION 2

Six months later Karen presents and says that she is pregnant. She is uncertain of the date of her last period because they have been quite irregular since stopping the pill, but guesses she is about 6 weeks pregnant.

What are the MOST IMPORTANT tests at this point of her care?

- FBC
- Blood group and antibody screen
- Serology for rubella, syphilis, hepatitis B, hepatitis C, HIV, VZV
- MSU
- Chlamydia/gonorrhoea screening (if at increased risk)
- BSL/HbA1c (if at increased risk)
- TSH (if at increased risk)
- Discuss reproductive carrier screening