# 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







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** 

Priority	Action/Allocation	Examples
Emergency:	Proceed to the Women's Assessment Service  If concerned about a patient please contact the 3 <sup>RD</sup> on Registrar via switchboard on 8161 7000 for urgent obstetric clinical concerns prior to the woman presenting with referral in hand We aim to see these patients as soon as	<ul> <li>Ectopic Pregnancy</li> <li>Threatened Miscarriage</li> <li>Antepartum Haemorrhage</li> <li>Spontaneous Rupture Membranes</li> <li>Hyperemesis Gravidarum</li> <li>Persistent/severe abdominal pain</li> <li>Decreased Fetal Movements</li> <li>Pre-Eclampsia</li> <li>Young person under Guardianship</li> </ul>
- G. <b>G</b>	possible	of the Minister (GOM) > Late gestation with complications > Co-morbidities > Multiple births
Semi-	Next available appointment.	> Late gestation without complications
Urgent		
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. <u>Please click on this link to see Staff Specialist Profiles.</u> 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**

Obstetric and Midwifery Referral Form

Mandatory Information	Clinic	al History	Investigations & Results
Demographic  Patient Full Name Date of Birth Next of Kin Postal Address Phone Number Mobile /landline Medicare Number Referring GP details Interpreter Requirements Notify if Young Person Under Guardianship of the Minister (GOM)  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)	Current Obster  > LNMP  > Multiple Preg  > Height/Weigh  > EDD  > Female Circu  > Gravida and  > Pap Smear  > IVF  Past Obstetric  > Pre-eclampsi  > Still Birth  > Foetal abnord  > Preterm Birth  > Small baby<2  > Placental abromed previous  > Placental abromed previous  > PH >= 1000  > Rhesus isoim  > Mid trimester miscarriage  > Gestational Elements  > IVF	gnancies Int (BMI) Immission Parity  C History Ina Immality Ina Immunisation Included a communisation Included a communication Included a communic	Investigations & Results  Record Laboratory Used  SA Pathology preferred Investigations  Dating Scan if dates uncertain or previous ectopic Pap smear MSSU  Routine Booking Bloods  Blood group and antibodies CBP Syphilis Rubella Hep B+C HIV serology Vitamin D for at risk women  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
form if relevant  Patient Links		GP Links	
Lifestyle Links		GP Resources lin	nks
WCHN Pregnancy Website		WCH Medicines and Drug information line	

Patient Links	GP Links	
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WCHN Pregnancy Website	WCH Medicines and Drug information line	
Before your baby is born -WCHN Common Health Problems in Pregnancy Eating well in pregnancy Folic acid	Ph 81617222 Mon – Fri 9am-5pm	
	SA Perinatal Practice Guidelines Screening tests for Down syndrome	
Caffeine in Pregnancy	Chorionic Villus Sampling (CVS)	
	Standards for Management of Obese Obstetric Woman	
Smoking during Pregnancy	Obese Obstetric Woman Pamphlet	
	High BMI Anaesthetist booking	





# CVS and Amnio – MFM

Phone (08) 8161 9263 Fax (08) 8161 9264

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)

# Second Opinion Scan – Women's Ultrasound Department Phone (08) 8161 6055 Fax (08) 8161 7749

- 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.

## For more information

Women's and Children's Hospital 72 King William Road North Adelaide SA 5006 Telephone: (08) 81617000 www.wch.sa.gov.au



