

Referral Form – Maternal Fetal Medicine

Women's and Children's Health Network
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Dr Chris Wilkinson

Prof Jodie Dodd Dr

Dr Rachel Earl (Postnatal)

Dr Peter Muller

Dr Mark Morton

Dear (Dr's Name) _____

This referral has been discussed with (midwife/doctor) _____ at WCH

PATIENT DETAILS

Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Mobile: _____ Medicare Number: _____ Medicare Expiry: _____

Support person: _____ Phone: _____

Interpreter required: No Yes Language: _____

ATSI Status: No Yes, Aboriginal Yes, Torres Strait Islander Yes, Aboriginal & Torres Strait Islander

REFERRING PRACTITIONER DETAILS

Referring Doctor: _____

Provider Number: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

CLINICAL INFORMATION/REASON FOR REFERRAL (Page 1 of 2)

The following information **MUST** be provided with this referral request.

Gravidity/Parity	
<input type="checkbox"/> Fetal Anomaly	<input type="checkbox"/> Current/Previous Pregnancy Complications
<input type="checkbox"/> Complex Multiple Pregnancy	<input type="checkbox"/> ADACS Follow up
<input type="checkbox"/> Severe Maternal Medical Conditions	<input type="checkbox"/> Pre/Post-Pregnancy Counselling
<input type="checkbox"/> Early Pregnancy Care Coordination	<input type="checkbox"/> Abnormal Maternal Serum Screening
<input type="checkbox"/> Copy of ALL Ultrasounds attached	<input type="checkbox"/> Copy of Antenatal bloods attached

Additional Clinical information or reason for referral inc. Previous Obs Hx and previous surgery Hx

CLINICAL INFORMATION/REASON FOR REFERRAL (Page 2 of 2)

Further Information (Please x reason for referral below)

Last updated: 1st May 2018

FETAL ANOMALY (MFM1)

- Fetal congenital malformation requiring surveillance +/- intervention
- Fetal 'hospice' care
- Fetal cardiac arrhythmias
- Fetal hydrops
- Inherited fetal endocrine anomalies requiring trans placental therapy
- Referral based on ADACS involvement
- Fetal congenital malformations requiring multi-specialty input and birth at WCH
- Second Opinion Ultrasound/Counselling

CURRENT/PREVIOUS PREGNANCY COMPLICATION (MFM2)

- Severe early IUGR requiring extended fetal Doppler / cardiac function / biophysical assessment Anti-Ro and/or Anti-La antibodies
- Rhesus and other blood group incompatibilities (titre \geq 1:16 or previously affected fetus/neonate)
- Platelet incompatibilities (previously affected fetus/neonate)
- Primary infection or seroconversion with toxoplasmosis, cytomegalovirus, parvovirus, listeriosis
- Previous \geq 2 spontaneous (non-iatrogenic) pre-term births < 32 weeks gestation
- Previous \geq 2 Perinatal deaths (IUFD, NND)

COMPLEX MULTIPLE PREGNANCY (MFM3)

- Monochorionic / Monoamniotic Twin Pregnancy
- Monochorionic / Diamniotic (MC/DA) Twin Pregnancy with Twin-Twin Transfusion Syndrome (TTTS) or discordant growth/nuchal translucency
- Triplet and Higher order multiple pregnancy
- Delayed interval deliveries

ADACS FOLLOW UP (MFM4)

- Stillbirth
- IUFD
- Fetal anomaly

SEVERE MATERNAL MEDICAL CONDITIONS (MFM5)

- Antiphospholipid syndrome
- Sickle Cell Anaemia or G6PD deficiency
- Cardiac disease (New York Heart Association Classification Grade III or IV)
- Maternal transplant
- Renal failure with dialysis
- Maternal current malignancy
- HIV

PRE/POST-PREGNANCY COUNSELLING (MFM6)

- Pre-conception women with conditions listed in MFM5
- Pre-conception women with previous fetal anomaly and possible recurrence
- Postnatal Follow up

EARLY PREGNANCY CARE COORDINATION (MFM7)

- Women already known to MFM unit who require coordinated early / tertiary pregnancy care including focused morphology scanning

ABNORMAL MATERNAL SERUM SCREENING (MFM8)

- Counselling
- NIPT
- CVS
- Amnio

TELEHEALTH CONSULTATION (MFM9)

- 1-8 MUST be completed to identify consultation requirements**