Obstetric and Midwifery referral guidelines

The Women’s and Babies’ Division as part of the Women’s and Children’s Hospital is a tertiary referral centre. Services include care delivery, health information and education as well as support and advice to women and their families during pregnancy, labour, birth and the postnatal and neonatal period.

Approximately 5000 babies are born at the Women’s and Children’s Hospital every year.

There are a number of models of care for WCHN referrals providing choice for women during their pregnancy, birth and postnatal period.

Models of Care for WCHN referrals

- **Public**
  - Public Medical Antenatal Care
  - Public Midwives Clinic
  - Public Midwifery Group Practice
  - Public Shared Care with GP

- **Private**
  - Private WCHN Obstetrician

Specialist clinics include:
- Maternal Fetal Medicine
- Medical Complications Clinics
- Family Advisory Clinic (see Gyn Referrals)
- Drug and Alcohol Services Clinic (Dr Wood Clinic)
- Women’s Infectious Diseases
- Clinical Genetics

A comprehensive interview and assessment will be completed at the first visit, regardless of gestation, determining the most suitable option of care and referral pathways to meet the individual Woman’s needs.

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**Mandatory referral content**

**Demographic**
- Patient’s full name
- Date of Birth
- Next of kin
- Postal Address
- Phone number
- Medicare Number
- Referring GP details
- Interpreter requirements

**Clinical**
- Reason for referral
- Clinical urgency
- Duration of symptoms
- Management to date and response to treatment
- Past medical history, including Obstetric
- Current medications
- Functional status
- Family history
- Relevant pathology and imaging reports as per referral guidelines

**Services**

Identify if Young Person Under Guardianship of Minister

Complete Patient Assistance Transport Scheme (PATS) form if relevant

**HEAD OF UNIT**

Obstetrics

Dr Dee McCormack
Priority

Note: All women referred for threatened miscarriage or suspected ectopic pregnancy must have pregnancy confirmed (urine or BHCG) – in the event of a negative pregnancy test consider referring the patient to a General Hospital Emergency Department

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| Emergency:      | Proceed to the Women’s Assessment Service              | ➢ Ectopic Pregnancy
|                 | If concerned about a patient please contact the 3rd on Registrar via switchboard on 8161 7000 for urgent obstetric clinical concerns prior to the woman presenting with referral in hand | ➢ Threatened Miscarriage
|                 |                                                        | ➢ Antepartum Haemorrhage                                                |
|                 |                                                        | ➢ Spontaneous Rupture Membranes                                          |
|                 |                                                        | ➢ Hyperemesis Gravidarum                                                 |
|                 |                                                        | ➢ Persistent/severe abdominal pain                                       |
|                 |                                                        | ➢ Decreased Fetal Movements                                              |
|                 |                                                        | ➢ Pre-Eclampsia                                                          |
| Urgent:         | We aim to see these patients as soon as possible      | ➢ Young person under Guardianship of the Minister (GOM)                  |
|                 |                                                        | ➢ Late gestation with complications                                       |
|                 |                                                        | ➢ Co-morbidities                                                         |
|                 |                                                        | ➢ Multiple births                                                        |
| Semi-Urgent     | Next available appointment.                            | ➢ Late gestation without complications                                   |
| Routine         | Waiting periods for routine referrals 4-6 weeks depending on gestation | ➢ Uncomplicated pregnancy                                                |

To help us best triage your referral it may be returned for further investigations if the following process has not been adhered to.

Please note this is a guideline for referral only.

Public referrals

For a public appointment, the referral needs to be posted or faxed to the WCH, Administration Hub (08) 8161 6246, where an appointment will be made and an appointment letter posted.

Private referrals

For a private appointment, please fax through your named referral to (08) 8161 7654. The practice is open to patients who have Private Health Insurance and Medicare. The Group Practice may charge up to the full Medicare schedule fee, but currently bulk bill. Please click on this link to see Staff Specialist Profiles. Any enquiries regarding costs should be directed to the Private Practice Liaison Coordinator on telephone (08) 8161 6753

Forms Link

Routine - Obstetric and Midwifery Referral Form
Specialist - MFM Referral Form
Public Pregnant Women require a Pregnancy SA Referral Number
Boundaries for allocated hospitals apply for pregnancy and birthing of metropolitan women. Please include this number on your referral  PSARL Line Phone – 1300 368 820

Pregnancy Booking

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<th>Investigations &amp; Results</th>
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<td><strong>Demographic</strong></td>
<td>Current Obstetric History</td>
<td>Record Laboratory Used SA Pathology preferred</td>
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<tr>
<td>- Patient Full Name</td>
<td>- LNMP</td>
<td>Investigations</td>
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<tr>
<td>- Date of Birth</td>
<td>- Multiple Pregnancies</td>
<td>- Dating Scan if dates uncertain or previous ectopic</td>
</tr>
<tr>
<td>- Next of Kin</td>
<td>- Height/Weight (BMI)</td>
<td>- Pap smear</td>
</tr>
<tr>
<td>- Postal Address</td>
<td>- EDD</td>
<td>- MSSU</td>
</tr>
<tr>
<td>- Phone Number Mobile</td>
<td>- Female Circumcision</td>
<td>Routin Booking Bloods</td>
</tr>
<tr>
<td>/ landline</td>
<td>- Gravida and Parity</td>
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<tr>
<td>- Medicare Number</td>
<td>- Pap Smear</td>
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<tr>
<td>- Referring GP details</td>
<td>- IVF</td>
<td>- Rubella</td>
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<tr>
<td>- Interpreter Requirements</td>
<td></td>
<td>- Hep B+C</td>
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<tr>
<td>- Notify if Young Person</td>
<td></td>
<td>- HIV serology</td>
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<tr>
<td>- Under Guardianship of the Minister (GOM)</td>
<td></td>
<td>- Vitamin D for at risk women</td>
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**Risk Factors present**
- Diabetes pre pregnancy
- Cervical surgery
- >2 LLETZ procedures
- Familial genetic disease
- Epilepsy
- Asthma
- Anaemia
- DVT or pulmonary embolus
- Hypertension
- Renal disease
- Thyroid disease
- Haemoglobinopathy
- SLE
- Hepatitis B or C
- Psychiatric disorders
- Alcohol and other drugs
- Smoking
- Other Identified Risks

Complete Patient Assistance Transport Scheme (PATS) form if relevant

**Past Obstetric History**
- Pre-eclampsia
- Still Birth
- Foetal abnormality
- Preterm Birth
- Small baby<2800gm at Term
- Placental abruption
- No of previous Caesareans
- PPH >=1000mls
- Rhesus isoimmunisation
- Mid trimester loss or miscarriage
- Gestational Diabetes (GDM)
- IVF

**Medical and Surgical History**

**Social History**

**Medications**

**Allergies**

**Multi Resistant Organisms**

**Vaccinations**
- Flu
- Pertussis

**Consider further Clinically relevant tests**
- Risks and Screening for Down Syndrome
- GP should make arrangements to have screening between 11w0d – 13w6d
- SAMSAS information and process

**GP Management - Treat**
- Identified deficiencies
- Supplementary iron will only be required if haemoglobin is below 100g/L
- Folic Acid 0.5 mg if increased risk of NTD 5mg should be taken at least one month prior to conception and until 12 weeks gestation

**Patient Links**

**Lifestyle Links**
- WCHN Pregnancy Website
- Before your baby is born - WCHN
- Common Health Problems in Pregnancy
- Eating well in pregnancy
- Folic acid
- Alcohol during Pregnancy
- Caffeine in Pregnancy
- Smoking during Pregnancy

**GP Links**

**GP Resources links**
- WCHN Medicines and Drug information line
- Ph 81617222 Mon – Fri 9am-5pm
- SA Perinatal Practice Guidelines
- Screening tests for Down syndrome
- Amniocentesis
- Chorionic Villus Sampling (CVS)
- Standards for Management of Obese Obstetric Woman
- Obese Obstetric Woman Pamphlet
- High BMI Anaesthetist Booking
A pregnant woman with an abnormal maternal serum screening result must be promptly referred to Maternal Fetal Medicine for counselling

- **MFM Referral Form** required (include information as per Pregnancy Booking)
- Initial counselling to be provided by referrer
- Identify if request is for counselling or procedure
- Copy of Antenatal Screening result – provide all data (smoking status, ethnicity, weight, IVF)

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Second Opinion Scan – Women’s Ultrasound Department

- **MFM Referral Form** required (include information as per Pregnancy Booking)
- Previous scan reports or contact details of external service provider
- Ensure prompt referral of abnormal scan results
- MFM review and counselling will occur post scan
- Ensure correct patient and referrer contact details
- Client and referrer will be contacted within 24hrs by Women’s Ultrasound Service.