The GP Obstetrics Shared Care Newsletter is produced by GP partners Australia, to provide GPs participating in the GP Obstetrics Shared Care program with news of interest and information to support you. We welcome your feedback or suggestions for additions by phone 1300 303 409 or email info@gppaustralia.org.au.

**IUGR**  
*Dr. Jenni Goold, General Practitioner, GP Advisor to the Obstetric Shared Care Program*

Measuring Fundal Height is essential in pregnancy care & is the best screening tool available (beside growth scans). Plotting these measurements is also essential. These can be plotted on charts provided in the orange SA pregnancy record, or if GPs wish to use the customised growth charts available, these can be accessed via this [link](#). The customised growth charts take into consideration many aspects such as ethnicity & some consider these to be more accurate.

**Timing of blood tests and nuchal scans**

It is recommended that bloods for first trimester screening be taken at 9 weeks. These take about a week to process. The nuchal scan can be performed from 11 weeks. The nuchal translucency will then be added to the blood results and the results will be available within a day.

If the nuchal translucency is significantly elevated, there may be a non-chromosomal abnormality and referral to a maternal fetal unit is warranted.

Non-invasive Prenatal Test (NIPT) could be performed after the first trimester screening and a result would be obtained in 5-10 business days, allowing for a Chorionic Villus Sampling (CVS) if this is indicated.

**Influenza Vaccinations**

As we gear up for flu season and Influenza vaccination delivery it is timely to remember - Influenza vaccination is recommended for pregnant women and is safe to administer during any stage of pregnancy or while breastfeeding.

**Short Review of the Item Numbers that can be used for Antenatal Shared Care**  
*Dr. Michelle Emmerson, General Practitioner, GP Advisor to the Obstetric Shared Care Program*

- 16590 Management charged once at >20 weeks if you are a GP planning on delivering the baby.
- 16591 Management charged once at >20 weeks. As it is an overall management fee there is no consult requirement (in fact if you do it with a consult the MBS will likely only pay the consult.)
- 16500 Routine Antenatal appointment (slightly better rebate than a 23 but you are better off charging a 36 if you consult goes >20 minutes)
- 23 routine medical consult but if the patient comes for a routine antenatal and has a pressing medical condition as well that required attention you can claim 23 and 16500 together annotating “separate non related issues” to Medicare.
- 36 can be used instead of 16500 if your routine antenatal goes >20min
- 44 can be used instead of 16500 if your routine antenatal goes >40min
- 2713 If your antenatal presents with a mental health issue. This can be charged in conjunction with your routine antenatal 16500 as long as the consult is >20 minutes - annotating “separate non related issues” to Medicare.

Gaps on top of these item numbers are provider determined. For the current rebates on these item numbers go to the MBS website [http://www.mbsonline.gov.au/](http://www.mbsonline.gov.au/)
## Non Invasive Prenatal Testing

*Dr. Cate Price, General Practitioner, GP Advisor to the Obstetric Shared Care Program*

The following are take home messages from Dr Rosalie Grivell’s March 5th 2016 presentation on NIPT.

A new test which uses cell-free fetal DNA of placental origin in the maternal serum present in useful amounts from 8-9 weeks of pregnancy looks at chromosomes 13, 18, 21, X and Y.

Clinical applications - X linked disorders include:
- Single gene disorders (CF, Thalassaemia major, MD, Achondroplasia) and
- Aneuploidy - 13,18,21

Good test - sensitivity T21 - 99.9%, T18 - 98%
Low false positive - 0.2%,
High risk results still need a diagnostic test. Test failure - 2% (higher if weight > 140 kgs)
NOT A REPLACEMENT FOR NUCHAL SCAN + BLOODS

Clinical availability and test utility are still evolving Dr Grivell stressed the point that NIPT is definitely a screening test only and under no circumstances should a TOP proceed without a diagnostic test. There are false positives. Anyone with a positive NIPT needs tertiary level counselling and probably tertiary scanning.


First trimester screening can reveal other useful information:
- Abnormal nuchal translucency - normal nuchal translucency - < 3 mm. Increased measurement is a marker for other structural markers - cardiac, skeletal.
- PAPP-A abnormality - low levels are associated with IUGR and pre term delivery


## GP Registration

All GPs are welcome to register for this OSC program. Please complete the [registration form](mailto:fclapham@gppaustralia.org.au) and return it to fclapham@gppaustralia.org.au or fax it to 08 8227 2220.

## Upcoming Events

Please be advised the triennium ends December 2016 and your accreditation in the GP Obstetrics Shared Care program is required. Detailed below are our final GP OSC events held this year.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>20th July</td>
<td>6.30pm—9.30pm</td>
<td>Common Medical Problems in Pregnancy</td>
<td>Adelaide CBD</td>
</tr>
<tr>
<td>16th August</td>
<td>6.30pm—9.30pm</td>
<td>Continence Matters in Pregnancy</td>
<td>Adelaide CBD</td>
</tr>
<tr>
<td>10th September</td>
<td>8.30am—4.00pm</td>
<td>Obstetrics Shared Care Refresher Day</td>
<td>Grange</td>
</tr>
<tr>
<td>22nd October</td>
<td>8.30am—4.00pm</td>
<td>Accreditation Seminar</td>
<td>Education Centre, Hindmarsh</td>
</tr>
<tr>
<td>8th November</td>
<td>6.30pm—9.30pm</td>
<td>Pregnancy Diagnosed – What next?</td>
<td>Mt Barker</td>
</tr>
</tbody>
</table>

For further information and booking details visit [www.gppaustralia.org.au/events](http://www.gppaustralia.org.au/events).

**Additional CPD events are in the planning stage.** We welcome your suggestions for topics of interest by email to fclapham@gppaustralia.org.au or phone 1300 303 409.