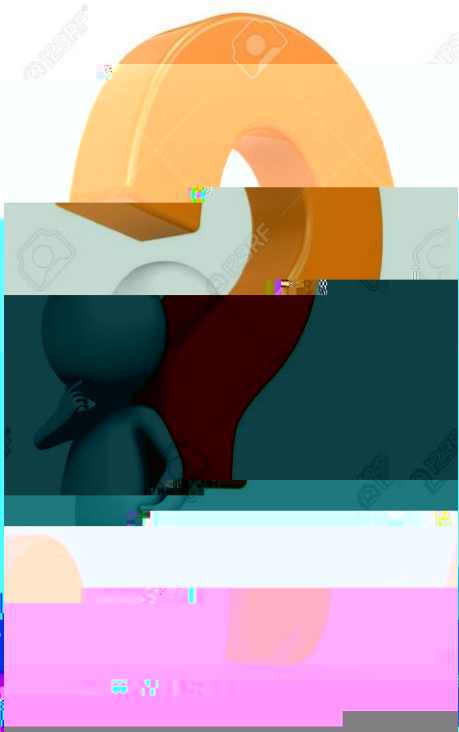


Navigating the Third Trimester

A Guide to the 28-Week Visit & Beyond,

Dr Jenni Goold



GP Obstetric Shared Care Program

Managed by GP Partners Australia

GP Partners Australia Staff

Leanne March

GP Shared Care Programs Manager / Registered Midwife

Naomi Pointon

GP Shared Care Programs Event Support



Tell me what you want, what you really, really want?

What women want if they were to have another baby:
the Australian Birth Experience Study (BESt) cross-sectional
national survey

Keedle H, et al. *BMJ Open* 2023; 13:e071582

Obj: To explore if Australian women would do anything differently if having another baby

in the last 5 years (2016-2021) in Australia

Responders tended to be of higher socioeconomic status, >30 years & university educated

Lower rates of First Nations women & migrant women in the study of total population of women giving birth

Covered all models of care - public & Private

Survey available in seven languages



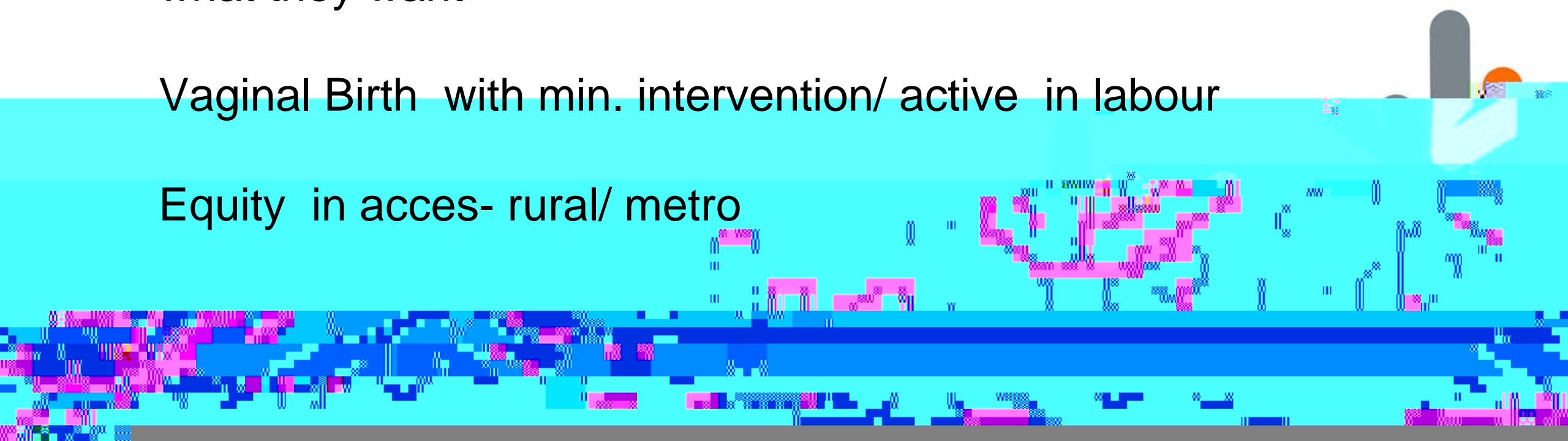
BESt Survey Results

Continuity of Care (CoC)

what they want

Vaginal Birth with min. intervention/ active in labour

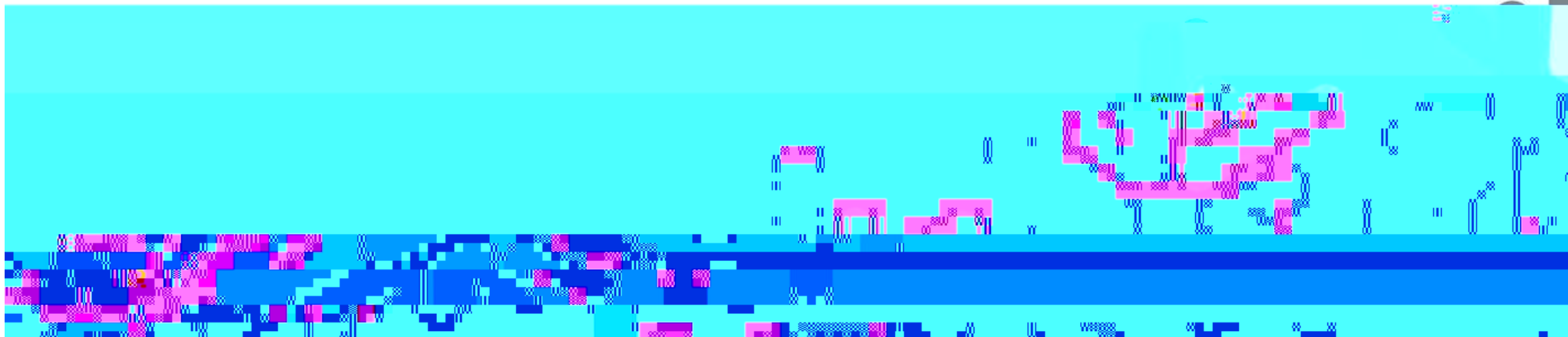
Equity in acces- rural/ metro

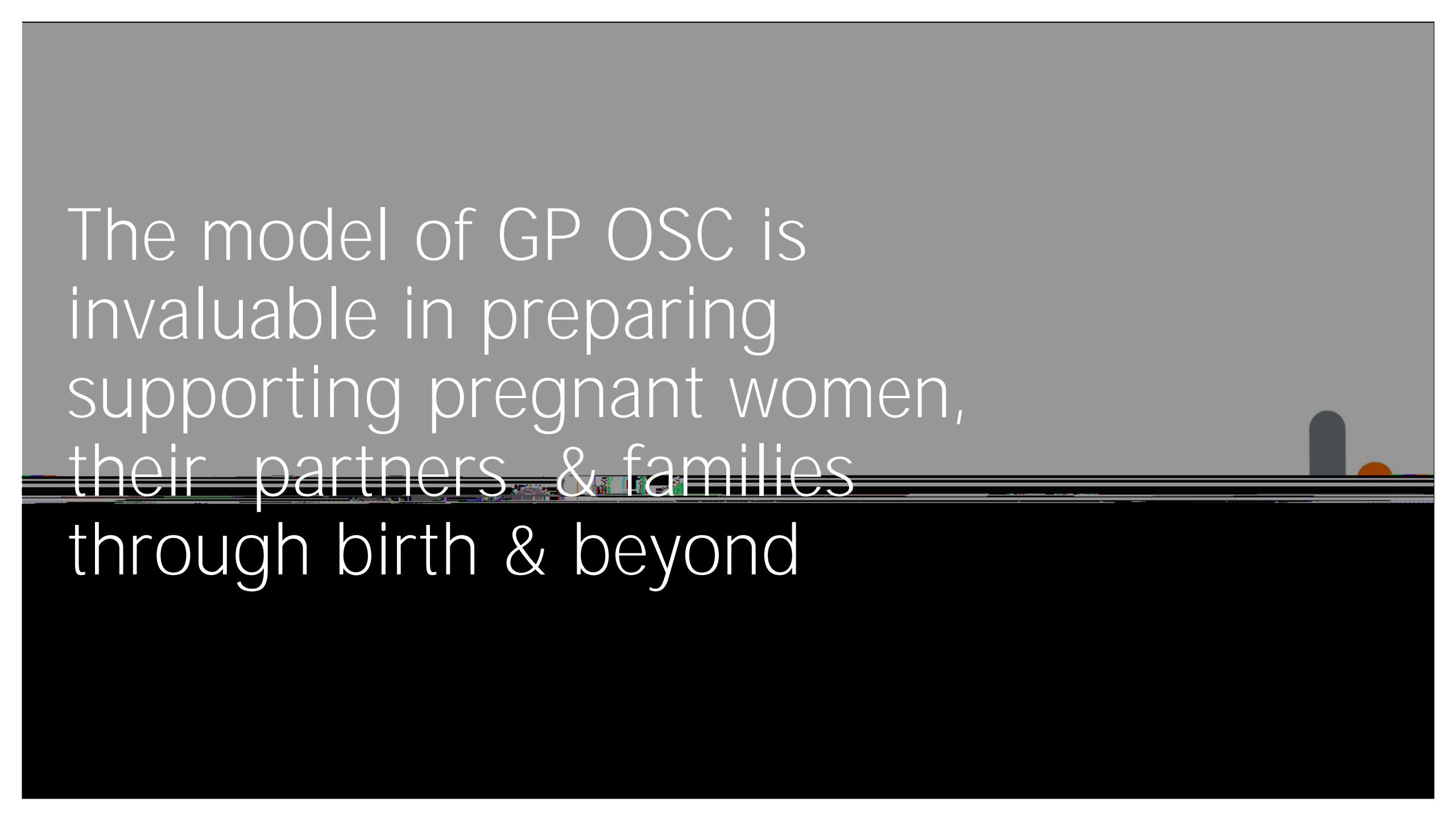


What does this mean for GP OSC?

CoC Hospital models cost - effectiveness (fragmented care) vs GP model patient centred/holistic approach (CoC)

Antenatal education - Formal/ opportunistic -

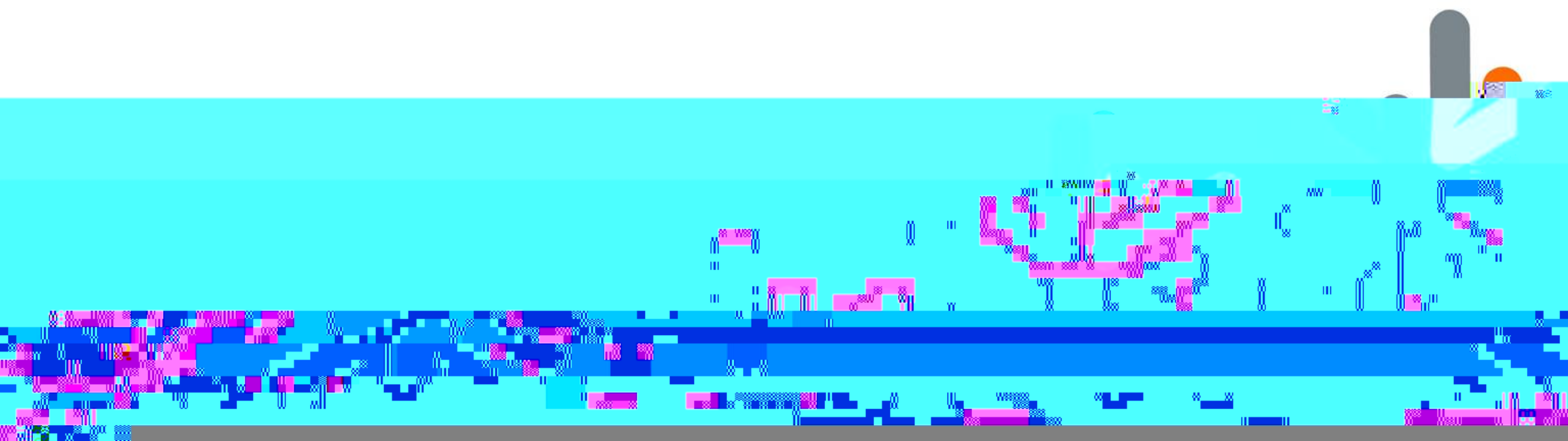


The background features a minimalist landscape illustration. The top half is a solid grey sky. The bottom half is a dark, almost black, ground. On the right side, there is a grey arch-like shape and a small orange circle, possibly representing a sun or moon. The text is overlaid on the left side of the image.

The model of GP OSC is
invaluable in preparing
supporting pregnant women,
their partners & families
through birth & beyond

28 weeks Now What?

35 year old Emily, GP OSC, booked at WCH, G3P1, BMI > 30 (35 at booking), early GTT NAD & morph scan LLP



28 weeks Now What?

Routine 28 weeks bloods

Blood Group & Ab

CBP

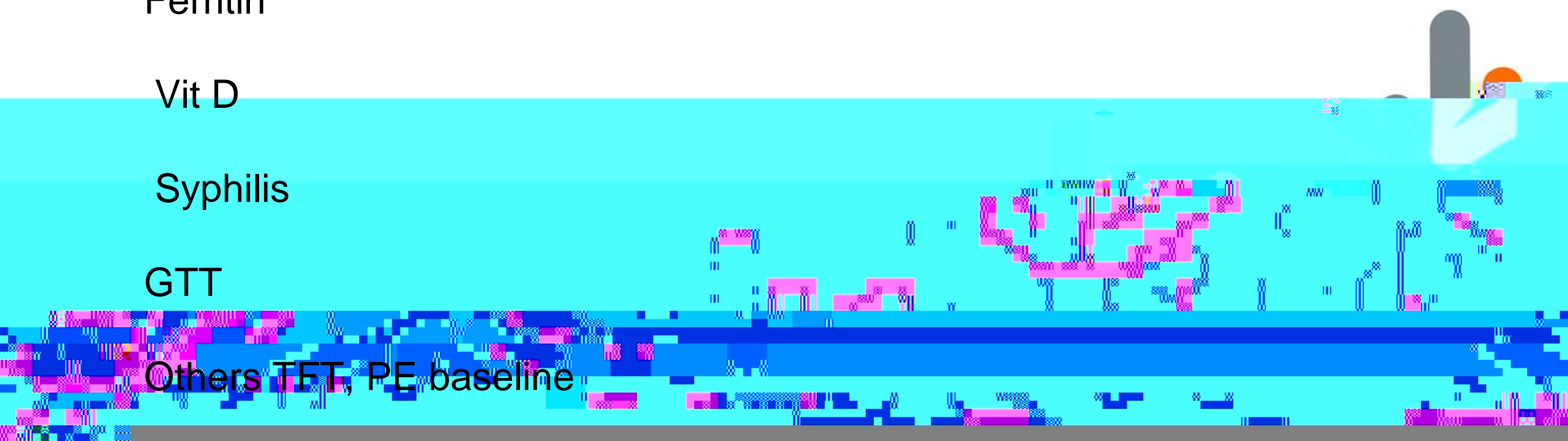
Ferritin

Vit D

Syphilis

GTT

Others TFT, PE baseline



28 weeks

Now What?

Routine 28 weeks bloods

Blood Group & Ab

O neg

CBP

Hb 110

Ferritin

17

Vit D

48

Syphilis

Neg

GTT

5.2, 8.2, 9.5

Others TFT, PE baseline

TSH & T4 NAD, EUC/LFTs,

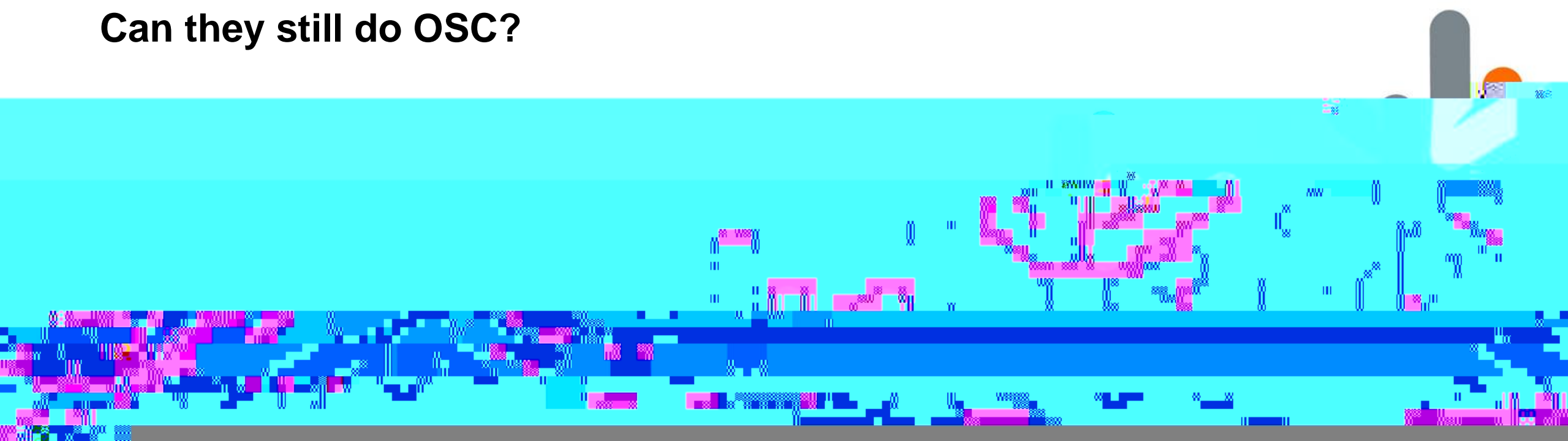
ur prot, creat & ratio ok



Abnormal results Now What?

Call the birthing hospital for advice

Can they still do OSC?



28 weeks

Now What?

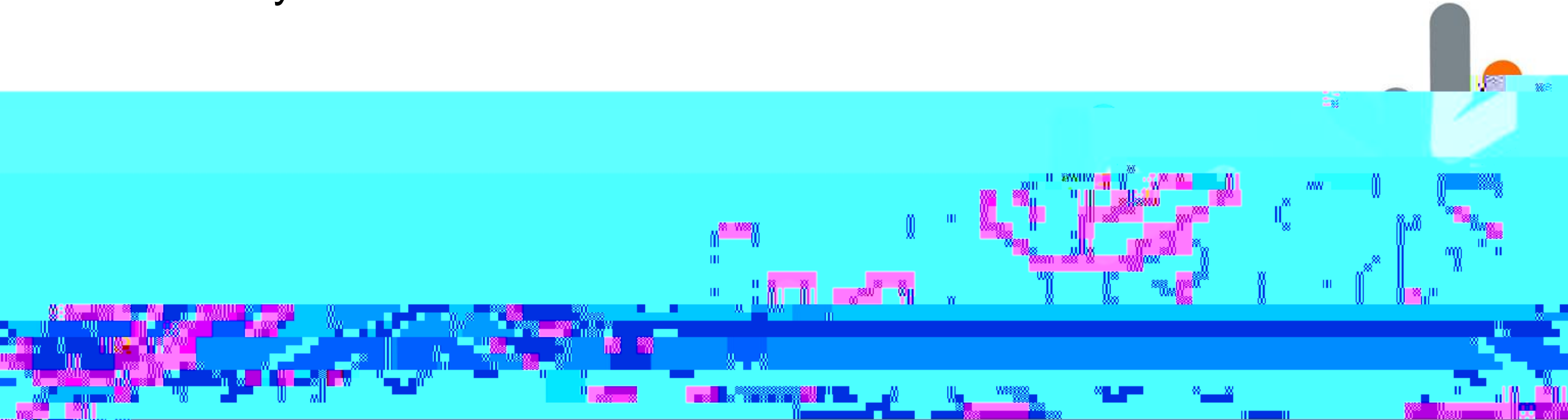
BP large cuff seated 132/80

SFH 34cm, FHH 138

FMF

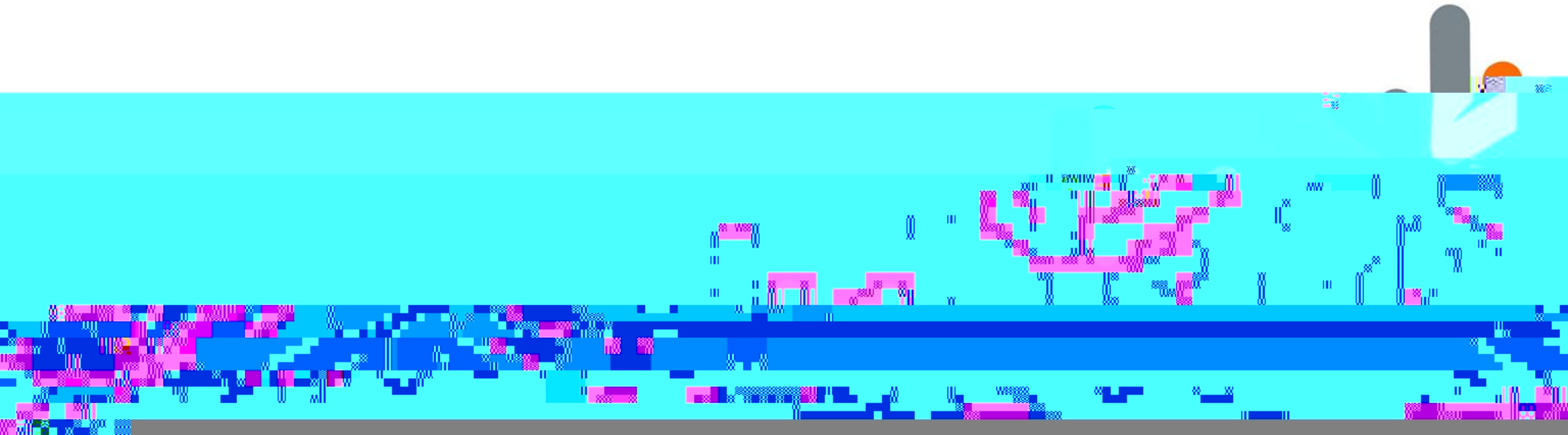
Issues to consider?

Reliability of SFH -



28 weeks Issues

35 ye



28 weeks BMI

Bariatric Guidelines:

BMI > 35, liaise with hospital re special requirements

BP - cuff size

Monitor with growth scans: growth parameters, AFI & dopplers

28, 32-34 weeks & consider 36 weeks

Increased risk for GDM- early GTT and repeat 28 weeks

GDM screening- what if PHx bariatric surgery ?

Profiles 5 consecutive days

Monitor for other co-morbidities e.g. HTN, PE

28 weeks Hypothyroidism

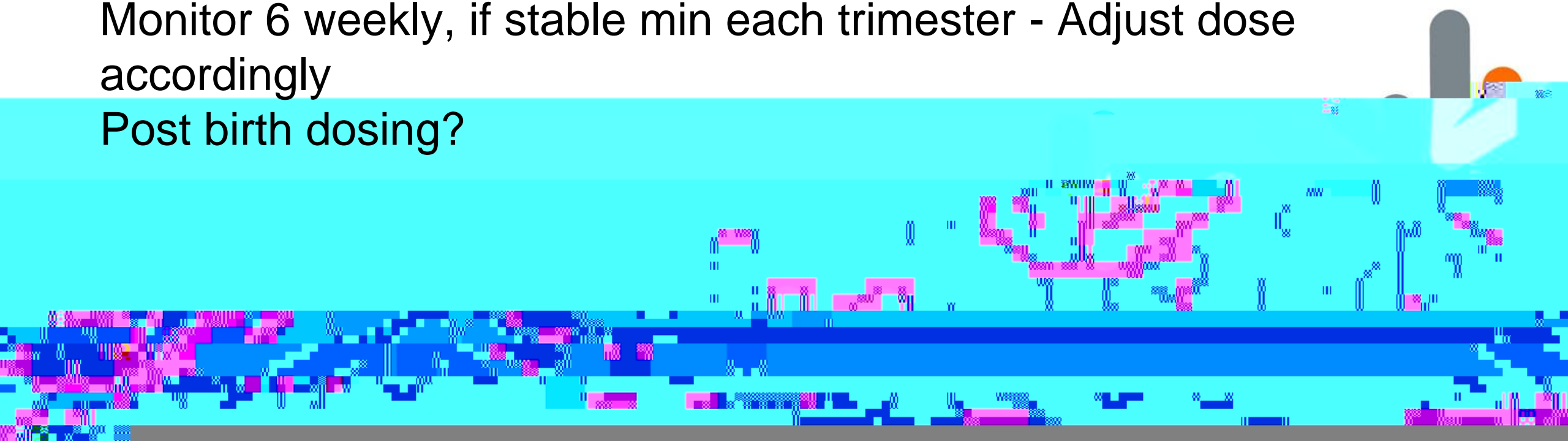
Who to screen?

Early TFT results??

Known Hypothyroidism:

Monitor 6 weekly, if stable min each trimester - Adjust dose accordingly

Post birth dosing?



28 weeks Supplements

Iron:

Diet

Ferrograd & maltofer

Infusion?

Vit D:

400 IU daily but in deficiency 1000 IU daily

(increase to 2 if still low at 28 weeks)

How long?

Reminder re dietary requirements in pregnancy

Lifestyle education - smoking, alcohol etc

What supplements? Is it enough?



Vit D Routine & Deficient Dosing

Vitamin D - some products:

Blackmores Preg & BF Gold (500u per capsule)

Elevit (200 u per tablet)

Swisse preg & Ultivite 600u per capsule)

0.5ml Ostelin Vit D liquid (1000units/0.5mls)

OsteVit-D (1000u)

Ostelin Vit D (1000u)

Medications?

**As a general rule do not stop any pre-existing medication
without seeking advice & consider safety profile of any**

and Breastfeeding 8161 7222

Hospital Midwife Coordinator GP Obstetric Shared Care

GP Partners Australia GP Obstetric Shared Care Program

OTIS www.teratology.org/OTIS_fact_Sheets.asp

Anyone have any other favourite

28 weeks Vaccinations?

Vaccinations:

Fluvax anytime

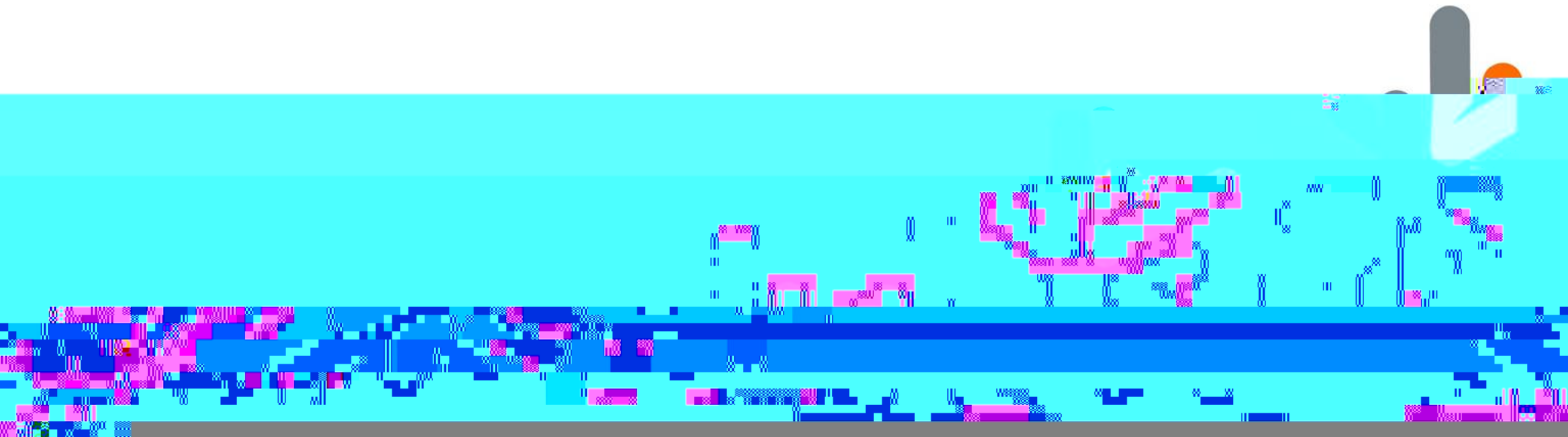
Pertussis from 20-32 weeks

Covid

Anti D- 28 & 34 weeks (& sensitising events),
birth



28 weeks GDM



>28 weeks Birth Plan (Item 16591)

Previous LSCS; Options:

Repeat LSCS - what does this mean?

VBAC risks?

Timing?

Depends on GDM control:

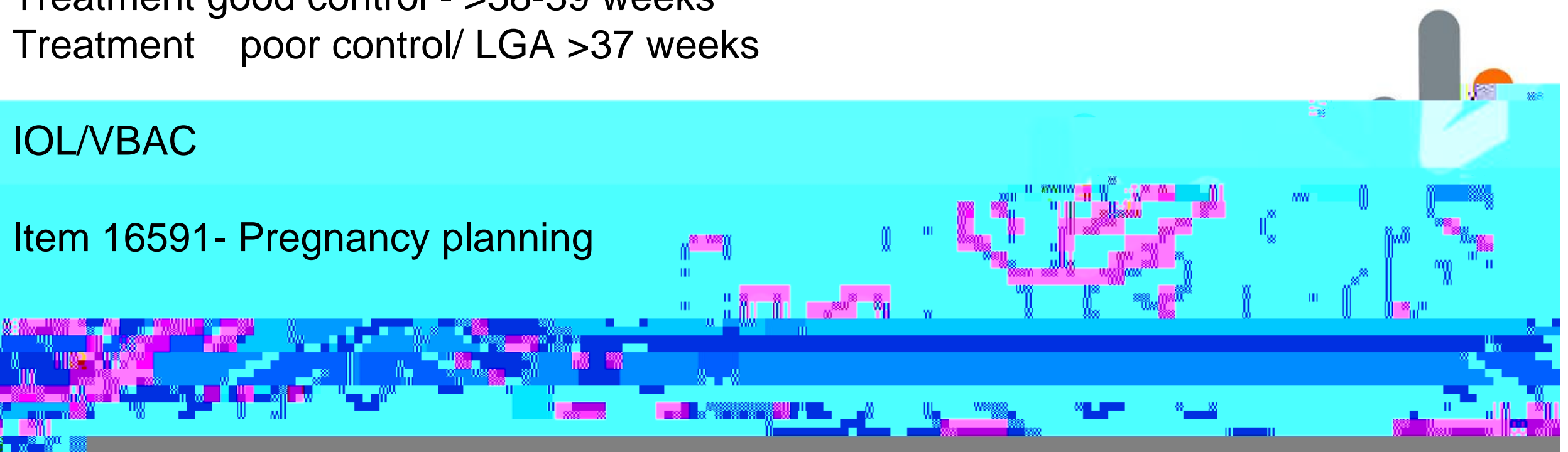
Diet - term

Treatment good control - >38-39 weeks

Treatment poor control/ LGA >37 weeks

IOL/VBAC

Item 16591- Pregnancy planning



Scans?

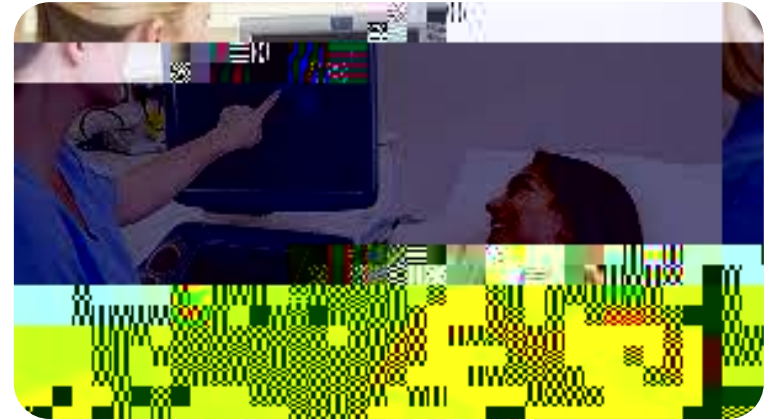
Growth scan - Growth parameters, AFI, dopplers

Monitoring growth:

Elevated BMI (growth 28,32,36)

GDM (32,36)

LLP (32-34) & later if remains LL



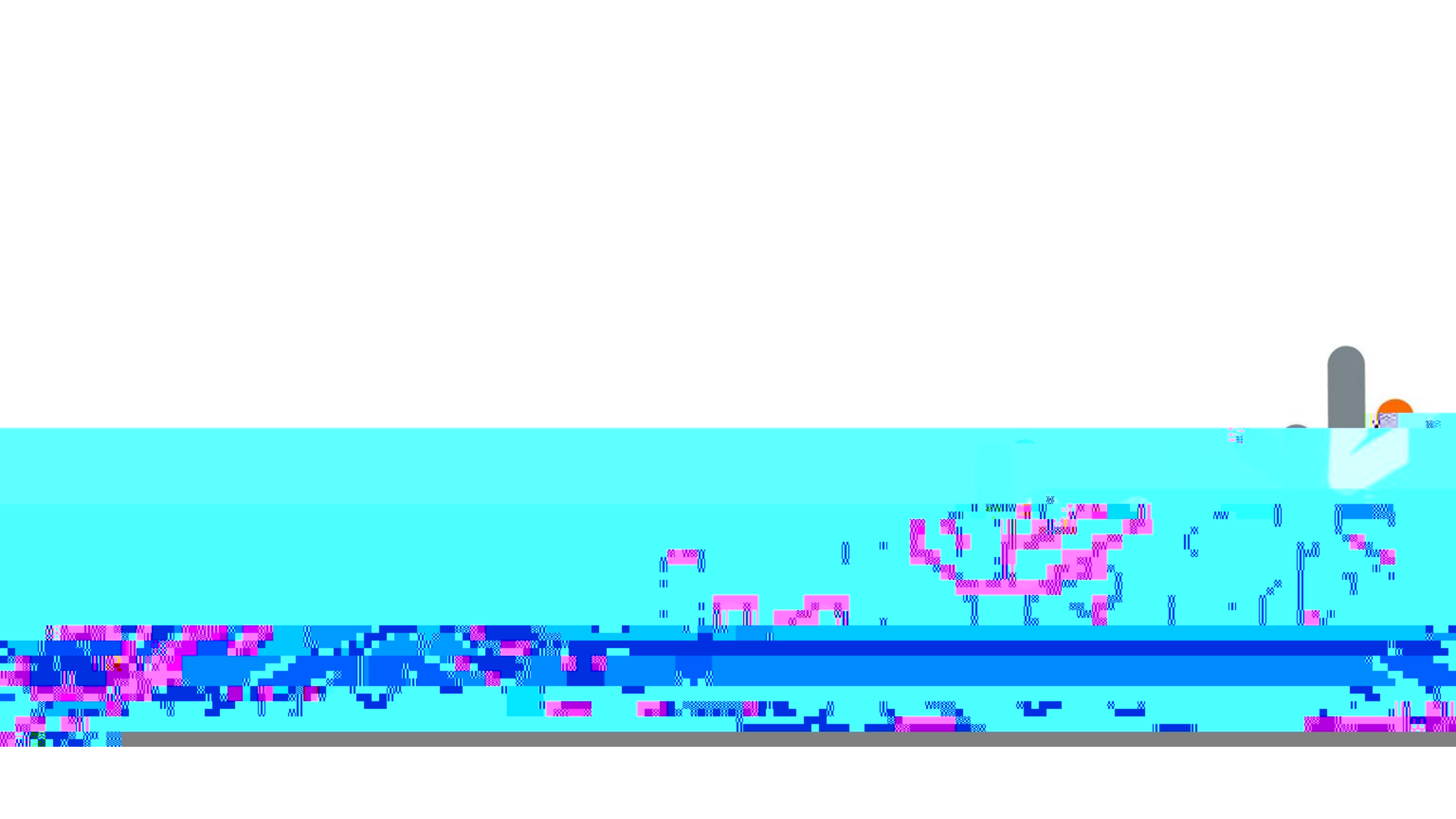
When else?

Discrepancy from SFH & weeks

Other issues for F/U e.g. renal dilation, echogenic focus, dopplers, AFI,

marginal cord, fibroids,

atypical uterus



34 weeks?

BP 130/80, SFH 40, FHH 142, FMF, Weight,
Presentation Cephalic, lie long 5/5

what else?

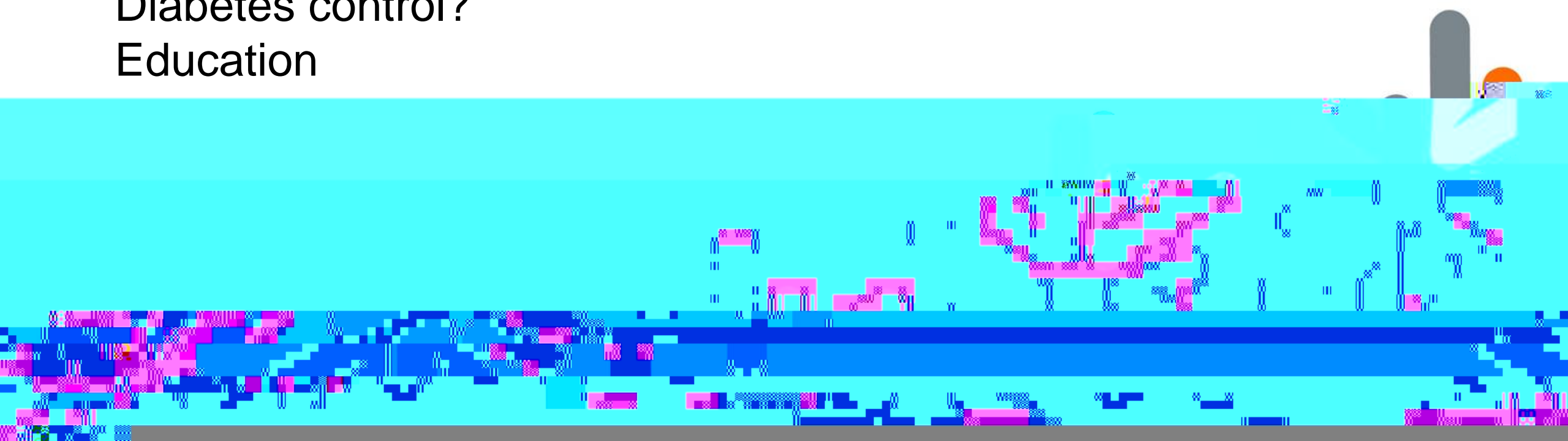
Anti D x2

Check-in

Work plans?/ maternity leave?

Diabetes control?

Education



She says she is going to celebrate finishing work with a glass of champagne.

What do you do?

NHMRC guidelines 2009

There is no lower limit that can be guaranteed completely safe and so the safest thing is to **STOP**



36 weeks Now What?

Hospital Visit:

Ensure GP has set up expectations:

B/F education encourage attendance
(GDM- EBM prior to birth)

LVS - GBS

Review results 32 or 36 week - CBP, ferritin iron infusion?

GDM control timing of birth

38 weeks Now What?

BP, SFH, FHH, FMF, presentation lie

Diabetes control?

Unpack hospital visit: GBS result & explanation

Check CBP, Ferritin from 32 or 36/40, TFT

Birth Plan- early discharge, newborn screening/hearing, feeding options

prolonged pregnancy planning: >40 fetal wellbeing check, IOL 41/40- GDM birth by term

Plan 2 & 6 review for both mother & baby

* lifestyle, mood, education, B/F,
* concerns, myths

Term Now What?

Hospital: BP 130/80, SFH 40, FHH 142, FMF,
Weight, presentation, lie

Birth Plan - prolonged labour, fetal wellbeing
(CTG, scan etc.)

VE - Bishops score, stretch & sweep

IOL booked

Birth - Now What?

How did it go?

Domiciliary MW? CAFHS?

2 & 6 week review but PRN

Monitor MH, supports, CAFHS - EPNDS

Feeding, lochia, wound - LSCS scar, episiotomy, perineum

Contraception

Feeding

Diabetes Mx - screening 6 weeks & annual

Baby **Blue Book** checks, monitor
growth parameters, vaccinations

Why Obstetric Shared Care?

Continuity of care & holistic care

Patients generally happy, healthy and well

Great support from Hospitals, Midwife Coordinators, GP OSC Program & GP Partners Australia

CPD Activities, resources and networking opportunities

Financial incentives; item numbers 16500 & 16591

Excellent option of care for low risk women

Keeps GP patient population young!



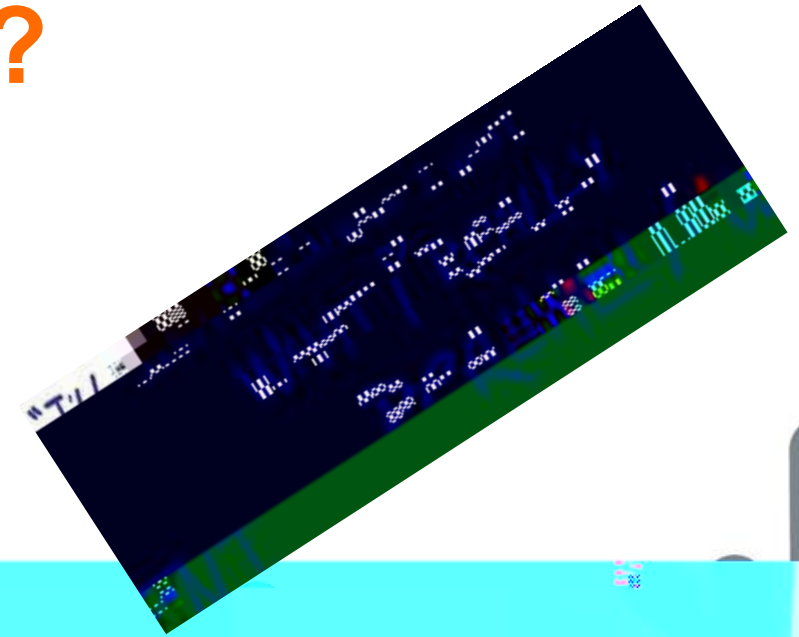
So tell me what you want, What you really really want ?

Women want:
Continuity of Care

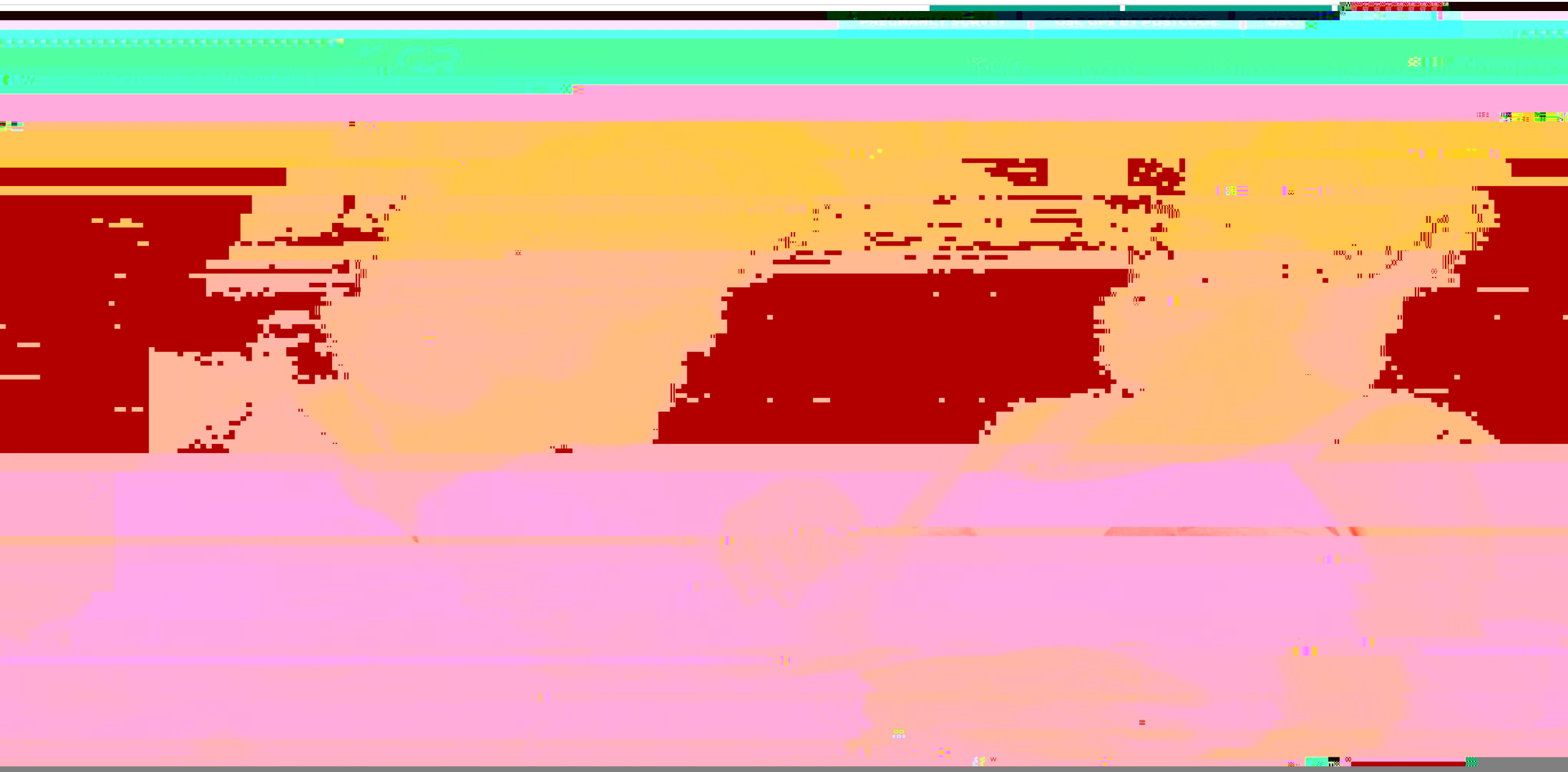
Who better than their GP!

What do Women Want?

ANSWER: **GP OSC**



GP Partners Australia Website



Pregnant Now What?

Need Help?

SA GP Obstetric Shared Care Protocols April 2020 (New Version Coming!)

SA Perinatal Practice Guidelines

www.health.sa.gov.au/ppg

GP OSC Program Manager/Midwife

Leanne March (T): 08 8112 1100 or (M): 0418 803 844

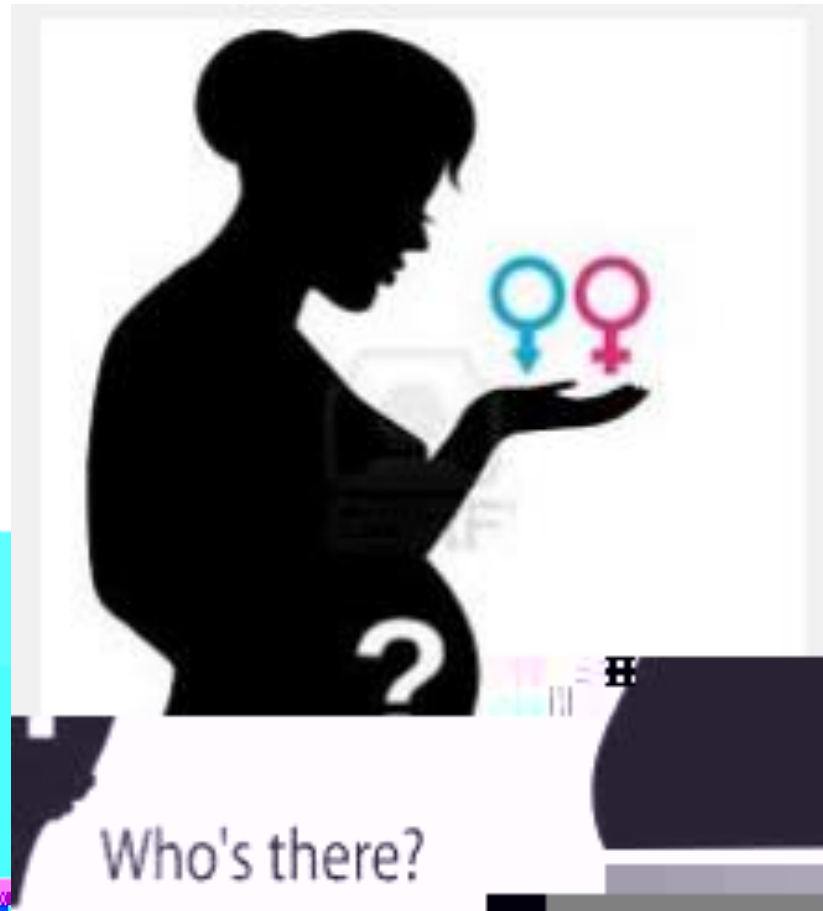
GP Advisors

Contact via Leanne - GP OSC Program SA (M): 0418 803 844

OSC Midwife Coordinators

Contact details in GP OSC Brochure or via GP Partners or Hospital

Questions?





GP eLearning Centre

Thank you

✓ connect

✓ care

✓ innovate

www.gpaustralia.org.au