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On Behalf of Sterry Care Pty Ltd
ABN 52 134 020 072

Pregnancy Care at Plaza Medical Centre

Congratulations on your pregnancy! Pregnancy is very special time and we are here to help make it as enjoyable and safe as possible. This sheet will help outline routine pregnancy care with our Team.

Hospital Admission Information

Care options (please let Plaza know which model of care you would prefer) - please complete this ⇒

For an uncomplicated pregnancy in the Goldfields you have the following options for care;

- All your pregnancy care with our midwife and GP Obstetricians at Plaza (visit fees apply)
- All your pregnancy care with the Kalgoorlie Hospital Antenatal Clinic (free)
- Shared care with our team and either your GP (if they are trained to do shared care) or the Hospital



Visits at Plaza

During an uncomplicated pregnancy you would expect to see either the Dr or the midwife about 8-10 visits. We encourage our patients to do video calls - once you book a video appointment you will get a sms link to your video call.

- First visit (By Telehealth) ~5-7 weeks – the midwife will take your medical history. If you haven't been seen in person at Plaza in the past 12 months this visit needs to be in Person. An appointment with a doctor will be then arranged.
- Face to Face visit with GP Obstetrician at 8 weeks for a dating ultrasound (Come with a full bladder please)
- Telehealth Video conference at 14 weeks (GPO), 18wks (Midwife) and 22 weeks (GPO).
- Face to Face with the Midwife when you also do your Fasting Glucose +/- glucose tolerance test at 25 weeks.
- Face to Face with your GP Obstetrician at 28wks. At this visit you may have an ultrasound (no full bladder required)
- Face to Face with Midwives at 31 weeks -If this isn't your first and are very low risk you may be offered this as a video
- Face to Face consults from 34 weeks to delivery - to check your BP, feel your growing bump & listen to your baby
- At 34 weeks (GPO), 36 weeks (Midwife), 38 (GPO) and 40 weeks (GPO)
- If this is your first baby you may have appointments at 37wks and 39 weeks.

Normal antenatal visits with Dr will be \$90 (out of pocket cost ~\$45). Midwife visits are \$50 (out of pocket cost ~\$30). One of the visits (usually the 26 week visit) will be \$180 (out of pocket cost ~\$40). We will keep your antenatal book until 25 weeks but after that it is important that you bring your **antenatal book** with you. You need to do a urine sample and bring with you from home for all visits from 28 weeks. Booking into the hospital is after 20 weeks - it may be a video or a phone consult - Your doctor will send in a referral and the hospital will contact you for an appointment.

The doctors at this practice are General Practice Obstetricians. Please note should you develop significant complications in your pregnancy or delivery you may be referred to the Kalgoorlie Hospital High risk Obstetrician clinic for further advice/management. Should you have any further questions please discuss this further your doctor.

Ultrasounds

It is common for the Dr to do ultrasounds during your pregnancy. The fee for ultrasounds is \$80. If these are done for medical reasons there is a Medicare rebate that can be claimed when you claim for the consult (out of pocket ~\$45). It is important to understand that our Dr's are not specialists trained in ultrasound and therefore any suspicious features seen on ultrasound here will need to be followed up with a formal ultrasound. We are able to do 3D ultrasounds however please note they may need to be booked in advance and may not always be available.

Delivery

If you have private insurance your chosen doctor will manage your pregnancy and be responsible for you during your labour and delivery (unless you are advised otherwise). Should you choose to use your private insurance for your delivery care there will no out of pocket costs for your delivery. If you are choosing to be admitted as a public patient you will be covered by Medicare for the delivery. You will be cared for at the hospital for your delivery by the midwives supervised by the rostered doctor on-call. That may include the hospital resident doctors, Dr Keen, Dr Sterry, Dr Riffat or the on-call obstetric team.

Plaza Medical Antenatal Care Planner		Date	Initial
5-6 wks – Midwife Via Video call OR Face to Face if not been in Person to Plaza in the past 12 months	First Antenatal booking - EMAIL THIS DOCUMENT Check Full hx, diet/exercise, folate, smoking/alcohol, Do Depression/FDV scale - send new link via Automated if needed Links for handouts – Folic acid, Listeria, healthy eating, screening tests in pregnancy ± Flu vaccine VIP handout – all on our web page http://www.plazamedicalkalgoolie.com.au/pregnancy-care.html Arrange Dating Scan appointment, <u>Complete electronic HHR</u> Discuss Models of Care / Schedule of Visits Don't forget to tell them to come full bladder next visit		
7-8 wks – GPO IN PERSON	Dating Scan, give form for bloods to be done while here Do weight/height/BMI, CVS/Resp/Thyroid/abdo exam Arrange First Trimester Screen, +/- NIPT +/- Carrier +/- USS Give Flu vaccine if available		
13-14 weeks- GPO Via Video call Telehealth	Results of FTS, Request for Anatomy Scan Update bloods in electronic HHR Dr to put in Todo list to email booking in at 18weeks		
16-18 weeks – Midwife Via Video call Telehealth	Discuss healthy weight gain, Link for Flu/Pertussis VIP on web Discuss Antenatal classes and BF classes, talk about booking at KRH, Check anatomy scan is booked & 22 wk visit booked Discuss side sleeping for mums		
21-22 weeks – GPO Via Video call Telehealth	Results of Anatomy Scan - and update electronic HHR Check for fetal movements Check has app to book into KRH, Discuss pertussis +/- flu Request for FBSL/GTT & 25 week bloods (leave at desk) Email handout about consents etc to pt pre next visit		
25 weeks – Midwife IN PERSON only	General Check up while attending fbsll/GTT Check has booked into KRH Weight and BMI, Give Pertussis vax (+ Flu vax if not already) Update then print electronic HHR and put in book do Vit K, Hep B , newborn screen and hearing consent forms Given Hand Held record to patient		
28 weeks – GPO IN PERSON only	Discuss results from fbsl.GTT, General check-up, anti D if required Check EPNDS and DV screen and discuss if needed Update results in HHR Bedside growth scan +/- 3d as required		
31 weeks – Midwife Via Video call Telehealth OR IN PERSON	Check patient feels bump is growing and baby is active Talk about fetal movement and when to seek review Advised to look at web page re : still aware handout low threshold for Face to Face if any concerns offer antenatal classes (Plaza via ZOOM)		
34 weeks – GPO in PERSON	General check-up, Check consents Hearing, NBST, Vitamin K and Hep B Growth scan if required, Anti D if necessary Give form for 36 wk bloods, advise to book rest of appointments		
36 weeks – Midwife IN PERSON	Check has done 36 week bloods Weight and BMI, check EPNDS & DV Discuss Safe sleeping & direct to web page for handouts Email/print 36 week Advice sheet , Discuss when to call Plaza/KRH, If primip labour/pain relief/what to pack info		
37 weeks - Midwife IN PERSON	This visit may only be required if you are high or you doctor recommends it		
38 weeks –Midwife/GPO IN PERSON GPO if multi and not having 37/39 visits	R/v 36 week blood results (put in book) Discuss Analgesia & labour/birth concerns - direct to our web page for info on analgesia and breastfeeding, perineal massage & nipple stimulation		
39 weeks – GPO IN PERSON PRIMIP ONLY	General Check-up & Offer S&S Discuss what to pack, analgesia, feeding		
40 weeks – GPO IN PERSON	General Check-up & offer S&S and Organise IOL Discuss postnatal follow-up at Plaza		

Screening tests in First trimester of pregnancy

A screening test can help tell you the likelihood of your baby being affected by a chromosomal abnormality like Down's Syndrome. However these tests are not perfect - they do not detect all abnormalities. They also do not detect all babies affected so a low risk result does not mean a normal baby - just a low risk of an affected baby.

Combined First Trimester Screen

- Blood test at 10 wks combined with an 12-13 week ultrasound (done at either Kalgoorlie Medical Imaging or Kalgoorlie Hospital Xray department) that measures a fold behind the babies neck (the nuchal translucency)
- Calculates a risk based on those results and maternal age
- Detects 82-87% of Down's syndrome affected pregnancies
- Can also detect some other chromosomal abnormalities such as t18/13
- Ultrasound costs
 - Free at Kalgoorlie Hospital (can be difficult to get an appointment)
 - Kalgoorlie Medical Imaging - approximately \$250 (out of pocket ~\$180)
Fees may vary for Health Care and Pensioner card holders

- 1 in 25 women will get a high risk result but most of these will not be affected babies
- High risk results can be further evaluated using the NIPT test or an CVS/amniocentesis

- For more information go to

https://www.healthywa.wa.gov.au/Articles/S_T/Screening-tests-in-the-first-3-months-of-pregnancy

Non invasive Prenatal Test (NIPT) also known as as Harmony test (Pathwest), VeriSeq (Sonic/Clinipath) or Generation NIPT (Western Diagnostics)

- Blood test from 10 wks that detects the babies free DNA in the mothers blood
- Can be used to asses risk of Down's Syndrome (t21), T13, T18 and some other chromosomal abnormalities
- This test can, in most cases, tell the sex of the baby
- Detects 99% of Down's syndrome affected pregnancies, 97% tr 18, 92% Tr 13
- Can also be used to screen for sex chromosome abnormalities however the accuracy of this is significantly lower and the majority of babies with abnormal results are in fact normal.
- Current cost is \$425 - payable online BEFORE test
- It is still recommended that women who have a NIPT test still have a 12-13 wk scan as the ultrasound can detect other abnormalities that the NIPT test does not.

For further information go to <https://www.sonicgenetics.com.au/patient/test-information/nipt/>

Carrier Screening when Pregnancy planning or in early pregnancy

What is Carrier screening ?

We are all made up of genes - usually pairs of them. Some of us "carry" an abnormal gene in that pair - however as we have one normal copy we don't display the condition it is associated with. This is called being a Carrier. You are generally not affected by having one abnormal copy.

However when you start considering having a baby it is worth considering testing for these. If both you and your partner carry one abnormal copy for the same gene then there is a chance you could both pass on the abnormal copy of the gene to your baby. As the baby would now have two abnormal copies they may be affected with the condition associated with that gene.

You could also carry an abnormal gene on your X chromosome (your sex chromosome) - as a woman you have two X chromosomes so again would not be affected. However if you conceive a boy (who only gets one X chromosome in total) they could be affected. This is called a X-linked disorder.

For more information go to

<https://www.genetics.edu.au/publications-and-resources/facts-sheets/FS65REPRODUCTIVECARRIERSCREENING.pdf/view?searchterm=reproductive>

How you can do Carrier Screening ?

Privately funded carrier screening is available through Sonic Genetics. Your GP or GP Obstetrician can give you a request form. We usually recommend first testing the female partner. If you are already close to 10 weeks pregnant and are particularly concerned you can chose to test both parents at the same time.

The test is not currently funded by medicare or private insurance and only tests for three major conditions ; Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X syndrome - as these are the most common in Australia.

The test costs \$385. If one of the couple is found to be a carrier there is a medicare rebate for that same condition to be tested in the other person.

For further information go to <https://www.sonicgenetics.com.au/patient/test-information/rcs/>

There is a more expanded carrier screening available however it is recommended you speak to your doctor if you wish to discuss that further