

## RANZCOG Guidelines for GP / Obstetrician Shared Care

Code:

G/O: General Practitioner (with a recognised postgraduate qualification in Obstetrics) or specialist obstetrician. Where a GP with suitable qualifications is not available, referral should be to a specialist obstetrician.

A: Specialist Anaesthetist

P: Specialist Paediatrician

O: Specialist Obstetrician

3.1 Complications in a previous pregnancy		
	Severity or examples	Clinician
<b>Obstetric complications:</b>		
Recurrent first miscarriage	3 or more	G/O
Mid-trimester miscarriage	1 or more	G/O
Placental abruption		G/O
Preterm delivery, cervical incompetence, preterm PROM	< 35 weeks 35 – 36.6 weeks	O G/O
<b>Procedures:</b>		
Caesarean Section		G/O
Manual removal		G/O
Postpartum haemorrhage		G/O
Preterm birth	< 35 weeks	G/O
Shoulder dystocia		G/O
Termination of pregnancy	3 or more	G/O
<b>Medical complications:</b>		
Blood group antibodies		O
Trophoblastic disease		O
Hypertensive disease	Requiring antihypertensive Rx	G/O
Pre-eclampsia	See ASSHP definition	G/O
Eclampsia		O
Malignancy		G/O
Urinary tract infection (UTI)	Recurrent	G/O
Herpes genitalis		G/O

Fetal/neonatal complications:		
Red cell iso-immunisation	Includes severe or persistent jaundice	O
Platelet iso-immunisation (NAIT)	Includes neonatal haemorrhage or excessive bruising	S
Macrosomia	> 90th centile for gestational age	G/O
Intrauterine growth restriction (IUGR)	< 10th centile for gestational age < 3rd centile for gestational age	G/O O
Perinatal death		O
Fetal abnormality		G/O
Intrapartum complications:		
Complications of anaesthetic		G/O
Complications of other analgesia or sedation		G/O
Obstructed labour		G/O
Shoulder dystocia		G/O
3rd and 4th degree lacerations		G/O
Cervical laceration		G/O
Postpartum haemorrhage (PPH)	> 600ml	G/O
Retained placenta		G/O
Vaginal laceration		G/O
Puerperal complications:		
Vulval and perineal haematoma		G/O
Breast abscess		G/O
Postnatal depression		G/O
Dyspareunia > 3/12 postpartum		G/O
Urinary incontinence > 6/52 postpartum		G/O
Faecal incontinence		G/O

3.2 Clinical presentations		
General:		
Acute abdominal pain		G/O
Palpitations	Recurrent, persistent or associated with other symptoms	G/O
Hypertension	$\geq 140/90$ or relative rise $\geq 30/15$	G/O
Proteinuria	> 0.3g / 24 hours	G/O
Morbid obesity	BMI > 35	G/O
Low maternal weight	BMI < 20	G/O

Obstetric – antenatal:		
Uncertain dates in third trimester of pregnancy		G/O
Uterine fundus small for dates		G/O
Uterine fundus large for dates	Fundal height > 4cm above expected for gestational age	G/O
Oligohydramnios		O
Polyhydramnios		O
Antepartum haemorrhage		O
Reduced fetal movements	More than one presentation with decreased fetal movements and a normal CTG	G/O
Obstetric - postnatal:		
Postpartum haemorrhage – primary or secondary		G/O
Puerperal sepsis	Temp > 37.5, maternal tachycardia	G/O

3.3 Medical complications		
Cardiovascular:		
Cardiac	Arrhythmia, cardiac valve disease, ischaemic heart disease, cardiomyopathy, congenital heart disease	O
Hypertension (including essential, endocrine, renal)		G/O
Pulmonary hypertension		O
Thromboembolism	For example, previous DVT, PE	O
Dermatological:		
General	Any requiring systemic medication	G/O
Endocrine		
Diabetes	Pre-existing (insulin dependent or non-insulin dependent)	O
	Gestational, well controlled on diet	G/O
	Gestational, requiring insulin	G/O
Thyroid disease		G/O
Hypopituitarism		G/O
Prolactinoma		O
Gastroenterological:		
Cholelithiasis		G/O
Cholestasis of pregnancy		G/O
Inflammatory bowel disease		G/O
Hepatitis	Acute/chronic	G/O
Oesophageal varices		O

<b>Genetic</b>		
General	Any condition with which the practitioner does not have detailed family familiarity	O
Marfans		O
<b>Haematological:</b>		
Anaemia	Hb < 90 g/l, not responding to treatment, haemolytic anaemia, macrocytic anaemia, haemoglobinopathy, including thalassaemia, HbE, sickle cell disease	G/O
Bleeding disorders	Including thrombocytopenia, Von Willebrands	O
Thrombophilia	Including Antiphospholipid syndrome, Anticardiolipin antibodies, Lupus anticoagulant, hereditary thrombophilia	O
<b>Infectious diseases:</b>		
Possibly of acute or chronic infection	Viral: Rubella, varicella, CMV, parvovirus, HIV, hepatitis (A, B, C, D, or E) Bacterial: Syphilis, tuberculosis, listeriosis, Protozoan: Toxoplasmosis, malaria	S
<b>Iso-immunity:</b>		
Red cell iso-immunisation		O
Platelet iso-immunisation (NAIT)		S
<b>Neurological:</b>		
AV malformation, CVA, TIAs		O
Epilepsy		O
Multiple sclerosis		O
Myasthenia gravis		O
Spinal cord lesion		O
Muscular dystrophy or myotonic dystrophy		O
<b>Psychiatric and chemical dependency:</b>		
Alcohol or drug dependency		O
Psychiatric condition	On medication or unstable condition	O
<b>Nephrological:</b>		
Glomerulonephritis, pyelonephritis, renal failure of insufficiency, renal abnormality or vesico-ureteric reflux		O
<b>Respiratory disease:</b>		
Asthma		G/O
Asthma – moderate • Oral steroids on two occasions in last 2/12		G/O

Asthma – severe • Hospitalisation in the last 2 years • Any previous admission to intensive care • FEV <sub>1</sub> < 70% in absence of acute attack • Requiring broncodilator therapy daily • > 1200 mcg budisonide or equivalent		G/O
<b>Rheumatological:</b>		
Connective tissue disease including SLE, rheumatoid arthritis, PAN, scleroderma etc		O

3.4 Obstetric complications		
Multiple pregnancy	Twins or higher order multiples Twin-Twin Transfusion Syndrome	O S
Placenta praevia	> 28 weeks gestation	O
Placental abruption		O
Cervical incompetence		
Preterm labour	34 – 36.6 weeks < 34 weeks	G/O O
Preterm PROM	34 – 36.6 weeks < 34 weeks	G/O O
Malpresentation	> 36 weeks; breech, transverse, oblique or unstable lie	G/O
Term PROM (premature rupture of membranes)	> 37 weeks and not in labour	G/O
Prolonged pregnancy	> 41 weeks GA	G/O
<b>Fetal complications:</b>		
Macrosomia	> 90th centile for GA	G/O
IUGR	< 10th centile for GA < 3rd centile for GA	G/O O
Perinatal death		O
Fetal abnormality		O
<b>Puerperal complications:</b>		
Secondary PPH		G/O
Vulval and perineal haematoma		G/O
Mastitis or breast abscess		G/O
Postnatal depression		G/O

3.5 Surgical and gynaecological conditions		
<b>Gynaecological:</b>		
Cervical surgery including cone biopsy, laser excision or LLETZ		G/O
Congenital abnormalities of the uterus	Without previous normal pregnancy outcome	G/O
Infertility	IVF or GIFT pregnancy	G/O
Previous uterine surgery	Myomectomy	G/O
	Previous uterine perforation	G/O
Prolapse	Previous surgery grade 3 or 4	G/O
Uterine fibroids		G/O
Vaginal abnormality	For example, septum	G/O
<b>Surgical:</b>		
Abdominal trauma		G/O
Appendicitis		G/O

3.6 Anaesthetic issues		
Condition that may cause anaesthetic difficulty	e.g. Neuromuscular disease, Scoliosis	A
Previous failure or complication of anaesthesia	e.g. difficult intubation, failed epidural,	A

3.7 Procedures in the index pregnancy		
Induction of labour		G/O
Instrumental vaginal delivery		G/O
Caesarean section		G/O
Manual removal		G/O