Maternity Moments – Third trimester

Dr Wendy Burton

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- Today’s webinar will be recorded and will be made available on the RACGP Events webpage in the next week.
- Please use the Q&A box for any questions you may have. The chat function has been disabled.
- Your CPD half hour will be uploaded within the next 14 days.

Dr Wendy Burton

Chair, RACGP Specific Interests Antenatal and Postnatal Care

Dr Wendy Burton, MBBS, FRACGP (Hon), has a passion for the care of mums and bubs but is a true generalist, with a practice that provides multigenerational preconception to post-cremation care.

Maternity moments webinar series

The third trimester

Dr Wendy Burton
Antenatal care in general practice

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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.

Let me also say…

Thank you to the multidisciplinary teams from Mater Mothers Hospital, Brisbane
Thank you for the thousands upon thousands of excellent questions from GPs over the years
Thank you to GPDU and the GPs at Emerald who road tested some of my documents

This presentation is not perfect. It's my attempt to provide some practical tips, tricks and tools which I hope will be useful. If they are, please modify for the population you serve and share them generously with others

There are QR codes on some slides

I suggest you screenshot/take a photo so you can find the link later (or wait until the PowerPoint is available online)

They link to websites relevant to the topic at hand and may also link to a (noncommercial) website I have, with links to multiple other sites (mostly Australian government, NFP and NGO)

The third trimester

The big picture
The specifics:
GDM
Hypertension
Iron infusions
Anti-D
Medicare billing
Fundal height
Fetal movements
Stillbirth CRE
Planning ahead

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Guidelines-National

Contains | Search | Done

https://www.health.gov.au/resources/publications/pregnancy-care-guidelines

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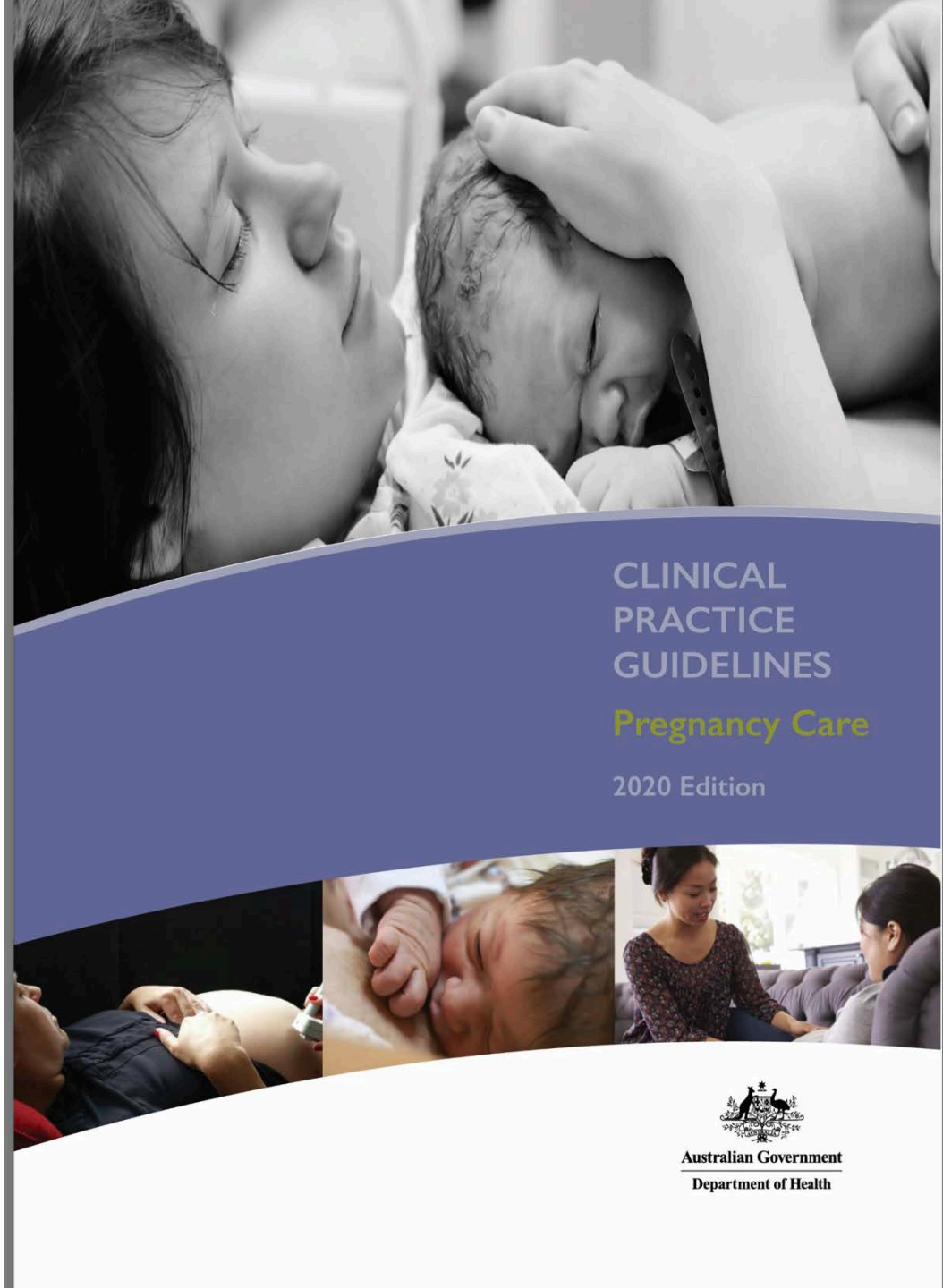

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Home - Community HealthPath

spotonhealth.communityhealthpathways.org

Update

SpotOnHealth (Brisba...

antenat

antenatal

antenatal assessment

antenatal care

Antenatal Care - Initial

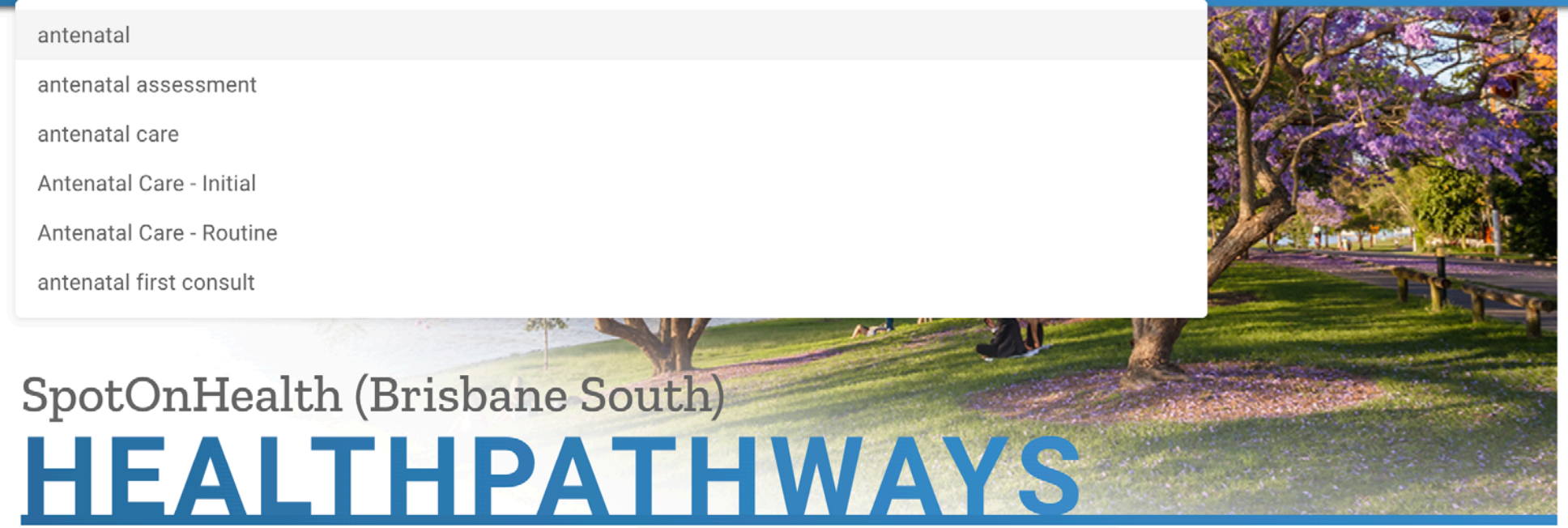
Antenatal Care - Routine

antenatal first consult

HealthPathways

SpotOnHealth (Brisbane South)

- Home
- COVID-19
- About HealthPathways
- Acute Services
- Allied Health and Nursing
- Child and Youth Health
- End of Life
- Investigations
- Lifestyle and Preventive Care
- Medical



SpotOnHealth (Brisbane South)

HEALTHPATHWAYS

Health Alert

Increased incidence of invasive diseases (iGAS,

Be alert for sepsis

Pathway Updates

NEW – 23 March

Occupational Therapy Assessment

ed – 13 March

pilloma Virus (HPV)

- SMART REFERRALS SUPPORT
- HEALTH PROVIDER PORTAL (VIEWER)
- MATER DOCTOR PORTAL
- AMBULANCE CARE
- SPOTONHEALTH PROJECT SITE

LS AND SERVICE PROVIDERS

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Guidelines -my local maternity hospital

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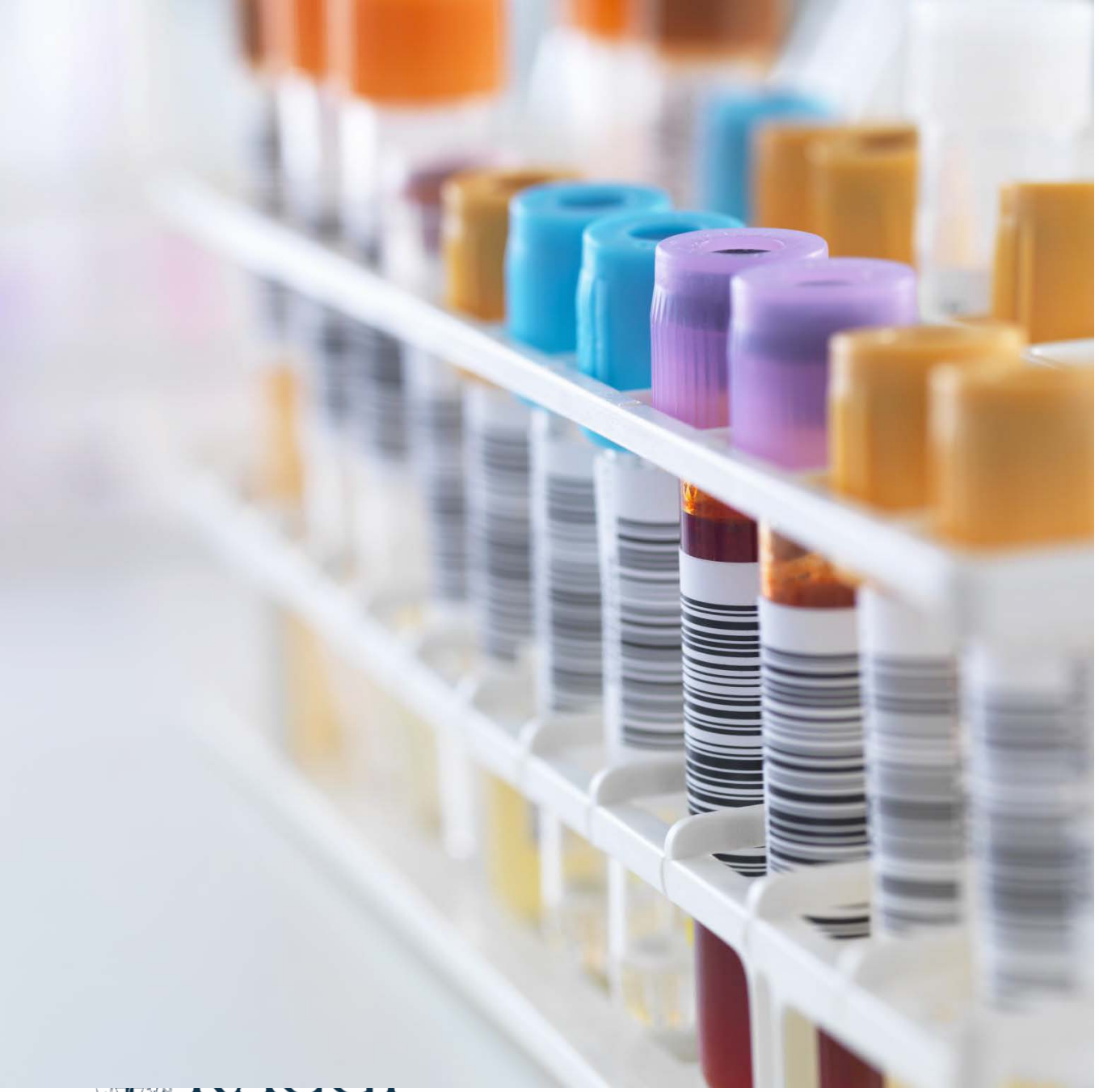
GP Maternity Shared Care Guideline

April 2023

mater mothers' hospital

matermothers.org.au



Choose-your-topic guideline

- ASID (infectious diseases)
- ADIPS (diabetes in pregnancy)
- COPE (perinatal mental health)
- National Blood Authority (anaemia)
- SOMANZ (nausea and vomiting, hypertension, sepsis)
- Etcetera
- Etcetera
- Etcetera

What do you do with what you have?

History

Notify your maternity colleagues via referral/phone/fax of concerns that emerged from the history

Examination

Notify your maternity colleagues via referral/phone/fax of concerns that emerged from the examination

Investigations

Include copies of the investigations with your referral. If you are taking action, e.g. elevated TSH, low ferritin, Thalassaemia trait, high risk scan or NIPT results, let your colleagues know

If investigations of concern come in post referral, send an updated letter OR notify via your communication channels

The third trimester: The big picture

Mother

History/conversations
- Mental health, DV
- Birth preparation – antenatal classes
- Parenting preparation

Clinical measurements
- Weight gain, BP, oedema
- Fundal height, fetal movements

Investigations
- GDM
- Anaemia
- Rh incompatibility
- Infections e.g., Syphilis

Follow up
- Rh negative
- Placental position
- Previous results
- Emerging issues

Baby

Clinical measurements
- Fetal heart
- Fundal height

Medication use/planning
- Baby is taking on more of the function of metabolism and medications can accumulate, resulting in side effects (e.g., sedation with opioids) and withdrawals (e.g., SSRIs, opioids)

Movement

Position

Hepatitis B

Vitamin K

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Gestational Diabetes Mellitus

Follow your local protocol

- Mostly, a prompt referral to your maternity facility where education will be given and medication commenced should lifestyle interventions fail
- Fasting target is a BSL at or below 5 (symptomatic hypoglycaemia at this level is unusual in this cohort)
- Additional USS, to assess fetal wellbeing, U/A each visit, additional bloods (e.g., Creatinine)

At GDM diagnosis	• Review history—previous GDM, medications
	• Refer for diabetes educator and dietitian consult within one week of diagnosis
	• Provide psychosocial assessment and support–refer as required
	• Commence BGL self-monitoring
	• Review pre-pregnancy BMI[1] and discuss individualised healthy weight gain targets in pregnancy
	• Discuss lifestyle factors including physical exercise and smoking cessation (if applicable)
	• Provide request forms for USS and laboratory investigations including serum creatinine at 28+0–30+6 weeks gestation
	• If pharmacological therapy commenced:
	  ○ Follow-up contact within three days by health care provider
	  ○ Weekly diabetes educator review
	• Review timing of next contact (at clinic, or by phone, telehealth or email)
	  ○ Fortnightly until 36+0 weeks gestation
	  ○ Weekly until birth
	  ○ Increase as indicated
	• If obesity also present consider anaesthetist review [refer to Queensland Clinical Guidelines *Obesity in pregnancy*[72]]

@Health
Guideline
- BCA targets

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@Health Guideline - Hypertension

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Guideline published February 2021, amended May 2021

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Maternal investigations

- Urine dipstick for proteinuria
- Spot urine protein to creatinine ratio if:
  - ≥ 2+ or recurrent 1+ on dipstick
- Full blood count
- Urea, creatinine electrolytes and urate
- LFT including LDH

Fetal assessment

- #CTG
- USS for fetal growth & wellbeing

Initiate antihypertensives

Commence if:

- sBP ≥ 160 or dBP ≥ 110 mmHg

Consider if:

- sBP ≥ 140 or dBP ≥ 90 mmHg
- Choice of antihypertensive drug as per local preferences/protocols

Oral antihypertensive (initial dose – adjust as clinically indicated)

- Methyldopa 125–250 mg bd
- Labetalol 100 mg bd
- Nifedipine (SR) 20–30 mg daily
- Hydralazine 25 mg bd
- ^Nifedipine (IR) 10–20 mg bd
- Prazosin 0.5 mg bd
- Clonidine 50–100 micrograms bd

Iron requirements are highest in the third trimester
Aim for ferritin >30
Oral before IV if tolerated and effective

Follow your local protocol - this can vary within hospitals in the same Health and Hospital Service!

Baby will need monitoring – minimum would be to check fetal heart before, during and after the infusion

Anaphylaxis may trigger uterine cramps and fetal distress*

- Place in Left lateral position
- Administer adrenaline 0.5 mg (or 0.3 if using an auto-injector), O2, if hypotensive, start saline infusion
- Monitor maternal heart rate, pulse oximetry, BP, respiratory rate and monitor fetal well being using a CTG (cardiotocography) or fetal heart rate every 5 min if CTG is unavailable
- Hospital transfer – notify O & G and anaesthetic staff about possible need for emergency caesarean section

*Source: https://www.allergy.org.au/hp/papers/acute-management-of-anaphylaxis-in-pregnancy

This is indicated for all Rh D negative women with no pre-formed anti-D antibodies

- Not required if fetal RHD test predicts fetus is Rh D negative

Administer Rh (D) Immunoglobulin 625 IU via IM injection at 28 weeks (after blood for group and antibody is collected) and 34 weeks gestation

If not logistically possible to give anti-D at 28 and 34 weeks

- Give as soon as practicable within two weeks of due administration date

- If 28-week dose missed, give as soon as recognised and then second dose six weeks later

If you provide regular antenatal care, supplies can be ordered from the Blood Bank and kept in your vaccine fridge (our local pathology company couriers them for us)

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Item numbers for MSC

16500 Rebate $42.40 Antenatal Attendance
91853 (video) **91858** (telephone) equivalent of 16500
16591 Rebate $128.15 "Planning and management, by a practitioner, of a pregnancy if:

- *(a) the pregnancy has progressed beyond 28 weeks gestation; and*
- *(b) the service includes a **mental health assessment (including screening for drug and alcohol use and domestic violence**) of the patient; and*
- (c) a service to which item 16590* applies is not provided in relation to the same pregnancy

Payable once only for a pregnancy"
*(16590 = planning to undertake the delivery for a privately admitted patient)

Can be combined with mental health numbers and with time based, *if* conditions for both are met (clinically indicated, not related)

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Source

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Around six babies are born still every day in Australia

Reducing stillbirth

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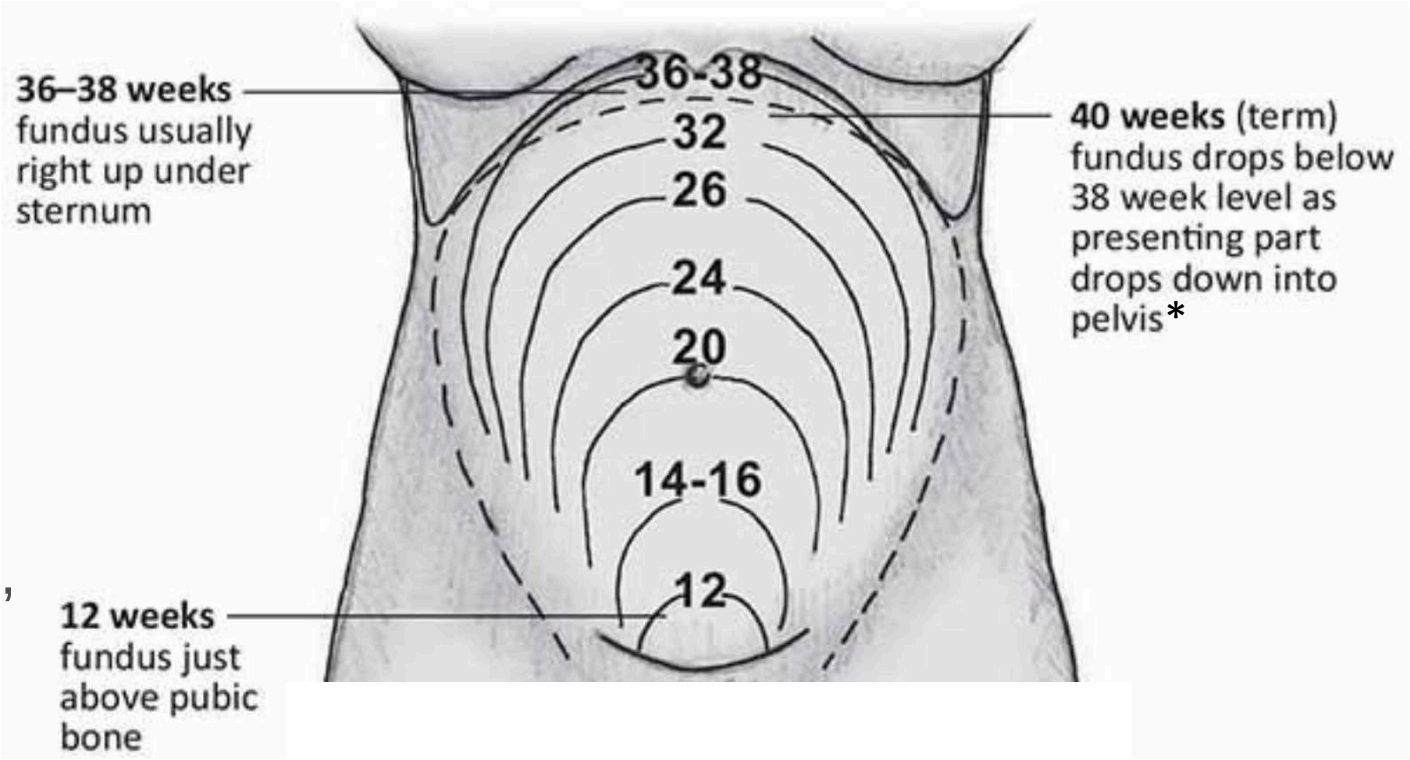
Fundal height

Assess each visit from 24 weeks

Measure from the top of the uterus to the top of the pubic bone

As a rough estimate, the height in cm should be the number of weeks gestation

If it is > + or – 3 cm outside this range, please organise an USS to check fetal growth and follow up



*Fundus drops in first, not subsequent, pregnancies

#MovementsMatter

saferbaby.org.au

Your baby's movements matter.

You will start to feel baby movements between 16 and 24 weeks of pregnancy. The movements are small at first but you will feel them more and more as baby grows. **From 28 weeks onwards, you should feel regular baby movements every day, regardless of where your placenta lies.**

It is easier to feel your baby's movements when sitting quietly or laying on your side, especially in the evening.

Babies continue to move every day, right up until their birth.

Feeling regular baby movements is a sign that your baby is well.

If you baby's movements stop or slow down, contact your maternity healthcare professional without delay. DO NOT WAIT until your next appointment, or the next day.

FIND OUT MORE: saferbaby.org.au or speak to your healthcare professional.

We thank Tommy's UK for allowing us to adapt their campaign for our purpose.
The list of organisations who have contributed to development of, and endorsed this resource, can be accessed via: saferbaby.org.au

Safer Baby
WORKING TOGETHER TO REDUCE STILLBIRTH

PERINATAL SOCIETY of Australia & New Zealand
PSANZ

Stillbirth
CENTRE OF RESEARCH EXCELLENCE

Version 2.0 Updated March 2023

Movements matter

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To register for the Safer Baby Bundle free eLearning, please visit https://learn.stillbirthcre.org.au

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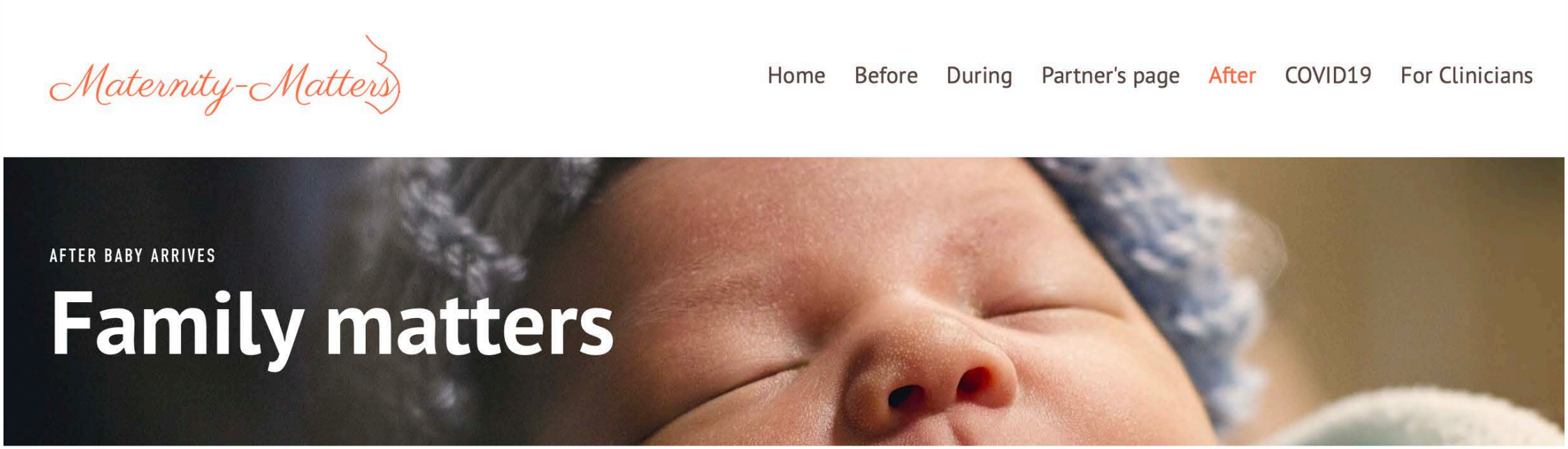
Planning ahead



Booking the appointments after birth
Immunisation options
Early childhood nurse options
Parenting support

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Q&A

Thank you for watching

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