Today's webinar will begin shortly





RACGP Membership

2022-23

Standing together

for quality care



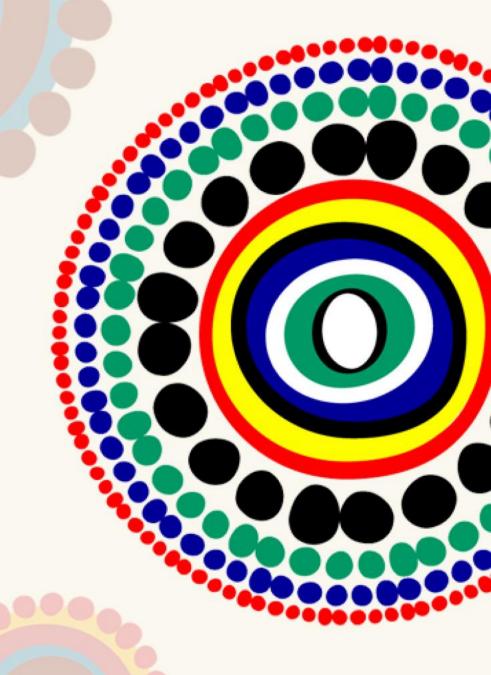
NACCHO-RACGP Resource Hub

Supporting effective and culturally safe primary healthcare

Learn more at www.racgp.org.au/cultural-safety







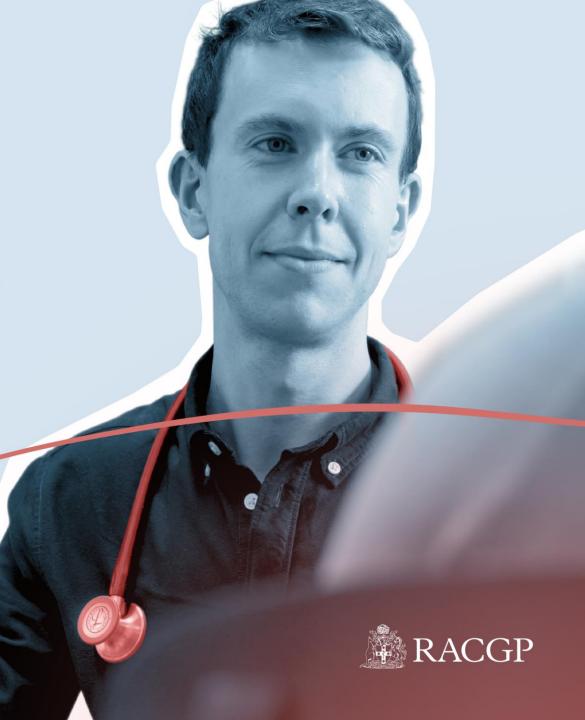
After six years of diabetes check-ups, you notice that pigmentation on her cheek.

You decide to excise the lesion and find early melanoma.

General practice – everything you've trained for and more



become a GP



Wonca 12 2023

Sydney, Australia

26-29 October 2023

Find out more at wonca2023.com.au





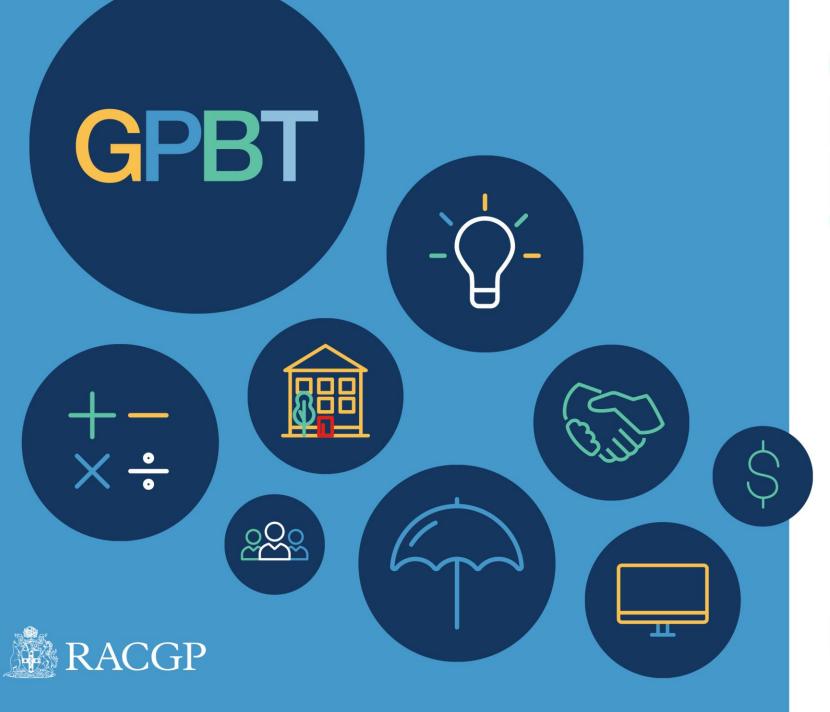
Practice Owners National Conference

20-21 May 2023, Adelaide #GPPracticeOwner

The conference offers opportunities to learn, knowledge-share with peers, and generate real momentum for managing a more successful practice.

Visit practiceowners.racgp.org.au





General Practice Business Toolkit

Helping you look after the business side of general practice

Establish, manage and enhance your practice using our new General Practice Business Toolkit.

Build a sustainable business with six easyto-navigate modules and a brand new set of interactive tools.

- Use the billing calculator to learn how to achieve your financial goals.
- Design your ideal practice layout.
- Set your vision and values and focus on what's important to you as a practice owner.

TO FIND OUT HOW YOU CAN GET THE MOST OUT OF THE TOOLKIT, VISIT www.racgp.org.au/gpbt



Access RACGP events and on-demand content

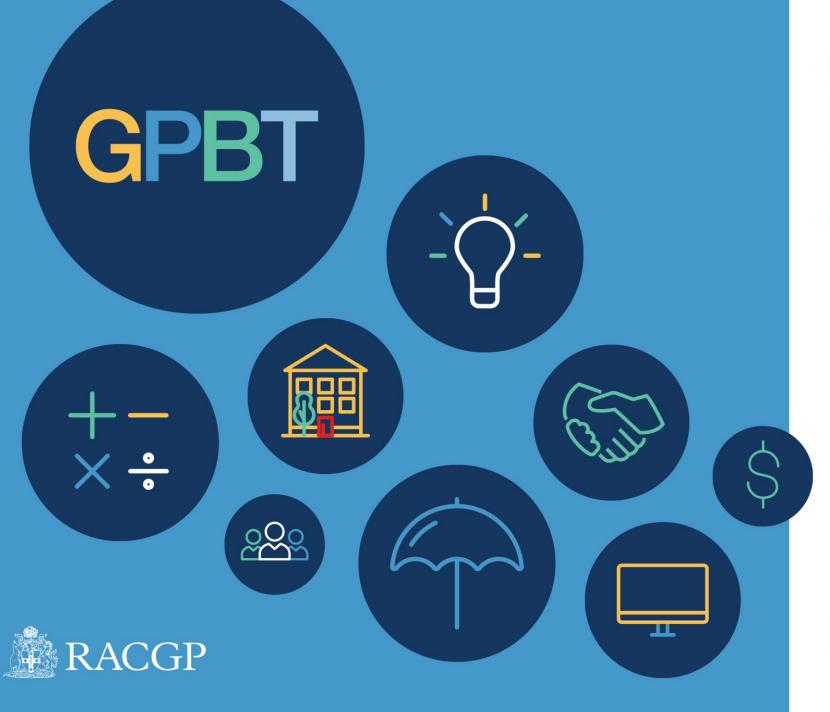
The RACGP digital events calendar is where you will find RACGP run events, from online workshops and webinars to podcasts and on-demand content.

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We will begin in 30 seconds





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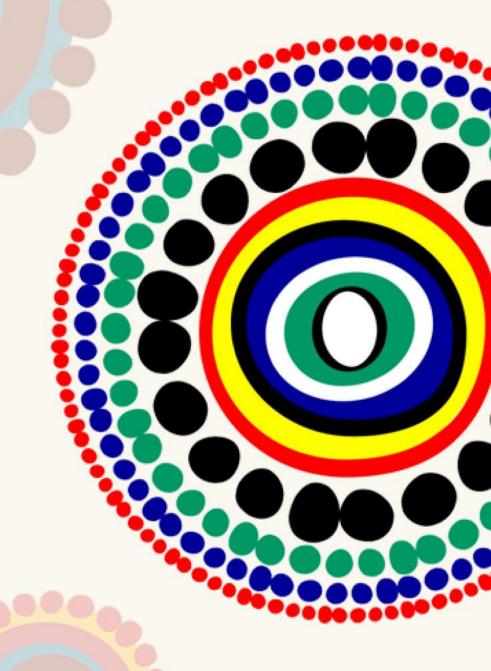
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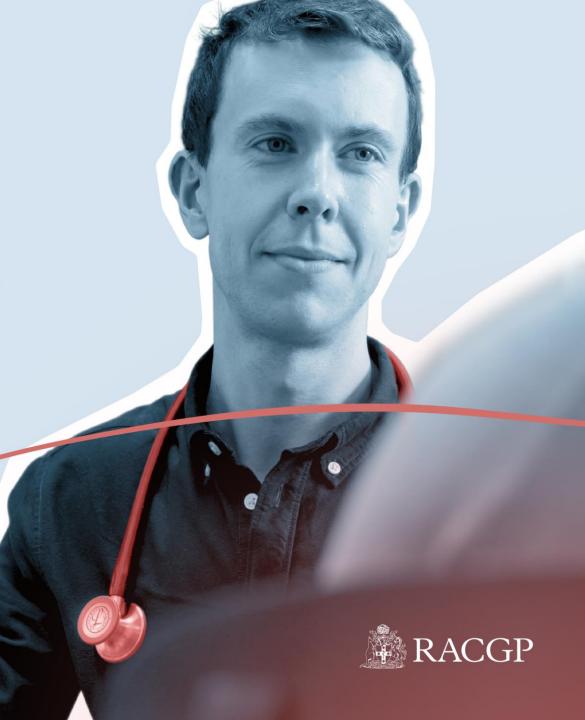
After six years of diabetes check-ups, you notice that pigmentation on her cheek.

You decide to excise the lesion and find early melanoma.

General practice – everything you've trained for and more



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Welcome to today's webinar



Maternity moments webinar series

First presentation in pregnancy

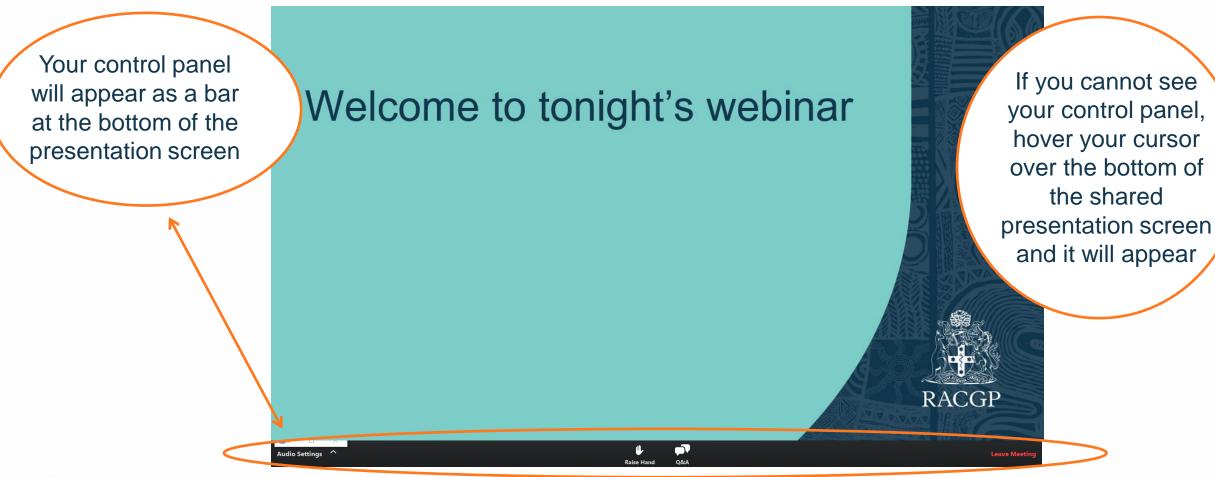
Dr Wendy Burton Antenatal care in general practice

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Where is my control panel?









Dr Wendy Burton GP Host RACGP chair, Antenatal and Postnatal care



Acknowledgement of Country

I would like to acknowledge the traditional owners of the lands from where each of us are joining this webinar today.

I wish to pay my respects to their Elders past, present and emerging.

First presentation in pregnancy

You will not have enough time Still, let's start at the very beginning.... History, examination, investigations (you know how to do this)





Lisa Miller
General Practice Liaison Midwife Manager
Logan bayside health network
Logan Hospital



History

SNAP (smoking, nutrition, alcohol, physical activity)

Personal history (PMHx, PSHx, r u ok; r u safe?)

Menstrual history, CST

Obstetric history (GPMETS*)

Family history

Allergies

Medications

Vaccinations

Update clinical record

*Gravidity, parity, miscarriage, ectopic, termination, stillbirth/s



History

I use this document to streamline the discussion for first (to me) pregnancies, unless a preconception version





Newly pregnant? Important elements of your history

Please complete to the best of your knowledge. Most questions aim to identify factors which increase risk to you or baby— feel free to ask if you don't understand a question or the reason for asking it.

How do you feel about being pregnant?

When was your last period? Was it a normal period?

Have you done a pregnancy test? If so, when was the first time it was positive?

How long have you been trying to fall pregnant for?

Are your periods usually regular or irregular?

Have you been having any fertility treatment to help you become pregnant?

Have you ever been pregnant before? If so, how many times and what were the outcomes each time? Were there any complications during the pregnancy, during the birth or afterwards for you or for baby?

Do you have any medical conditions that might affect your pregnancy? e.g diabetes, thyroid disease, high blood pressure, epilepsy, low platelet count, asthma, heart, lung or kidney problems and mental health.

Do you take any medications? This includes prescription medication such as asthma puffers as well as over the counter, herbal or alternative medications & supplements e.g. folic acid & pregnancy vitamins.

Have you had any surgical operations? If yes, what did you have, when & were there any complications?

Do you ever smoke? If yes, what do you smoke, how much and how often? Do others smoke near you?

Do you drink alcohol? If yes, what do you drink, how much and how often?

Do you use drugs? If yes, what do you take, how do you take it, how much and how often?

Do you follow any particular diet such as vegan, vegetarian or dairy-free?

What types of exercise do you like? Do you exercise regularly? If yes, what types of exercise do you do?

Have you ever had a Pap Smear or Cervical Screening Test? If yes, when was it and what was the result?

Dr Wendy Burton License Thanks: RACGP GPDU Emerald PB maternity-matters.com.au Dec 19

Examination

BP

Height

Weight

BMI

HS x 2

- ? Murmurs
- ? Breast (or thyroid) examinationAs indicated by history





Investigations

Medicare funded from Nov 2023)

* Limited panel (SMA, CF, FXS

Definitely (follow your local guideline)

- Antenatal Screen: Blood group + antibodies
- FBC
- Hep B, Hep C, HIV, Syphilis +/- Chlamydia
- Rubella +/- Varicella
- Urine m/c/s
- CST if due

Maybe (funded)

- Ferritin, B12, Vitamin D
- E/LFTs, Protein/Cr ratio
- HbA1c

Maybe (unfunded)*

Carrier status (limited or extended panels)

Probably not

- GBS (follow your local guideline)
- CMV
- HSV



Advice



Omega 3

Folic Acid

lodine

Omega 3

Healthy eating, alcohol, smoking, other drugs

Models of care



Advice and referrals

Folic Acid

lodine

Omega 3

Models of care

Private Vs Public referral

Genetic carrier screening

Dating/viability/position scan

FTCS Vs NTS +/- NIPT

Morphology scan



Referrals

Private Vs Public referral

Genetic carrier screening

Dating/viability/position scan

FTCS Vs NTS +/- NIPT

Morphology scan



Use a referral template with prompts

Available for <u>download</u> in Medical Director and Best Practice

Qld GPs: QHealth version is preinstalled in BP under QHealth Maternity If you really want a PDF, it lives here





Genetic Carrier Screening

- Best done preconception
- Next best is early pregnancy

The advances in knowledge in the maternity field are extraordinary. I have collated various resources I have personally found helpful or created content to answer questions which are frequently asked by colleagues.

The resources I have suggested in previous pages have useful information for clinicians and I recommend them to you. Useful guidelines and information for clinicians are linked to the right. Video clips featuring discussions on important topics and checklists are linked below.

Managing nausea, vomiting, hyperemesis in pregnancy

Medication management of anxiety and depression in pregnancy

The use of psychotropic medications in a breastfeeding woman

Managing bipolar, schizophrenia and psychosis in pregnancy

Early pregnancy scans Medicare Rebates for first trimester scans

NTS in the era of NIPT 40 second summary of NTS in the era of NIPT

Screening low risk women for SMA, CF and FXS

Pelvic Floor Prolapse

Perineal injuries in childbirth

Hands on or hands off? Perineal care

Prophylactic aspirin use in early pregnancy Summary document Preeclampsia prevention

Contraceptive options in the 6 weeks post partum

Genetic testing 101

Antenatal testing for fetal abnormality







National Covid-19 Clinical
Evidence Taskforce Pregnancy &
Perinatal Care

Covid-19 in pregnancy, WHO collaboration

Queensland Clinical Guidelines
Covid-19

National pregnancy guidelines

RANZCOG clinical guidelines

Mater Mothers Shared Care

RANZCOG Human Genetics Society joint statement

Queensland Clinical guidelines

Australasian Society for Infectious
Diseases

Pregnancy and alcohol

Australasian Diabetes in Pregnancy Society

PSANZ guidelines

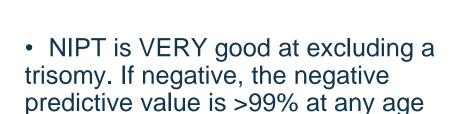
Healthy Profession. Healthy Australia.

NIPT Vs NTS: order both, or FTCS if \$ a barrier

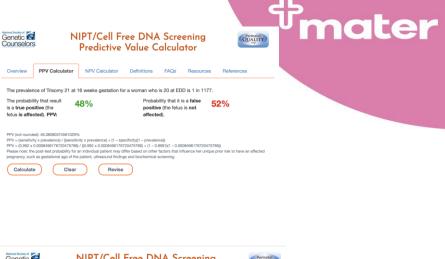
Non-Invasive Prenatal Test (NIPT); Nuchal Translucency Scan (NTS); First Trimester Combined Screen (FTCS) = bloods + Ultrasound scan from 11 weeks to 13 + 6 weeks

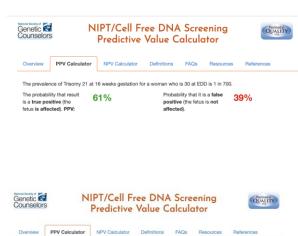
NIPT	FTCS Good screening test T21		
Best screening test for T21			
Widely available/easy to order	Need access to appropriately trained sonographers		
Very low false negative rate, positive predictive value (PPV) varies by age	Higher false positive rate than NIPT, PPV varies by age Mostly avoids invasive test (CVS, Amnio)		
Mostly avoids invasive test (CVS, Amnio)			
No fetal anatomy	Identifies twins, miscarriage, major structural anomalies		





- NIPT's accuracy when it comes to a positive result however depends upon the age of the mother. The younger she is, the lower the pre-test probability and the more likely the positive result is a false positive
- CVS or Amnio is ALWAYS recommended after a high chance NIPT result
- Online calculator
 https://www.perinatalquality.org/vendors/n
 sgc/nipt/

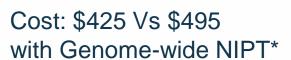




Probability that it is a false positive (the fetus is not

The prevalence of Trisomy 21 at 16 weeks gestation for a woman who is 40 at EDD is 1 in 86





*Pricing confirmed March 14, 2023



SULLIVAN NICOLAIDES PATHOLOGY

INSTRUCTIONS FOR THE PATIENT

To finalise the booking and payment for your NIP please visit sonicgenetics.com.au/bookandpay All enquiries, please contact 1800 010 447 (Monday-Friday, 8 am-6 pm AEST).

Non-invasive prenatal test (NIPT) | Request form

OR THE DOCTOR		Requesting docto	r		
his test should be requested by the doctor responsible for me nanagement of a patient's non-invasive prenatal testing.	edical	Nama			
ianagement of a patient short-invasive prenatal testing.		NameAddress			
Patient details		Address			
First name					
Surname		Phone	Provider N	lo	
Date of birth/Sex Female - I	Pregnant	I confirm that this patient ha			
		limitations of the test and ha		ве рагрозе, эсоре апа	
Address			DOCTOR SIGNATUR	E	
		X		Date	
Phone (mobile)		Copy reports to			
		Сорутеронз ю			
est(s) requested		Name			
NIPT for: Trisomy 21, 18, 13	✓ Yes	Address			
OPTIONS (no charge)					
Fetal sex*	☐ Yes				
Sex chromosome aneuploidy [∧] (singleton only)	☐ Yes				
*Based on the presence or absence of the Y chromosome. For twin pregnancie indicate either two females (if absent or at least one male.) Alf sex chromosome.	s this could	FOR THE PATIENT			
FIONAL SPECIALISED TESTING (additional charge)		that I have been advised	about the purpose, scope	ing performed and confirm and limitations of the test. I	
Genome-wide NIPT [#]	☐ Yes			genetic counselling before screen for an extra copy of	
#The screening of autosomal aneuploidies, including gains and losses >7Mb. T must be selected by the requesting doctor prior to sample collection. This opt	his option	chromosomes 21, 18 and	13, and can potentially ex	camine other chromosome	
screening for sex chromosome aneuploidy in singleton pregnancies. See ove information before ordering.	rleaf for	as requested by my doctor I understand that the resu		erpreted by my doctor in	
		conjunction with other cli	nical information and tests	s, and that it should not be	
Is the RE-COLLECTION? Previous Lab ID		second blood collection i	a decision about my pregi may be required, that a sm	nancy. I understand that a sall percentage of tests do	
Staff ID/Location 1 x NIPT tube / / / .	SGUN	not yield a result due to bi	iological factors, and that I	can seek a refund if there is is not available if there is no	
, , ,	odoli		e abnormalities/fetal sex/c		
			aboratory contacting my to d results regarding this pre		
linical information REQUIRED		assurance purposes.	a results regarding this pre	sgriancy for quality	
This section must be completed for testing to			PATIENT SIGNATURE	E ———	
This section <u>must</u> be completed for testing to proceed.	16	X		Date	
Please note: The requested clinical information is essential for test a of the clinical information you provide below needs updating, please					
laboratory immediately.	,	Full payment is required prior Following payment, you will re	ceive an email and SMS confir	mation of your booking.	
NUMBER OF FETUSES		Please make sure to bring this in To locate a collection centre for	request form and booking con	firmation with you on the day.	
(assumed singleton, unless otherwise indicated)					
☐ Twin pregnancy		FOR THE COLLEC	TOR		
GESTATIONAL INFORMATION		I certify that I established ti	no identity of the nations of	amed on this request	
□ LMP/(date) or □ EDC//	(date)	collected and immediately patient's name, DOB and o	labelled the accompanyi		
ne presence of any of the following invalidates the NIPT result; an altern	native test should	Collector initials	☐ 1 x NIPT tube	Patient initials	
e considered. Taken at less than 10 weeks' gestation		Location code	Date collected	PAY CAT	
There are three or more fetuses There is known presence of a demised fetus			/ / Time collected	SGU	
There is known presence of maternal aneuploidy, maternal transplant or m	naternal malignancy	Collection type	:	340	



Healthy Profession. Healthy Australia.

NIPT is not a test of fetal viability

And all in 15 minutes*...

If it helps, here's a checklist I prepared earlier



*PS, I don't even try to do it in 15 minutes



Pregnancy Checklist

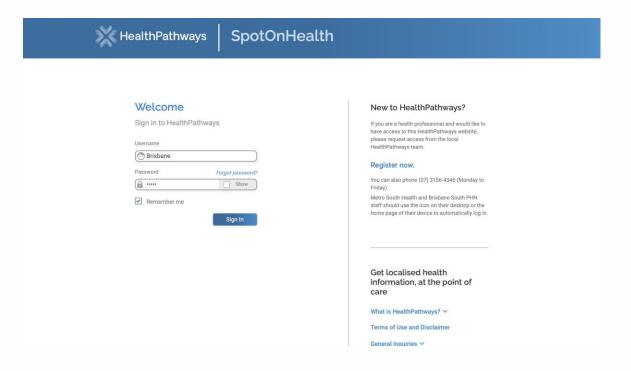
Decide on where and how you wish to have your child—do you wish to be looked after privately or publicly? Do you wish to be looked after by a midwife, general practitioner (GP) or obstetrician?
Screening for depression during and after pregnancy is recommended for all women. Depression is a common, significant complication both during pregnancy and after baby is born. R u ok? Do you feel safe at home and work?
When was your last Cervical Screening Test (Pap Smear)? It is recommended that it is up to date.
The following tests are recommended: Full Blood Count; Blood Group and antibodies; Rubella immunity, Hepatitis B, Hepatitis C, HIV and Syphilis serology and a urine test for kidney disease and infections. If you have a high risk of diabetes, you are advised to have a first trimester glucose tolerance test or HbA1c.
Chicken Pox, thyroid, chlamydia, iron stores or vitamin D levels may be recommended, depending upon your history.
Supplements of folic acid and iodine are recommended.
Reliable information on safe use of drugs and alcohol, diet, exercise and lifestyle activities in pregnancy can be found on www.pregnancybirthbaby.org.au www.raisingchildren.net.au/pregnancy
Smoking during pregnancy is associated with significant health problems and if you are a smoker, we would like to work with you to help you to stop during this pregnancy. www.quitnow.gov.au
It is recommended that alcohol be stopped as it is known to cause problems for you and/or your baby. If you are having difficulty stopping, we would like to work with you to help you to stop drinking alcohol during this pregnancy. Other drugs may also be harmful, so let's talk.
It is recommended that you are up to date with Covid vaccinations and that you have a free* influenza vaccine from your GP as soon as they are available. These vaccines can be safely given at any time in your pregnancy.
If you are not sure when you fell pregnant, a scan is recommended to confirm how many weeks pregnant you are.
There is a blood test (B HCG and PAPPA-A) and an ultrasound test (the Nuchal translucency scan) that can be done between 11 and 13 weeks of pregnancy. This test assists to determine your chance of having a child with genetic conditions including Down Syndrome, as well as confirming how many weeks pregnant you are and baby's anatomy.
The noninvasive prenatal test (NIPT, cost ~ \$400) gives information about a limited range of chromosomal abnormalities, including Down Syndrome and there are tests for chromosomal conditions including cystic fibrosis, spinal muscular atrophy and fragile X syndrome (~\$400 for these 3 tests). These blood tests do not have any Medicare funding.
An ultrasound test, the morphology scan, is recommended and usually done at or about 20 weeks of pregnancy to check on the position of the placenta, anatomy, growth and development of the baby.
It is recommended that you have a visit with your midwife or doctor to follow up the results of any blood tests or ultrasound scans as soon as practical after the test. Don't just assume everything is OK if you have not been contacted.
If you have a Rhesus negative blood group, it is recommended that you have an injection, commonly called AntiD, if you have vaginal bleeding during pregnancy and routinely at 28 and 34 weeks. If you have any vaginal bleeding, it's very important that you let us know ASAP. Most Rh-negative women who bleed in pregnancy require an injection within 72 hours of the bleeding starting. This significantly reduces the risk developing antibodies which could harm your baby.
It is recommended that you have a free* whooping cough booster from 20 weeks' gestation in each and every pregnancy, even if the pregnancies are less than two years apart.
At 26-28 weeks of pregnancy, your blood count and blood group antibodies are checked again and a glucose tolerance test is recommended, unless it is already known that you have diabetes.
Visits are generally recommended every four weeks from week 12 until 28 weeks, every three weeks until 34 weeks and every two weeks until 40 weeks, with follow up at 41 weeks if you have not yet had your baby. If you have special needs or other health concerns, you may be asked to come in more often or you can choose to be seen more often.
A blood test for anaemia is recommended at 36 weeks of pregnancy.
If you choose to have Shared Antenatal Care with your GP, you will usually have a booking in appointment at 16-20 weeks (earlier if you are at higher risk) and a review appointment at 36 weeks.
How do you plan to feed your baby?

There may be a fee to see your GP

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/ Profession. / Australia.

March 2022

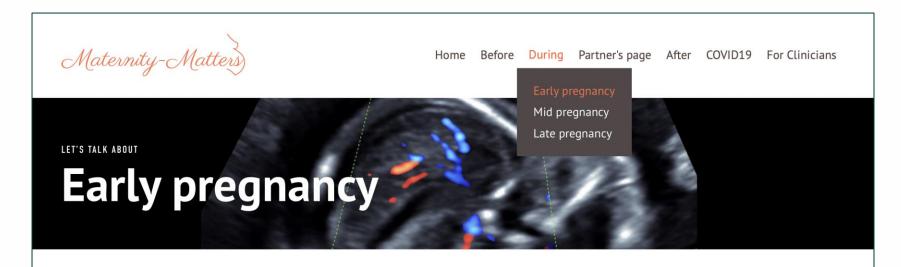












Oh my goodness, you've done it. Your period is due or overdue and your pregnancy test/s are positive! Congratulations!! There is so much information to share with you, so many options for you to consider. Which blood tests are recommended, ultrasound scans to discuss (which and when and what do they cost?) and have you thought about where you would like your baby to be born and who you would like to help you with the birth? I have a one-page check list for you which summarises the current routine tests and care, so let's start with that.

I also have some short videos (and brief summaries) which discuss the different tests that are recommended in early pregnancy and some of the reasons these tests are done.

Q Search

LINKS

Good information is available from sites such as raising children, pregnancy, birth & baby, RWH and MMH. Expecting twins, triplets etc? Pregnancy and exercise Pregnancy and alcohol Quit smoking support Food safety General advice for common conditions including medication use in pregnancy and breastfeeding

ty-matters.com.au/the-trimesters" in a new tab



A word from the front line....Lisa Miller, GP Liaison Midwife

What is is like receiving GP referrals into a busy antenatal clinic?

- Tips?
- Tricks?
- The why behind the what?



Q&A

Thank you for watching I hope it was helpful

