

Mater Mothers' Hospital GP Alignment Bridging Program

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Goal

The aim of the Mater Mothers' Hospital (MMH) GP Alignment program is to educate, equip and empower GPs to provide best-practice antenatal care to low-risk women. The MMH recognises the existing skill base of General Practitioners and is committed to working with GPs to identify and close gaps in current practice and in communication between MMH and providers of care.

Clinically competent GPs providing timely evidenced-based care to women in their local community is a model of care endorsed by the MMH. By working together, using resources appropriately and communicating effectively and efficiently, we aim to reduce the risks and improve the safety and outcomes for both mother and child.

Learning objectives

This bridging program is designed for GPs who have recently completed clinical updates elsewhere or who are updating their Alignment and who would benefit from information about the specifics of shared maternity care with the Mater, such as the

- referral process
- models of care available to women
- allied health clinics and
- lines of communication into the Mater Mothers Hospital.

You should also be aware of resources such as

- The current MMH MSC Guideline
- The www.materonline.org.au website
- A range of QHealth resources



GP Maternity Shared Care Guideline

This is a summary of the essential principles underlying Mater Mothers' Hospital GP Maternity Shared Care.

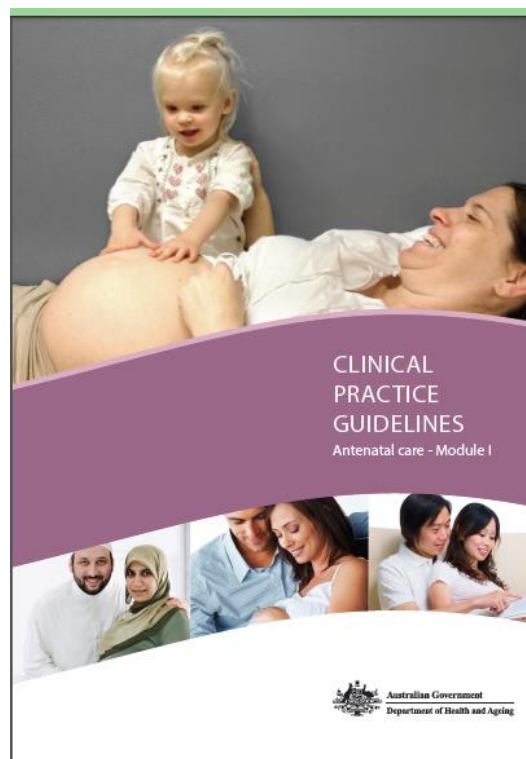


Mater Mothers' Hospital GP Maternity Shared Care Guideline

January 2017

www.health.gov.au/antenatal

This is a comprehensive, evidence based document focusing primarily on first trimester care. The eight page summary is particularly helpful and there are specific chapters on care for ATSI and rural and remote women.



www.health.gov.au/antenatal

Module 2 addresses care in the second and third trimesters of pregnancy and provides guidance on core practices, lifestyle considerations, clinical assessments, common conditions and maternal health tests for healthy pregnant women.

CLINICAL
PRACTICE
GUIDELINES
Antenatal Care — Module II

www.health.qld.gov.au/qcg/

QHealth has a number of evidence based guidelines and education resources available online

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Queensland Clinical Guidelines

Translating evidence into best clinical practice

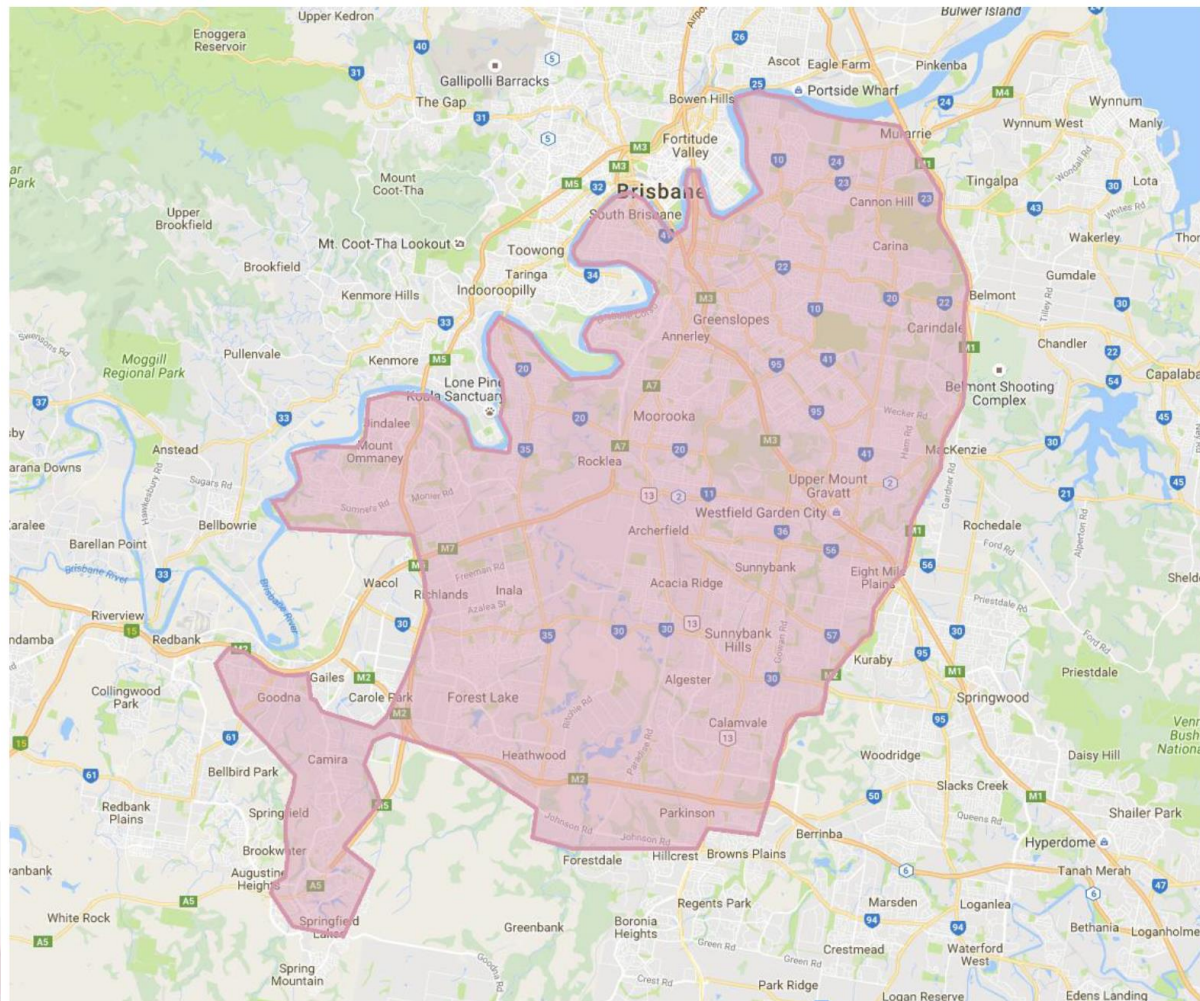
Clinical Guidelines	Learning and Resources	Consumers
<p>Clinical guidelines and supporting resources</p> <ul style="list-style-type: none">• Maternity• Neonatal• Operational frameworks• National	<p>Education and implementation resources</p> <ul style="list-style-type: none">• Presentations• Knowledge assessments• Videoconferences• Neonatal CPAP workshops• Implementation checklist	<p>Information for women, parents and carers</p> <ul style="list-style-type: none">• Consumer information• Consumer representation
Development	News and Events	Contact us
<p>Our processes, disclaimer and governance</p> <ul style="list-style-type: none">• Development and review• Governance• Disclaimer	<p>Guidelines in development and upcoming events</p> <ul style="list-style-type: none">• News• Videoconference schedule• Program of work	<p>Contact the guidelines team</p> <ul style="list-style-type: none">• Ask a question• Join the mailing list• Provide feedback

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The catchment area

- Mater Mothers' Hospital is a private hospital contracted by Queensland Health to conduct an agreed number of public births per year. Mater Mothers is both a tertiary referral centre and a local hospital for women within its catchment. **Due to high demand Mater Mothers is unable to accept routine low risk referrals from outside the catchment area.** Consideration is made for indigenous women and women requiring a specialist drug and alcohol service.
- Women who may require tertiary care should be referred by the GP to their local health service, where their care may commence, if within the capacity of the local hospital, or appropriate referrals organised if not. Please communicate with the MMH GP Liaison if you are at all uncertain, or if time is critical.
- Catchment restrictions do not apply to insured women choosing to birth at Mater Mothers' Private Brisbane. The GP refers to a private obstetrician and the woman contacts the Private Booking Office on 3163 8847. A list of private obstetricians is available at www.materonline.org.au

www.materonline.org.au/



Women living within the catchment area will be accepted, however proof of address is required.


Catchment Map and Postcode List

A		Goodna	4300	Q	
Acacia Ridge	4110	Graceville	4075	Queensport	4172
Algester	4115	Graceville East	4075	R	
Altandi	4109	Greenslopes	4120	Richlands	4077
Annerley	4103	H		Riverhills	4074
Archerfield	4108	Hawthorne	4171	Robertson	4109
B		Heathwood	4110	Rocklea	4106
Balmoral	4171	Highgate Hill	4101	Runcorn	4113
Balmoral Heights	4171	Hill End	4101	S	
Banoon	4109	Holland Park	4121	Salisbury	4107
Berrinba	4117	Holland Park East	4121	Seven Hills	4170
Bulimba	4171	Holland Park West	4121	Seventeen Miles Rocks	4073
Buranda	4102	I		Sherwood	4075
C		Inala	4077	Sinnamon Park	4073
Calamvale	4116	Inala East	4077	Springfield	4300
Camira	4300	Inala Heights	4077	Springfield Lakes	4300
Camp Hill	4152	Inala West	4077	Southbank	4101
Cannon Hill	4170	J		South Brisbane	4101
Carina	4152	Jamboree Heights	4074	Stones Corner	4120
Carina Heights	4152	Jindalee	4074	Stretton	4116
Carindale	4152	K		Sumner	4074
Carindale Heights	4152	Kangaroo Point	4169	Sumner Park	4074
Chelmer	4068	Kuraby	4112	Sunnybank	4109
Colmslie	4170	L		Sunnybank Hills	4109
Coopers Plains	4108	Larapinta	4110	T	
Coorparoo	4151	M		Tarragindi	4121
Corinda	4075	Macgregor	4109	Tennyson	4105
D		Mansfield	4122	U	
Darra	4176	Middle Park	4074	Upper Mount Gravatt	4122
Doolandella	4077	Moorooka	4105	W	
Drewvale	4166	Morningside	4170	Wellers Hill	4121
Durack	4077	Mt Gravatt	4122	West End	4101
Durack Heights	4077	Mt Gravatt East	4122	Westlake	4074
E		Mt Ommaney	4074	Willawong	4110
East Brisbane	4169	Murarrie	4172	Wishart	4122
Eight Mile Plains	4133	N		Woolloongabba	4102
Ekibin	4121	Nathan	4111	Y	
Ellen Grove	4077	Nathan Heights	4111	Yerrongpilly	4105
F		Norman Park	4170	Yeronga	4104
Fairfield	4103	O		Yeronga West	4104
Forest Lake	4077	Oxley	4075		
Fruitgrove	4113	P			
G		Pallara	4110		
Gailes	4300	Parkinson	4115		

Mater Antenatal referral template

- Antenatal clinic receives **200-400** referrals *each week*. The information that GPs provide is critical to a safe, effective and efficient triage process
- Identify medical and social risk factors and the indication for early appointment. Contact the GP Liaison Midwife if you need advice
- The use of the MMH referral template is mandatory. If you send a referral in that is not on the MMH template, the referral will returned to you for completion
- Please cc MMH ANC on *all* investigations
- Please use the most current template, as decision support is included and regularly updated e.g. HbA1c or OGTT testing





REFERRAL - ANTENATAL
FAX NUMBER: (07) 3163 8053

MHS Unit Record No. _____

Patient surname _____

Patient given names _____

Patient date of birth _____

Do not fax from private or business numbers. GP fax only.

Patient details

Residential address: _____

Suburb: _____ State: _____ Postal code: _____

Preferred contact: Home ☎ Mobile ☎ _____

Next of kin: _____ ☎: _____

Please advise all patients to bring their Medicare card when presenting to the Mater. Medicare ineligible patients will incur a fee for appointments/ treatment provided which is payable on presentation. Insurance provider and policy number must be provided before bookings can be processed.

Medicare eligible? Yes No Medicare no.: _____ Card ref. no.: _____ Expiry date: _____

Private health insurance name: _____ Policy number: _____

Indigenous status? Aboriginal Torres Strait Islander Australian South Sea Islander Not Indigenous

Does this patient identify as having a refugee background? Yes No

Interpreter required? Yes No Language: _____ Special needs e.g. Carer: _____

This referral is for an initial consultation with a Doctor for the planning and co-ordination of care for this pregnancy. Women will be subsequently offered a choice of appropriate models of care. To improve efficiency and reduce waiting times, this named referral will be shared with other specialists. The consultation may be bulk-billed to Medicare Australia with NO out of pocket expenses for this patient.

Referral Referral date: _____

Dear Dr Michael Beckmann (Director, Mothers Babies and Women's Health Services)

Thank you for seeing this woman whose LNMP was _____ and whose EDC is _____

She is G _____ P _____ Height _____ Weight _____ BMI _____

This patient is high risk and requires early assessment ? Yes No If "Yes", specify details below

Past genetic, medical, surgical, and obstetric history:

Binding instructions - do not write. Do not reproduce by photocopying. All clinical form creation and amendments must be conducted through Health Informatics.




06/16
Ver. 6.00
F1828

Clear form

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Continued on page 2 →

REFERRAL - ANTENATAL 100



REFERRAL - ANTENATAL
FAX NUMBER: (07) 3163 8053

MHS Unit Record No. _____

Patient Surname _____

Patient Given Names _____

Patient Date of Birth _____

Medications: (attach patient summary if necessary)

Allergies:

Models of care

I have discussed models of care and this woman would like:

GP Shared Care? Yes No

I have completed the MMH alignment program: Yes No.

Midwifery Care? Yes No

Midwifery Group Practice? Yes No Second choice if Midwifery Group Practice full?

Relevant investigations (attach investigations or results) Pathology service provider: Mater S & N QML

1. Pap smear up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	6. FBC? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Down Syndrome screening discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No Testing accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral given? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Rubella serology? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. First trimester HbA1c for BMI > 30, previous GDM, maternal age > 40, or previous macrosomic baby? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Urine M/C/S? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. 18/40 morphology ultrasound ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No
	10. Syphilis serology? <input type="checkbox"/> Yes <input type="checkbox"/> No
	12. Blood group & antibody? <input type="checkbox"/> Yes <input type="checkbox"/> No
	13. Hepatitis B serology? <input type="checkbox"/> Yes <input type="checkbox"/> No
	14. Hepatitis C serology? <input type="checkbox"/> Yes <input type="checkbox"/> No

Referring clinician (Please complete all fields clearly or affix stamp)

Referring clinician name: _____ Provider number: _____

Address: _____

Phone number: _____ Fax number: _____

Signature: _____ Email address: _____

Mater staff use only

Age: _____ EDC: _____ Date received: _____

Referral accepted Out of Area Other _____ Current gestation: _____

Referral declined GP Notified Date sent: _____ Woman notified Date notified: _____

First appointment midwife and obstetrician Woman notified of first appointment on _____

Medicare eligible Medicare ineligible AND insured Medicare ineligible, NOT insured

Sent to billing office date: _____ Sent to billing office date: _____

Notes: _____

Midwife name: _____ Signature: _____ Date: _____

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Print form

Binding instructions - do not write. Do not reproduce by photocopying. All clinical form creation and amendments must be conducted through Health Informatics.

Please nominate risk and reason for early assessment

Referral

Referral date:

Dear Dr Michael Beckmann (Director, Mothers Babies and Women's Health Services)

Thank you for seeing this woman whose LNMP was and whose EDC is

She is G P Height Weight BMI

This patient is high risk and requires early assessment ? Yes No If "Yes", specify details below

Please attach copy AND cc MMH

Relevant investigations (attach investigations or results)

1. Pap smear up to date? Yes No
Result: Normal Abnormal
2. Down Syndrome screening discussed? Yes No
Testing accepted? Yes No
Referral given? Yes No
3. First trimester HbA1c for BMI > 30, previous GDM, maternal age ≥ 40, or previous macrosomic baby? Yes No
4. 18/40 morphology ultrasound ordered? Yes No

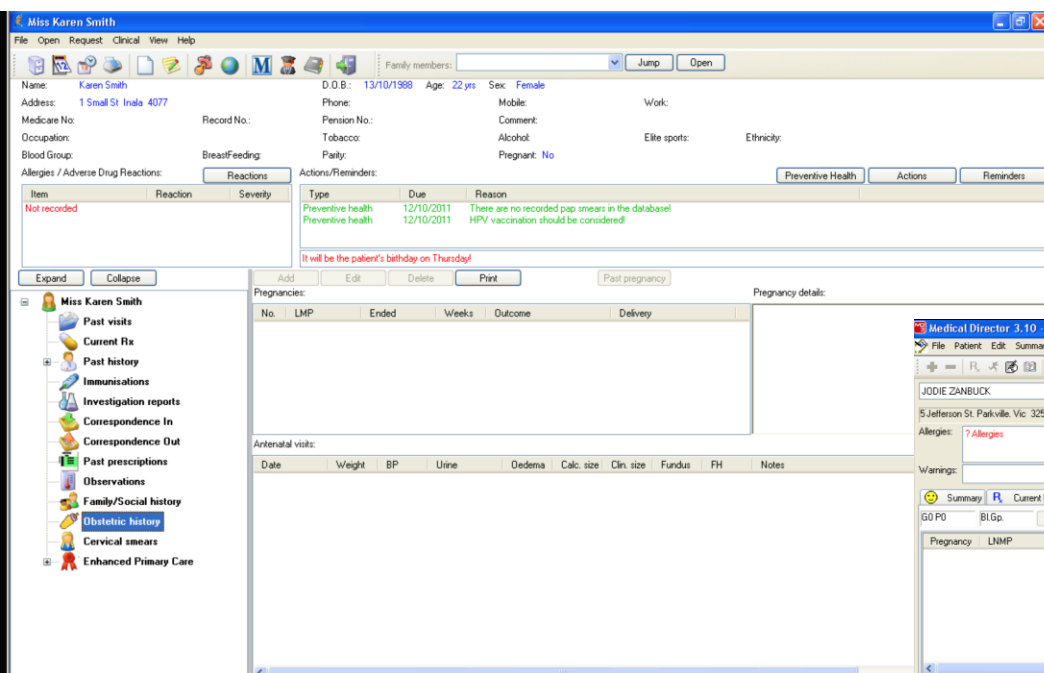
Pathology service provider: Mater S & N QML

6. FBC? Yes No
7. Rubella serology? Yes No
8. Urine M/C/S? Yes No
9. HIV? Yes No
10. Syphilis serology? Yes No
12. Blood group & antibody? Yes No
13. Hepatitis B serology? Yes No
14. Hepatitis C serology: Yes No

Having a copy of the results (if available) in the referral helps to triage a woman; copying results to MMH and providing the woman with a printed copy of ultrasound results and pathology reports allows clinicians immediate access to information wherever she presents. Oh, and the midwives prefer printed copies of our notes!

Where are you entering your observations?

Using the obstetric tabs in your clinical software makes it easy to enter data and to print a copy to place inside the Pregnancy Health Record



Miss Karen Smith

Name: Karen Smith D.O.B.: 13/10/1988 Age: 22 yrs Sex: Female
 Address: 1 Small St Inala 4077
 Record No.: Phone: Mobile: Work:
 Medicare No.: Pension No.: Comment: Alcohol: Ethnically:
 Occupation: Tobacco: Parity: Pregnant: No
 Blood Group: Breastfeeding: Parity: Pregnant: No

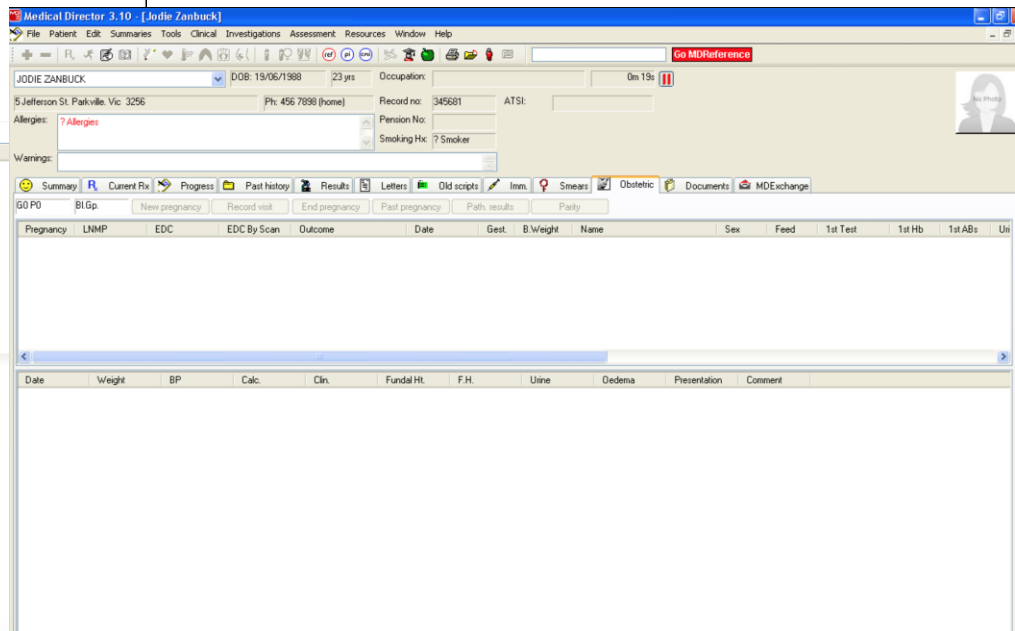
Item	Reaction	Severity
Not recorded		

Type	Due	Reason
Preventive health	12/10/2011	There are no recorded pap smears in the database!
Preventive health	12/10/2011	HPV vaccination should be considered!

It will be the patient's birthday on Thursday!

No.	LMP	Ended	Weeks	Outcome	Delivery

Date	Weight	BP	Urine	Oedema	Calc. size	Clin. size	Fundus	FH	Notes



Medical Director 3.10 - [Jodie Zambuck]

JODIE ZANBUCK D.O.B.: 19/06/1988 23 yrs Occupation:
 5 Jefferson St. Parkville, Vic 3256 Ph: 456 7898 (home) Record no: 345681 ATSI:
 Allergies: ? Allergies Pension No:
 Warnings: Smoking Hc: ? Smoker

Pregnancy	LNMP	EDC	EDC By Scan	Outcome	Date	Gest.	B.Weight	Name	Sex	Feed	1st Test	1st Hb	1st ABs	Ui

Date	Weight	BP	Calc.	Clin.	Fundal Ht.	F.H.	Urine	Oedema	Presentation	Comment

Referral process

- Endocrinologists and obstetric medicine specialists work within the Mater Mothers antenatal team
- Separate referral to Mater Specialist Clinics is not required from the GP for women with *pre-existing* medical conditions identified in the antenatal referral. The obstetrician will assess the woman at the first appointment and refer if necessary
- If a woman *develops* a medical condition after referral to antenatal clinic, a new referral (using a standard referral letter, not an antenatal referral) should be faxed to **antenatal clinic (3163 8053)** including a copy of the results

Who can you call?

For clinical advice or if a woman requires urgent review:

- Obstetric Registrar: 3163 6611
- Obstetric consultant: 3163 6009
- Obstetric Medicine registrar via switch 3163 8111

The GP Liaison office is open Mon - Fri 0730 - 1600 for general advice and assistance.

- Telephone 07 3163 1861 (you can leave a message) email GPL@mater.org.au or mobile 0466 205 710

Who is responsible for abnormal results?

The clinician who orders the test is responsible for the follow up and prompt referrals when appropriate

- Although a copy of the result is sent to MMH, it is entered into their system *without* being seen and is only reviewed when the woman comes for an appointment or contacts the hospital for advice
- There are guidelines for consultation and referral and managing abnormal results available in sections 6 (page 9) and 13 (p 23) of the MMH GP Maternity Shared Care [Guideline](#)

The referral pathway

- All women, regardless of their medical or obstetric risk, should to be referred to their local obstetric hospital. A comprehensive referral will allow the hospital staff to triage appropriately and where necessary, the local obstetricians will liaise with or refer women onto MMH
- Should a woman booked with another hospital develop a complication, contact her local obstetric service so that they can make the appropriate arrangements

Antenatal Clinics, Models of Care

OBSTETRIC

- Obstetrician
- Obstetric registrar
- Midwife
- MMH Monday to Friday

OBSTETRIC MEDICAL

- Obstetrician
- Obstetric registrar
- Obstetric physician
- MMH Monday to Friday

GP SHARE CARE

- Midwife history
- Obstetrician/Obstetric registrar at booking appointment
- GP routine visits
- MMH at K36 midwife/obstetrician

MIDWIVES CLINIC

- MMH daily
- Inala Tuesday- Friday
- Coorparoo <21yrs Tuesday+ Wednesday
- High psychosocial risk MMH Tuesday

REFUGEE CLINIC

- MMH
 - Monday: Midwife/Obstetrician
 - Obstetric physician
 - Social Worker

INDIGENOUS CLINIC

- MMH Thursday
 - Obstetrician
 - Obstetric Physician
 - Midwife
 - ATSI Liaison

DIABETIC CLINIC

- MMH Tuesday
 - Obstetrician/Registrar
 - Endocrinologist
 - Diabetes Nurse Educator
 - Midwife
 - Dietician

PREGNANCY AFTER LOSS CLINIC

- MMH early review if last pregnancy IUID, stillbirth or neonatal death
 - **CHAMP**
 - Recent or current drug and alcohol use.
- MMH Wednesday

MIDWIFERY GROUP PRACTICE

- Coorparoo +Stones Corner
- Inala + Acacia Ridge
- Coorparoo <21y
- ATSI Birthing in Our Community
- Refugee background Inala
- Obstetrician/Obstetric registrar at booking

Mater Models of Care

- MMH has a number of specialised models of care. Identification of indigenous status, refugee background, social risk, drug and alcohol use or previous pregnancy loss will assist with triage to the appropriate clinic
- Women may choose to have GP share care but their booking appointments and assessment will occur in the specialist clinic

Midwifery Group Practice

- This is a midwifery led model of care (MOC) that works in close collaboration with an obstetrician. They accept women with various levels of risk, including suitable women wishing to have a vaginal birth after caesar (VBAC)
- The RBWH has the birth centre with a similar MOC BUT it is a ballot system and if women live outside the RBWH catchment, or do not have a Medicare card, they are not accepted at RBWH

Midwifery Group Practice

The Midwifery Group Practice (MGP) provides woman centred care and continuity of carer during pregnancy, labour and the postnatal period in local communities, the hospital and at home.

- The MGP works on a philosophy that pregnancy and childbirth is a normal physiological event and support women to birth with minimal interventions
- The MGP provides an community based 'group' approach to antenatal care and education. It assists women to develop social networks and support within their own community

Midwifery Group Practice

- MGP is for Medicare eligible women who live in the Mater Mothers catchment
- It is not suitable for women who require an interpreter unless they are in the Refugee MGP at Inala
- MGP is for women planning a vaginal birth
- Women have an allocated midwife they can contact by mobile
- The booking appointment is at the woman's home
- Antenatal appointments and education are conducted in a group setting

Midwifery Group Practice

- The allocated midwife or one of her colleagues will care for the woman during the birth and postnatally
- Women are usually discharged home on the day they give birth
- Young Mothers Group Practice (YMGP) is for women <21 especially those with complex social needs
- All women including MGP have obstetric input at their booking-in appointment (in person or via telehealth for community clinics)
- MGP midwives work in consultation with an obstetrician

This is a high-demand model of care so get the referrals in EARLY! (as soon as the due date is established)

Choice of model of care

- Information is available [online](#) for women regarding their options for antenatal care
- Please inform women of their different options and indicate on the referral form which model of care they have chosen

Choosing your maternity care

Mater Mothers' Hospital acknowledges that pregnancy is an exciting time for you and your family, and offers several options for maternity care to meet your individual needs.

When your GP confirms your pregnancy, they will send a referral to Mater Mothers Hospital's Antenatal Clinic. We aim to process referrals within two weeks; however, this can take several weeks depending on how many weeks pregnant you are at the time of referral and whether or not you have any medical issues.

You will then receive a letter providing details of your first antenatal clinic appointment which is usually scheduled when you are about 12 to 14 weeks pregnant. At this initial appointment you can discuss your preferred option for maternity care with the midwife.

Ultrasound scans/Maternal Fetal Medicine (MFM)

- MMH does not have the capacity to do routine scans for the 5000 + public women per year. Please direct your routine scan referrals to private providers
- Notify antenatal clinic of high risk USS results by faxed letter and include the ultrasound report. An urgent obstetric appointment will be allocated for counselling and referral to MFM
- If you send a named referral to MFM for a scan or procedure this does NOT replace the need to send a named referral to ANC
- MMH does not perform terminations of pregnancy or provide contraceptive services

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Quick Links

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- ▶ [Available classes](#)
- ▶ [Allied health classes for pregnant women](#)

Antenatal education—birthing and babies

Mater Mothers' Hospital provides a range of education programs to inform and empower you as you approach the birth of your baby, and the early weeks that follow.

The classes are facilitated by midwives, physiotherapists and dietitians who are skilled in childbirth education and women's health. These classes also provide you with the opportunity to get to know some of the other mothers you may see on the postnatal ward after the birth of your baby.

Bookings

Our *Birthing and babies'* antenatal classes are very popular. It is important to book as early as possible (i.e. before 16 weeks of pregnancy) to avoid any disappointment. Please telephone our bookings coordinator on 07 3163 8847 to secure your place. Please note that payment is required at the time of booking. You will then receive a letter confirming the details of your booking and information about the venue for your class.

Costs

Costs are provided when booking your class. Your partner is included at no extra cost.

Please encourage women to book early and attend Antenatal classes

Pregnancy Assessment Centre (PAC)

- The Early Pregnancy and Assessment Unit (EPAU) and the Pregnancy Assessment and Observation Unit (PAOU) have been merged into the PAC
- Women who have a medical condition in pregnancy will be seen in this streamlined, specialist, 24/7 centre, including women with hyperemesis and haemodynamically unstable women.
- PAC is open to all women regardless of the catchment area
- Women seen in the PAC who live outside of the catchment area will not be eligible for public antenatal care at MMH
- Private women will have a once-per-pregnancy out of pocket expense of \$200
- Women can self refer to the PAC Ph 3163 7000
- GPs can contact the team leader on 3163 6577 or Registrar 3163 6611

PAC

- In addition to surgical management of miscarriages and ectopic pregnancies, the PAC is able to offer medical management to suitable women. Approximately 10 % of women who present with miscarriage have expectant management and of the remainder, approximately 50 % have medical management.

Incomplete miscarriage treatment options

Expectant

- follow up USS if still bleeding after 2 weeks OR if painful, heavy bleeding

Medical management (initiated by hospital)

- Misoprostol has proven effective in 80 – 85% of miscarriages < 13/52
- x 2 doses administered PV on consecutive days
- bleeding and pain occur ~ 2-4 hours after the first dose and lasts up to 24-72 hours before the miscarriage is completed
- period-like bleeding will then occur over the next week or so
- ~ 10% of women have excessive pain or bleeding—medical review and possibly D & C may be required
- hospitalisation for heavy bleeding or infection occurs in < 1% of women
- *not* TGA registered for use in pregnancy. Use supported by QHealth and RANZCOG

Surgical management

PAC

Common presentations would include:

- PV Bleeding
- Pelvic/abdominal pain
- Hyperemesis
- Preterm labour
- Uncertainty about or premature rupture of membranes
- Reduced fetal movements
- Review of hypertensive women referred by their GP, obstetrician or midwife
- Bleeding after 20 weeks

Physio services at MMH

- Obstetric Physiotherapists
 - Antenatal / Postnatal, inpatient, outpatient and exercise classes
 - Musculoskeletal dysfunction
 - Continence / urgency / prolapse

- Pelvic floor Physiotherapists
 - Incontinence and prolapse
 - Pelvic pain
 - Chronic constipation

Early referral needed:

- Anterior and bilateral SIJ pain
- History of significant Lumbar/pelvic pain, surgery or trauma
- Early onset of significant symptoms – particularly pubic symphysis pain and Carpal Tunnel Syndrome

Physio MMH contact details

- **Public Outpatient service including classes**
 - no referral required if booked in to Mater Mothers' Hospital but is helpful for background information
 - Ph 07 3163 6000 OR fax to 3163 1671
 - Can arrange for urgent appt if required (best to call)
- **Private Outpatients - Health & Wellness Clinic**
 - Ph 07 3163 6000
 - patient can self refer or Doctor's referral
- Websites: <http://wellness.mater.org.au>
<http://brochures.mater.org.au> (MMH or MMPH, enter "physiotherapy" into the search tab for a range of brochures for women)

Physiotherapy referrals

- Women who are registered to have or who have had their baby at MMH public are eligible for public physiotherapy services; refer women using a standard practice referral. The wait times for antenatal women are short
- Most public patients will be eligible for services within the hospital at no charge; however there may be a fee associated with some products and services
- Please speak with our staff for any further information regarding access to these services on Ph **3163 6000** and follow the prompts

Testing for Diabetes during Pregnancy

- Early HbA1c or OGTT for high risk women
- **No** random or fasting BSLs (SNP include random BSL in their automated list)
- **No** glucose challenge testing
- Routine OGTT (24 – 28 weeks) for all women not previously noted as abnormal (HbA1c NOT suitable)
- OGTT diagnostic criteria have changed as of January 1 2015

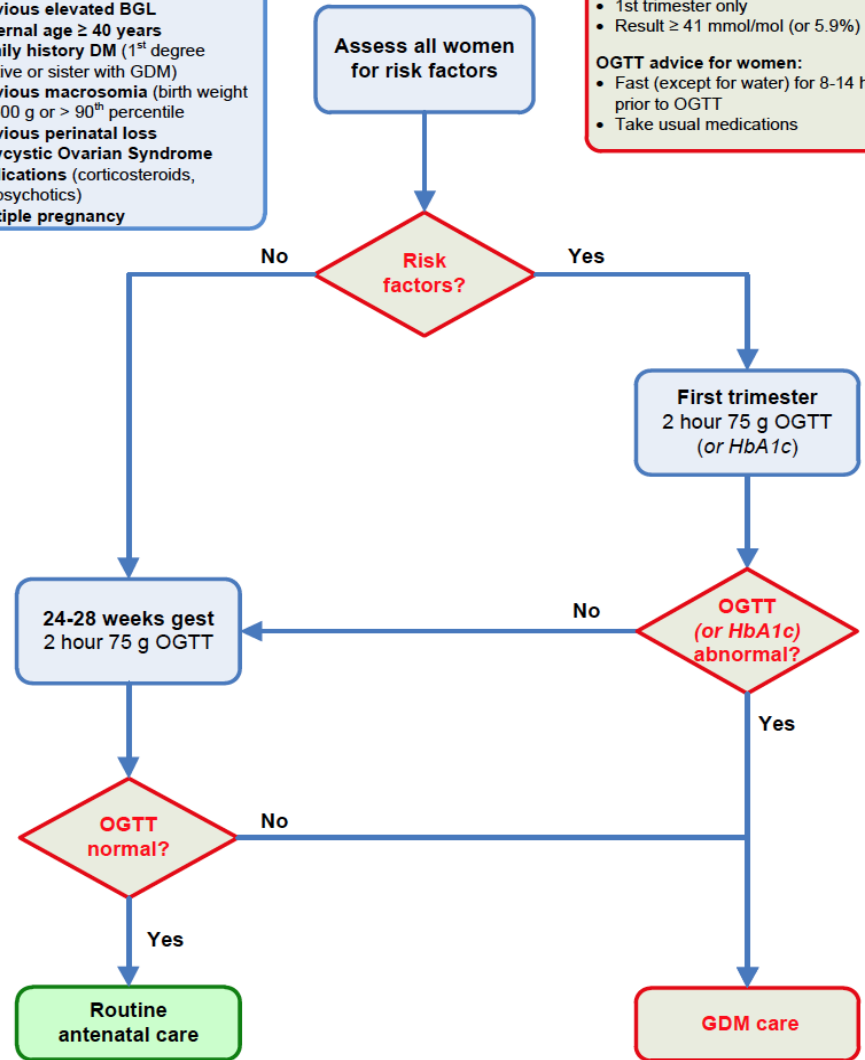
Medicare funding for HbA1c as a diagnostic test for diabetes has arrived!

- As of Nov 1, 2014, a new item number, 66841, enables GPs to diagnose diabetes in high-risk patients according to elevated HbA1c only. This item will be restricted to once per patient per year, with a HbA1c of **≥5.9%** (41mmol/mol) required for a diagnosis of GDM (**>6.5%** - 48mmol/mol to diagnose type 2 diabetes).
- This **DOES NOT** replace the GTT for women after first trimester, or in the 6-8 weeks postpartum, however can be used for long term monitoring of women with a past history of GDM, for early pregnancy or preconception testing in a high risk woman.

Qld Clinical Guidelines GDM Flowchart (page 37 MMH MSC Guideline)

- Risk factors for GDM**
- BMI > 30 kg/m² (pre-pregnancy or on entry to care)
 - Ethnicity (Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African)
 - Previous GDM
 - Previous elevated BGL
 - Maternal age ≥ 40 years
 - Family history DM (1st degree relative or sister with GDM)
 - Previous macrosomia (birth weight > 4500 g or > 90th percentile)
 - Previous perinatal loss
 - Polycystic Ovarian Syndrome
 - Medications (corticosteroids, antipsychotics)
 - Multiple pregnancy

- GDM diagnosis**
- OGTT (preferred test for diagnosis)
One or more of:
- Fasting ≥ 5.1 mmol/L
 - 1 hour ≥ 10 mmol/L
 - 2 hour ≥ 8.5 mmol/L
- HbA1c (if OGTT not suitable)
- 1st trimester only
 - Result ≥ 41 mmol/mol (or 5.9%)
- OGTT advice for women:
- Fast (except for water) for 8-14 hours prior to OGTT
 - Take usual medications



BGL: Blood glucose level BMI: Body Mass Index DM: Diabetes Mellitus GDM: Gestational Diabetes Mellitus gest: gestational age HbA1c: Glycated haemoglobin OGTT: Oral glucose tolerance test ≥: greater than or equal to <: less than >: greater than

Testing for Diabetes in Pregnancy

- Early OGTT (HbA1c if OGTT not suitable e.g. due to nausea/vomiting) for high risk women
- **No** glucose challenge testing
- Routine OGTT (24 – 28 weeks) for all women not previously noted as abnormal
- OGTT diagnostic criteria have changed as of January 1 2015 and the MMH, in line with QHealth, RANZCOG, ADS (Aust Diabetes Society) ADIPS (Aust Diabetes in Pregnancy Society) and RCPA (Royal College of Pathologists of Australia) have accepted these new criteria (see next page for flow chart and criteria.)
- All women who fall into the range of GDM by the new criteria are to be promptly notified and referred to MMH

Gestational Diabetes Mellitus

- Notify ANC *promptly* by faxed letter or phone when the diagnosis is made
- Women with gestational diabetes require obstetric care in the antenatal clinic
- Appointments will be scheduled within 1-2 weeks with a Diabetes Nurse Educator and a dietitian for the commencement of blood sugar monitoring and dietary control
- Endocrinologists work within the antenatal clinic team and separate referral is not required from the GP
- The main treatment is diet and BSL monitoring, however medications, including metformin or insulin, may be required

Gestational Diabetes Mellitus

Tight sugar control is recommended;

- fasting BSLs of < 5.0
- 1 hour post prandial of < 8.0
- 2 hour post prandial of < 7.0

The figures vary, but women with GDM have ~ 60% risk of developing Type 2 DM in the next 10 years, hence the following recommendations

Postnatal care of women with GDM

Recommendations:

- Oral glucose tolerance testing (OGTT) six–twelve weeks postpartum to exclude diabetes
- Follow up HbA1c testing at least every three years, annually if planning a pregnancy (this now attracts an annual Medicare rebate for high risk patients)
- Repeat HbA1c (or OGTT) prior to or early in next pregnancy
- Follow up of impaired fasting glucose by twice yearly checks for frank diabetes in addition to assessment of other risk factors of macrovascular disease

Videoconference recordings

2017 schedule

- 23 February 2017 Neonatal resuscitation
- 30 March 2017 TBA
- 25 May 2017 Induction of labour
- 31 August 2017 TBA
- 26 October 2017 Early onset Group B Streptococcal Disease

Maternity

- [Gestational Diabetes Mellitus](#) (22 Oct 2015)
- [Induction of labour](#) (27 Jun 2013)
- [Intrapartum fetal surveillance](#) (24 May 2016)
- [Normal birth](#) (27 Sep 2012)
- [Perineal care](#) (30 Apr 2015)
- [Preterm labour and birth](#) (28 July 2016)
- [Primary postpartum haemorrhage](#) (28 Mar 2013)
- [Supporting healthy weight management in pregnancy](#) (25 Feb 2016)
- [Trauma in pregnancy](#) (24 Jun 2014)
- [Vaginal birth after caesarean section](#) (02 May 2013)
- [Venous thromboembolism \(VTE\) prophylaxis in pregnancy and the puerperium](#) (13 Oct 2014)

Neonatal

- [Assessment - Routine newborn](#) (Feb 2015)
- [Breastfeeding - establishing breastfeeding](#) (25 Aug 2016)
- [Hypoglycaemia - Newborn](#) (Oct 2013)
- [Hypoxic-ischaemic encephalopathy](#) (28 Apr 2016)
- [Jaundice - Neonatal](#) (May 2013)
- [Perinatal care at the threshold of viability](#) (26 Mar 2015)
- [Respiratory distress including CPAP - Neonatal](#) (30 Jul 2015)
- [Resuscitation - Neonatal](#) (27 Aug 2015)

This 51 minute video of presentation on Gestational Diabetes is available [online](#), along with other topics

Obesity in pregnancy

For women with a BMI > 35 kg/m²

- Routine scheduled bloods are recommended **plus E/LFT, OGTT, and urine protein/creatinine ratio**
- Advise women to take **5 mg of Folate** daily preconception and in the first trimester as they have a higher risk of impaired glucose tolerance
- **Advise the hospital of the woman's BMI** so they can organise appropriate internal referrals, such as referral to an anaesthetist; consider her suitability for a modified model of care
- If the first trimester diabetes testing is negative, an OGTT is to be performed at 26-28 weeks

Obesity in pregnancy

- It is recommended that women with a BMI > 30 are weighed and those with a BMI > 35 have a U/A at each visit
- Advise women of their target weight gain (see page 6 [PHR](#)) or use the MMH weight tracker

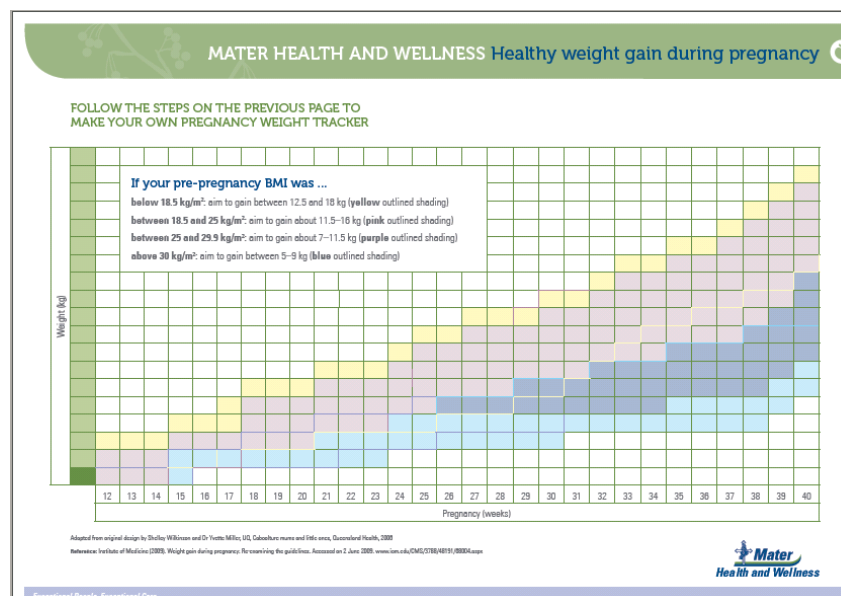
Target Weight Gains

Calculations assume a 0.5–2kg weight gain in the first trimester for single babies. Refer to dietician if multiple pregnancies, as different goals required. Dietary and physical activity requirements discussed (refer to page b2). Refer to Queensland Clinical Guideline: <i>Obesity in pregnancy</i> for further information.	Pre-pregnancy BMI (kg/m ²)	Rate of gain 2nd and 3rd trimester (kg/week)	Recommended total gain range (kg)
	Less than 18.5	0.45	12.5 to 18
	18.5 to 24.9	0.45	11.5 to 16
	25.0 to 29.9	0.28	7 to 11.5
	≥30.0	0.22	5 to 9

The weight tracker

This evidence-based tool, developed by MMH dietitians, is given to all women at their booking in appointment. It helps start the conversation about healthy weight gain. It allows you to:

1. Discuss goal weights, depending on pre-pregnancy BMI
2. Indicate recommended weight gain trajectories
3. Support women know when greater support is required around healthy eating and exercise (when tracking occurs outside the shading for >2 weeks)



Obesity guidelines www.health.qld.gov.au/qcgl/

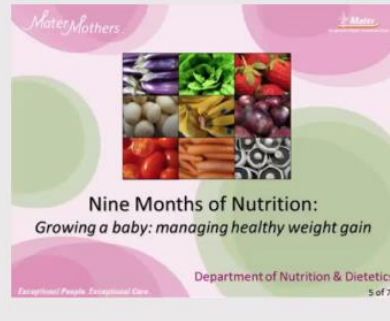
health • care • people

MATERNITY & NEONATAL

Queensland Maternity and Neonatal **Clinical Guideline**

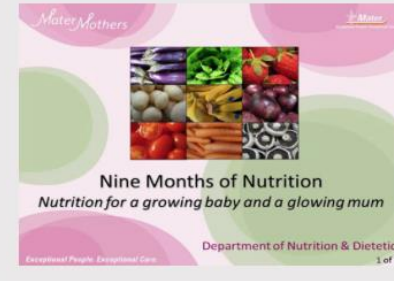
Obesity

Growing a baby Managing healthy weight gain



Growing baby, glowing mum

What you should aim to eat



Gestational diabetes

Nine months of nutrition

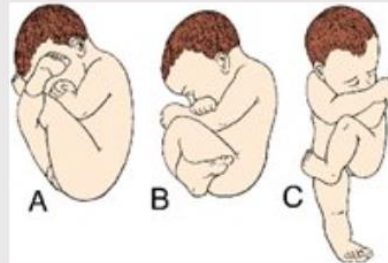


www.matermothers.org.au/journey/pregnancy

The MMH has a wide range of online resources available to support women and clinicians in the pregnancy journey

Breech babies

What if my baby is breech?



Car safety

The correct way to wear a seatbelt



Dietary guidelines

Eating well during pregnancy



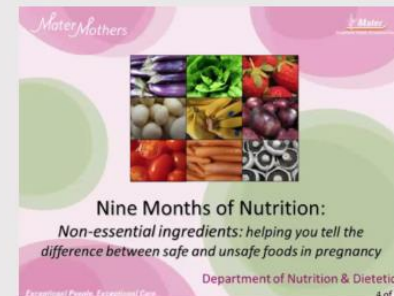
Father's First Steps

Antenatal classes just for dads



Non-essential ingredients

Food and drinks to avoid



Pregnancy nutrition

How dads can be involved



Dietitian referrals

All MMH women can be referred to the MMH Dietitian

- Referrals accepted any time, but <20 weeks preferred (can be sent with initial referral)
- Most women will be booked into the daily '**Healthy Start to Pregnancy**' group (please advise them of this). They will then be offered 1:1 appointments for ongoing support
- Early referral provides the ability for advice, intervention and support around adequate and appropriate nutrition, including supplements, optimising gestational weight gain

Referral is *specifically encouraged* for :

- Women with *poorly* controlled T1DM/T2DM, young women (<20yrs), multiple allergies, multiple pregnancy, gastric band, weight gain outside the tracker > 2 time points, hyperemesis gravidarum, 'active' eating disorder, nutrition related co-morbidity e.g. coeliac disease, iron deficiency, Crohn's disease/ulcerative colitis




How to broach recommended weight gain with patients

- Discuss:
 - Pre-pregnancy BMI
 - Recommended range
 - Risks of too little and too much weight gained
 - Resources/services available to support this @ MMH

“Based on your weight at the beginning of pregnancy, this weight gain is recommended for the healthiest pregnancy possible”

If pre-pregnancy BMI was ...	You should gain ...
Below 18.5 kg/m ²	12.5-18kg
Between 18.5-25 kg/m ²	11.5-16kg
Between 25-29.9 kg/m ²	7-11½ kg
Above 30 kg/m ²	5-9kg



REFERRAL TO MATER ALLIED HEALTH SERVICES

Unit Record No. _____
Surname _____
Given Names _____
Date of Birth _____ Sex Male Female

To ensure a timely appointment, complete all sections of this form. Incomplete forms will be returned for completion.

Residential address: _____
Suburb: _____ State: _____ Postal code: _____
Home phone no.: _____ Mobile phone no.: _____
Interpreter required: Yes No Language: _____
Is the patient of Aboriginal or Torres Strait Islander origin: Yes, Aboriginal Yes, Torres Strait Islander No Unknown
Medicare eligible: Yes No Medicare no.: _____ Card reference no.: _____ Expiry date: _____
Private health insurance: Yes No E-mail address: _____
Compensable status: 3rd Party Personal injury Workcover Qld DVA Other, specify: _____

Referral Details Service Required Urgent referral

<input type="checkbox"/> Audiology	<input type="checkbox"/> Occupational Therapy:	<input type="checkbox"/> Speech Pathology:
<input type="checkbox"/> Mater at Home (DART)	<input type="checkbox"/> Adult Stress Management	<input type="checkbox"/> Adult and paediatric feeding and swallowing
<input type="checkbox"/> Mater Aged Placement Services (MAPS)	<input type="checkbox"/> Adult Hands and Rheumatology	<input type="checkbox"/> Adult Fluency
<input type="checkbox"/> Nutrition and Dietetics	<input type="checkbox"/> Complex Medical and Development needs	
<input type="checkbox"/> Physiotherapy		

Reason for referral: (Include or attach any relevant supporting information to assist appropriate triage)
Provisional diagnosis/ Presenting condition: (Including date of diagnosis)

Relevant clinical history/ Examination:

Other relevant information: _____ Approximate developmental age: _____
Developmental delay? Yes No Mobility assistance required? Yes No
Physical impairment? Yes No Specify: _____
Intellectual impairment? Yes No Behaviour/ Socialisation concerns (e.g. Autism)? Yes No

Relevant investigations (include syndromes suspected or under investigation)

Any other relevant information: (e.g. current court orders, cultural background information)

Referring clinician to complete all fields clearly

Date of referral: _____ Provider number: _____

Referring clinician name: _____
Practice address: _____

Phone number: _____ E-mail address: _____
Fax number: _____ Referring clinician signature: _____

PRINT **CLEAR FORM**

Binding margin - do not write. Do not reproduce by photocopying. All clinical form creation and amendments must be conducted through Health Information Services.

REFERRAL TO MATER ALLIED HEALTH SERVICES 203

11/13
Ver. 3.0
F2796

Referral process

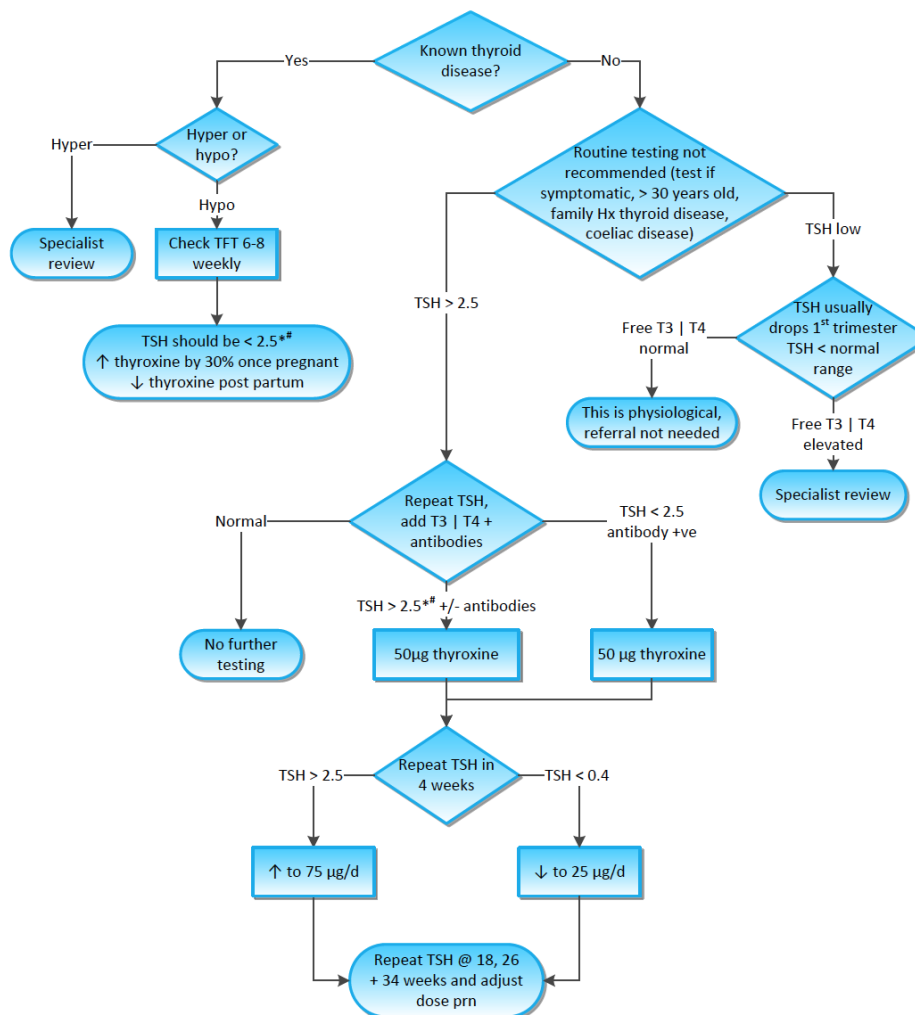
Women can self refer, or you can use the referral template available at materonline.org.au ⇨ Quick Referrals ⇨ Allied Health

Or a standard practice referral

Antenatal thyroxine management

- In women with hypothyroidism, their TSH should be less than 2.5 before and during pregnancy. If >10 , contact the obstetric medical team urgently
- Thyroxine dose requirements increase in pregnancy – it is recommended that well controlled women increase their dose of thyroxine by 30% at the time pregnancy is confirmed, which practically translates into taking an extra dose twice a week e.g. Mon, Thurs.
- In women with known hypo or hyper thyroidism, TFT should be checked regularly (around every 6 - 8 weeks) throughout pregnancy
- Thyroxine dose can generally be decreased again once the pregnancy concludes

PDF available for downloading at BSPHN or page 24 of the Mater Guideline



* If TSH >10 and/or Free T4 below the pregnancy reference range, arrange urgent referral to specialist in addition to commencing/increasing thyroxine

TSH levels are laboratory and gestational age specific, the recommendation < 2.5 is for use in the first trimester

The NHMRC recommends that all women who are pregnant, breastfeeding or considering pregnancy, take an iodine supplement of 150 micrograms each day (available in most pregnancy multivitamins or in combination with folate)

Thyroid tips

- Routine testing of TFT in pregnancy in low risk women is not recommended
- TSH generally drops in the first trimester with the rise in HCG
- For a suppressed TSH lower than the lower limit of the lab reference range, check the Free T3/T4. Women with a suppressed TSH and normal range Free T3/T4 are normal and *do not need referral*
- Those with suppressed TSH and elevated Free T3/T4 need clinical review and possibly referral
- [RANZCOG guideline](#)

Thyroid tips

- Mild biochemical hypothyroidism (TSH >2.5) in the first trimester is associated with an increased risk of overall pregnancy complications. There has been concern that women with a subclinical hypothyroidism may give birth to children with a slightly decreased IQ (e.g. decreased by 5-10 IQ points) but a recent randomized controlled trial showed no benefit from initiating thyroxine therapy prior to 16 weeks.
- Current recommendations still advise treatment of women with mildly elevated TSH values (TSH>2.5 first trimester) detected in early pregnancy, but the aim of this treatment is to decrease overall pregnancy complications rather than to improve the baby's neurological development.

Summary of routine bloods

- Routine first trimester Antenatal Screen = FBC, blood group and antibodies, Rubella, Hep B, Hep C, HIV, syphilis and MSU m/c/s. (Pap if due)
- Women with BMI > 35 add early HbA1c (or OGTT), E/LFTs and urinary protein/creatinine ratio
- 26-28 week bloods = FBC, OGTT and Blood group antibodies if Rh negative
- 36 week bloods = FBC

Summary of ultrasound scan recommendations

- Women who have uncertain dates should be offered a dating scan
- Women with bleeding should be offered a viability scan
- All women should be offered the following scans in pregnancy:
 - A Nuchal Translucency Scan (between 11 and 13 +6 weeks gestation) in combination with B HCG and PAPP-A
 - A Morphology Scan (between 18-20 weeks)
- Women may, of course, decline to have any or all of these scans

Eligibility for Medicare funding for scans

MEDICARE REQUIREMENTS

General Practitioners are limited to one pregnancy ultrasound request for services performed from 17 to 22 weeks and one request for scans performed on patients over 22 weeks gestation. To attract a Medicare rebate any additional scans required must be referred by a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists or Medical Practitioners who have a Diploma of Obstetrics.

If ordered by a GP, a Medicare rebate is payable for an ultrasound of the pelvis related to pregnancy or a complication thereof, for a gestational age of less than 16 weeks (as determined by ultrasound), so long as one or more of the following conditions is present and noted on the referral:

Eligibility list

1. THE PATIENT IS REFERRED BY A MEDICAL PRACTITIONER OR MIDWIFE, AND
2. ONE OR MORE OF THE FOLLOWING CONDITIONS ARE PRESENT:

- Hyperemesis gravidarum
- Risk of fetal abnormality
- Previous post dates delivery
- Abdominal wall scarring
- Inflammatory bowel disease
- Advanced maternal age
- Toxaemia of pregnancy
- Significant maternal obesity
- Previous caesarean section
- Suspicion of ectopic pregnancy
- Previous spinal or pelvic trauma or disease
- Pregnancy after assisted reproduction
- Suspected or known uterine abnormality
- Suspected or known cervical incompetence
- Diabetes mellitus
- Hypertension
- Autoimmune disease
- Alloimmunisation
- Maternal infection
- Bowel stoma
- Drug dependency
- Thrombophilia
- Abdominal pain or mass
- Liver or renal disease
- Poor obstetric history
- Risk of miscarriage
- High risk pregnancy
- Uncertain dates
- Cardiac disease

NTS/first trimester US/S rebate list

Lots of clinical indications including

- Maternal age > 35
- Risk of miscarriage
- **Risk of fetal abnormality**
- Uncertain dates
- Previous LSCS
- Pregnancy after assisted reproduction

Preconception Clinic

- A consultation in the Mater preconception clinic is available to any woman interested in optimal preconception care
- Referral is by a named MAH referral template to a gynaecologist. The referral should clearly indicate that it is for preconception care and identify any specific reasons for the referral and include any relevant results
- The clinic is staffed by a midwife, an obstetrician/gynaecologist and an obstetric medicine specialist
- Couples will have a hour consultation to address specific health conditions that might affect a pregnancy as well as a thorough assessment of health and lifestyle issues that could be improved prior to conceiving

Fertility assessment and research clinic

- The Fertility Assessment and Research (FAR) Clinic offers specialised care to couples experiencing infertility and recurrent miscarriages. The service provides information, instruction on fertility awareness and cycle charting, investigations, medical management and surgery if required
- Referral is via the Preconception Clinic and GPs should include results of any initial work up, specifically sperm count, blood work to confirm ovulation and imaging of the pelvis, including day 5-10 salpingohysterogram or sonohysterogram
- While Mater Mothers Hospitals do not offer IVF services the FAR Clinic has a particular interest in investigating the value of other therapies to assist couples to conceive. Women may be offered the opportunity to participate in research which has the potential to further enhance their reproductive outcomes.

Preconception and fertility clinics

Women do not need to live within the MMH catchment area to be referred to these clinics, however having been seen at these clinics does not entitle them to obstetric care at MMH.

Lactation Services

- The Mater Mothers' Hospital offer lactation support to assist both in-patient and outpatient women and babies successfully breastfeed
- Inpatient service: by referral from the Medical Practitioner or a midwife
- Outpatient service: self referral, GP, Child Health or Obstetrician referral to the [Parenting Support Centre](#)
- Women do not have to have birthed at the Mater to access services

Parenting Support Centre

- The service provides support to new parents to help address issues including breastfeeding and feeding, sleep and settling, emotional health and wellbeing, infant interactions and adjusting to the role of a parent/caregiver.
- The centre provides families with access to a range of clinical and allied health professionals, including doctors, lactation consultants, midwives and child health nurses.
- The service is free for all Medicare eligible families. A referral is not required to access the centre, which is open from 8 am to 4.30 pm, Monday to Friday.

Pregnancy Checklist is available for clinicians to use as a check list. PDF available for downloading at [BSPHN](#) or page 44 of the Mater Guideline

Pregnancy Checklist

- Decide on where and how you wish to have your child—do you wish to be looked after privately or a publicly? Do you wish to have midwifery, general practitioner (GP) or obstetric care?
- 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.
- When was your last Pap Smear—it should be up to date.
- The following tests are recommended: Full Blood Count (for anaemia); 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 need to be checked, 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 the following websites: www.matermothers.org.au/journey www.thewomens.org.au/health-information/pregnancy-and-birth/ and <http://healthinsite.gov.au> (follow the links to pregnancy and parenting) which has a useful link to Listeria information as well as a multitude of other useful articles/information.
- 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.
- It is recommended that alcohol be stopped as it is known to cause problems for your baby. If you are having difficulty stopping, we would like to work with you to help you to stop drinking alcohol.
- It is recommended that you have a free* influenza vaccine from your GP when they are available, regardless of your stage in pregnancy.
- There is a blood test (B HCG and PAPP-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 risk of having a child with conditions including Down's Syndrome, as well as dating the pregnancy and providing other useful information. There is also a newer blood test, the NIPT, which gives information about a limited range of chromosomal abnormalities, including Down's Syndrome. It does not have any Medicare funding and costs ~ \$500. This should be discussed further and these or other tests may be recommended.
- An ultrasound test, the morphology scan, is recommended and usually done between 18 and 20 weeks of pregnancy to check on well being, size and development of the baby.
- It is recommended that you have a visit with your GP, midwife or obstetrician to follow up the results of any blood test, ultrasound scan or the NIPT 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, you must let us know as soon as possible and you may need to have an injection within 72 hours of the bleeding commencing. This significantly reduces the risk of you developing antibodies which could harm your baby.
- At 26-28 weeks of pregnancy there are four recommended blood tests: a repeat test for anaemia and blood group antibodies, a glucose tolerance test, unless it is already known that you have diabetes and a repeat syphilis test, if you are at high risk.
- It is recommended that you have a free* whooping cough booster from your GP from 28 weeks gestation in each and every pregnancy, even if the pregnancies are less than two years apart.
- Visits are generally done as per the following schedule—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.
- If you choose to have Shared Antenatal Care with your GP, you will usually be seen at the hospital for a booking in appointment at 16-20 weeks (earlier if you are at higher risk) and 36 weeks.
- A blood test for anaemia is recommended at 36 weeks of pregnancy.

*There may be a fee to see your GP

 Pregnancy Checklist, Queensland by Dr Wendy Burton is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/). V20160210

www.materonline.org.au



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#materbabyselfie

Mater Mothers launches a new two
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best baby selfies!

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The Mater specialist guide






Our specialist referral guide is now available to print.

Search entire site

[Services](#) » [Maternity](#) » [Health Professional Information](#) » [Guidelines and Policies](#)

Guidelines and Policies

- [Gestational diabetes screening, diagnosis and follow up](#) : A flow chart detailing the process of screening for gestational diabetes.
- [Mater Mothers' Hospital GP Maternity Shared Care Guidelines](#) : Policy document including an overview, alignment program, bookings and appointment schedules.
- [Thyroid management in pregnancy](#) : Flowchart developed by Mater Mothers' Hospital Alignment
- [Mater Mothers' Hospital Shared Care Process](#) : Flowchart outlining process and key contacts
- [Non-Invasive Prenatal Testing \(NIPT\)](#) 

Mater at Home

Providing local communities with access to integrated health care & services.

[Read more](#)

Professional Development

GP Education, Maternity Shared Care Alignment Program and Events.

[Read more](#)

www.materonline.org.au

- Has a range of resources including a significant body of information about the Alignment program and shared antenatal care
- GPs can sign up to receive an electronic, self populating referral templates for MMH and Mater Adults Hospital
- Can be used to research specialists and pre-referral guidelines
- GPs can search current outpatient waiting times

Online education resources

QHealth has a range of power points, video conferences, knowledge assessments and flowcharts available online which flow from their Maternity and Neonatal Guideline work. GP relevant topics include Gestational Diabetes Mellitus, Obesity, Hypertension, Early Pregnancy Loss, Vaginal Birth after caesarean section, Breastfeeding initiation, Examination of the Newborn and Neonatal Jaundice

<https://www.health.qld.gov.au/qcg/education>

www.mater.org.au

- This website contains information about Mater Group services for the general public. Women can follow links to information about Mater Mothers' Hospitals.
- The Mater Mothers website includes options for maternity care including GP Shared Care ([see Choosing Your Maternity Care](#)) and a list of aligned GPs who have given permission for their details to be included.
- Women can access information on pregnancy , birth and baby care and can have a 'virtual tour' of the Mater Mothers'

- Acacia Ridge
- Ascot
- Bald Hills
- Beenleigh
- Bowen Hills
- Brookwater
- Bulimba
- Calamvale
- Carina
- Collingwood Park
- Crestmead
- Dunwich
- Eagleby
- Fernvale
- Goodna
- Gumdale
- Highgate Hill
- Holland Park
- Ipswich
- Kangaroo Point
- Kingston
- Loganlea
- Mansfield
- McDowall
- Moorooka
- Mount Ommaney
- New Farm
- Nundah
- Park Ridge
- Rainworth
- Redbank
- Robertson
- Samford
- Sinnamon Park
- Spring Hill
- Springwood
- Toowoomba
- Sunnybank
- The Gap
- Underwood
- Waterford West
- West End
- Wishart
- Wynnum
- Algerier
- Ashgrove
- Balmoral
- Birkdale
- Brisbane CBD
- Brookfield
- Burleigh Waters
- Camp Hill
- Carindale
- Coorparoo
- Daisy Hill
- Durack
- East Brisbane
- Forest Lake
- Graceville
- Hawthorne
- Hillcrest
- Inala
- Jimboomba
- Kenmore
- Kuraby
- Macleay Island
- Manly West
- Meadowbrook
- Morningside
- Mt Gravatt
- Newmarket
- Oxley
- Parkinson
- Red Hill
- Richlands
- Runcorn
- Seven Hills
- Slacks Creek
- Springfield
- St Lucia
- Sumner Park
- Taringa
- Tingalpa
- Upper Mt Gravatt
- Wellers Hill
- Windaroo
- Woodridge
- Yeppoon
- Annerley
- Auchenflower
- Beaudesert
- Belmont
- Bracken Ridge
- Browns Plains
- Burpengary
- Capalaba
- Cleveland
- Cornubia
- Darra
- Eagle Heights
- Fairfield
- Mount Warren Park
- Greenslopes
- Heritage Park
- Holmview
- Indooroopilly
- Jindalee
- Keperra
- Loganholme
- Manly
- Marsden
- Middle Park
- Mount Cotton
- Nathan
- Norman Park
- Paddington
- Purga
- Redland Bay
- Rochedale
- Salisbury
- Sherwood
- South Brisbane
- Springfield Lakes
- Thornlands
- Sunnybank Hills
- Tenneriffe
- Toowong
- Victoria Point
- Wellington Point
- Windsor
- Woollongabba
- Yeronga

Choosing your maternity care
Shared Care GP list
Please consider signing up
and having your contact
details available online

Contact details

Maternity Share Care issues?

For clinical advice or if a woman requires urgent review:

- Obstetric Registrar: 3163 6611
- Obstetric consultant: 3163 6009
- Obstetric Medicine registrar via switch 3163 8111

The GP Liaison office is open Mon - Fri 0730 - 1600 for general advice and assistance, or to discuss issues related to shared care.

- GP Liaison Midwife: 3163 1861
- E-mail: GPL@mater.org.au
- Mobile: 0466 205 710

Contact details

Alignment status, contact details & evaluation enquiries?

Cathy Beck

Phone 3163 1967

Email mscadmin@mater.org.au.

Training & RACGP enquiries?

Mater Marketing

Phone: 07 3163 1524

Email: marketing@mater.org.au

Item numbers for MSC

16500 Rebate \$40.10 (\$47.15) Antenatal Attendance

16591 Rebate \$121.30 (\$142.65) “Planning and management of a pregnancy that has progressed beyond 20 weeks provided the fee does not include any amount for the management of the labour and delivery if the care of the patient will be transferred to another medical practitioner, payable once only for any pregnancy that has progressed beyond 20 weeks, not being a service to which item 16590 applies” (16590 = planning to undertake the delivery for a privately admitted patient)

Please watch out for Ahead of the Curve

We will keep you updated e.g. about changes to the GDM pathway, guideline alterations, immunisations, education events. AOTC, including past editions, is available [online](#)



Ahead of the Curve

Edition: May 2017

What should you expect from MMH?

- Communication e.g. antenatal summary, discharge summary, PAC correspondence, AOTC
- cc results from MMH
- Telephone or email support for GPs
- Opportunity for face to face updates through the Alignment program or through Mater Health Services education events