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Antenatal care in GP - Pre-conference Workshop Repeated

Thursday, 09 June 2011	Start 2:00pm	Duration: 120mins	Sigma
	Start 4:30pm	Duration: 120mins	Sigma

Assessing risk factors in early pregnancy

Dr Deralie Flower

GP Conference June 2011

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Risk factors identifiable in the first trimester

- Age
- Unsure dates
- Past medical history
  - Hypertension
  - Diabetes
  - Epilepsy
  - Rheumatic heart disease
- Past obstetric history
  - Pre-eclampsia
  - Preterm birth
  - Small for gestational age babies
  - Previous baby with neural tube defect
- Smoking
- Obesity
- Infertility
- Multiple pregnancy

Age

- Chromosomal abnormalities
  - No longer use age as referral criterion for amniocentesis
  - Women of all ages are *offered* combined nuchal translucency (11-13+6) and maternal serum screen (9-13+6)
- Gestational diabetes
- Hypertensive disorders
- Stillbirth

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SMOKING

- IS BAD NEWS!
- BUT the good new is that if a woman can quit before 15 weeks' gestation she reduces her pregnancy risks to the same as a NON-SMOKER!
- All forms of nicotine replacement can be used in pregnancy

Hypertension

- Antihypertensives:
  - Stop ACE inhibitors
  - If need β blocker change from atenolol to labetalol or metoprolol
  - Methyl dopa often preferred – long safety record
  - Nifedipine usually added in as second agent
- Risk of pre-eclampsia increased
  - Low dose aspirin 100mg/d, ideally started before 15w
- How low to go?
  - Good question.....

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Diabetes

- Pre-existing Type I or II
  - Risk of congenital abnormalities if poor glycaemic control at conception – urgent referral
  - Need tight control ASAP
  - Increasing insulin requirements as pregnancy progresses, but may also have more hypo unawareness
  - Think about eyes and kidneys
  - Continue metformin, stop other oral hypoglycaemics
  - Stop statins and ACE inhibitors
  - High risk of pre-eclampsia – consider low dose aspirin especially in primips and those with hypertension or renal impairment
- Previous GDM
  - May already have developed Type II DM so do an early OGTT
  - At risk of recurrence of GDM so will get OGTT rather than polycose screen at 26-28 weeks
  - May have been unrecognised – watch for big babies(4.5kg+) or previous shoulder dystocia

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Anticonvulsants

- Are associated with an increase in major congenital malformations
- When used in monotherapy, valproate has a higher rate of malformation than other drugs (7.3% vs 2.3% for carbemazepine)
- The rate of major malformations is increased when polytherapy is used, particularly when valproate is included (10.3% for lamotrigine plus valproate vs 3.0% for lamotrigine alone)
- Increasing evidence valproate may be associated with neurodevelopmental impairment – in absence of malformations

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Previous pre-eclampsia

- Usually recommend low dose aspirin
- Calcium supplement if low calcium diet
- If anti-phospholipid syndrome consider heparin in addition to aspirin
- Did BP and proteinuria normalise postnatally?
- Long term health implications
  - Chronic hypertension
  - Type II diabetes
  - IHD, CVA risk

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Previous preterm labour

- SMOKING CESSATION is the single most important intervention!
- Emphasise to the woman that there is very little that doctors can do to prevent preterm birth, THE most effective 'treatment' is for her to stop smoking.
- Ensure MSU sent to detect asymptomatic bacteruria,
- Treatment of bacterial vaginosis – controversial
- True cervical incompetence is rare and cervical cerclage is only of benefit for a very small subgroup of women

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Small for gestational age

- Ideally, assess size of previous babies on a customised growth chart
- As a general rule, a european woman of average height and weight will have a baby weighing (3.5kg) at 40 weeks.
- Tongan and Samoan babies are slightly heavier; Maori, Chinese and Indian babies are smaller
- Beware the multip who has progessively smaller babies

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Previous babies with a neural tube defect

- Ideally take 5mg/d folic acid for 3/12 preconception and first 3/12 of all future pregnancies
- Scan at 12-13 weeks will detect most anencephaly – encourage to have even if doesn't want aneuploidy screening
- Scan at 16 weeks may detect some significant spina bifidas (but would repeat at 18-20 weeks if normal)

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OBESITY

- Coming soon.....

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Multiple pregnancy

- Twins are not 'normal'
- Women with twin pregnancies have higher risks of every complication know to obstetrics
- Monochorionic (usually MCDA, occasionally MCMA) twin pregnancies are at risk of twin-to-twin transfusion syndrome, selective growth restriction and perinatal death. REFER EARLY

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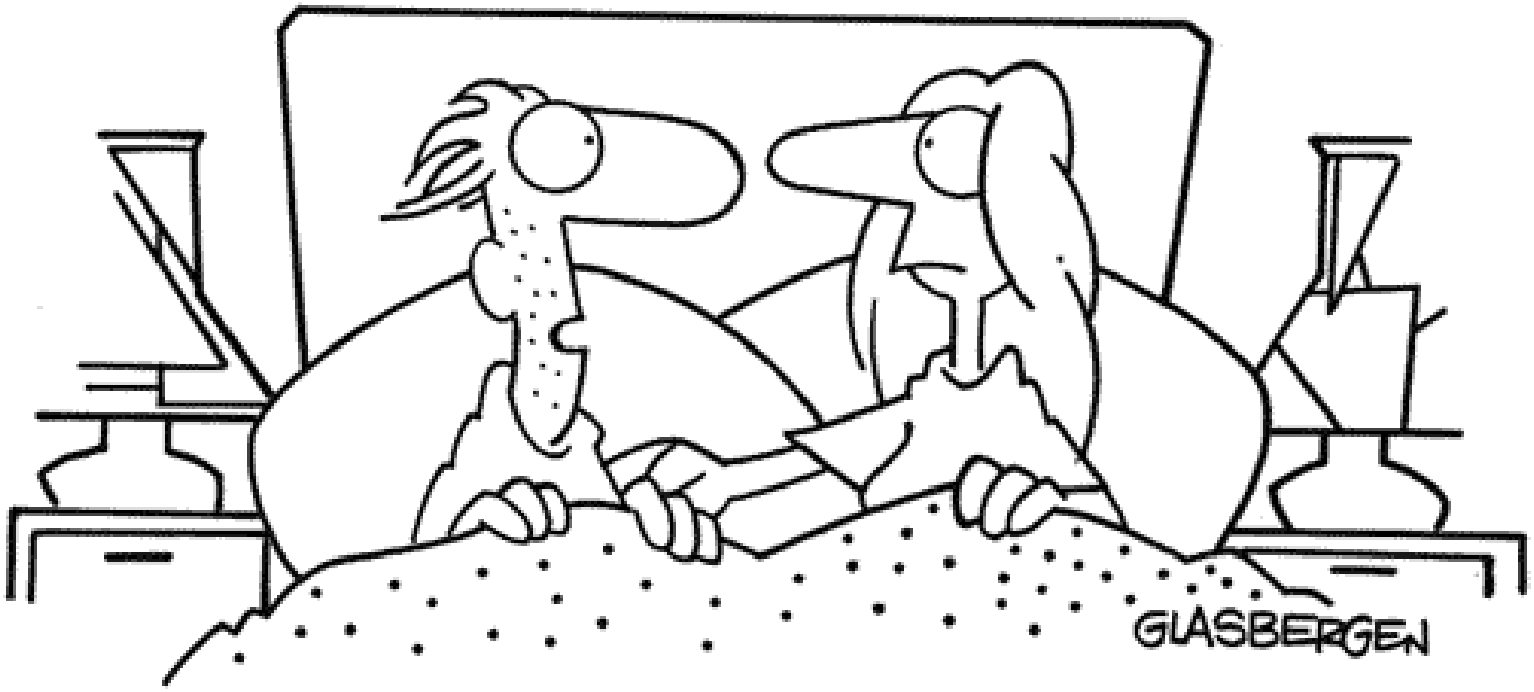
Infertility

- Types of complications depend to a degree on the cause of infertility and mode of treatment
- PCOS – risk of gestational diabetes
- IVF / ICSI – multiples, congenital anomalies
- Patients often have history of recurrent miscarriage
- Many are also older Mums, and time is not on their side



"Let's try getting up every night at 2:00 AM to feed the cat. If we enjoy doing that, then we can talk about having a baby."