

Reference No: SG 201/12

Title:	Guideline for referral to Obstetric Consultant for assessment		
Author(s)	Midwife Mary McCormack Sr. Margaret Kennedy Midwife Karen McKibben		
Ownership:	Mr Brian Barry Specialist Hospitals Women's health		
Approval by:	Specialists Hospitals Women's Health Standards and Guidelines Policy Committee Executive Team	Approval Date	8/1/2013 23/1/2013 18/2/2013 20/2/2013
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Version No.	V1	Supersedes	N/A
Links to other policies			

Version control for drafts :).			
Date	Version	Author	
16-05-12	V0.1	Mary McCormack Sr. Kennedy and Midwife McKibben	Distribute to Antenatal Outpatients Manager and Staff
22-05-12	V0.2	As above	Distributed via email to all Obstetric Consultants
03-10-12	V0.3	As above	Comments reviewed and changes made. Forwarded to Ward Manager
10-10-12	V.04	As above	Received by A. King Policy Co-ordinator, vetted and widely circulated amongst Excellence and Clinical Governance Committee, Supervisors of Midwives and all key workers.
29-11-12	V0.5	As above	Comments addressed and guideline amended accordingly.
8/1/2013	V0.6	As above	Finalised by author and forwarded to S&G
23/1/2013	V0.6	As above	Audrey Dowd to forward comments/typos to Anne King
4/3/2013	Final	As above	Updated and ready for formatting

1.0 INTRODUCTION / PURPOSE OF POLICY

To ensure optimum care is provided and that all health professionals involved in that care are aware of the criteria for referral to the consultant/deputy.

1.1 Background

When a woman attends the Antenatal Clinic for a booking appointment she will have a complete medical, social, mental and obstetric history taken by the Midwife. Using the following criteria the woman will be assessed as to her need to see the Consultant at this visit. The name of the Obstetric Consultant for the clinic on that day will be put on the woman's chart.

2.0 DEFINITIONS/SCOPE OF THE POLICY

For all women booking for maternity care with Belfast Health and Social Care Trust.

3.0 ROLES/RESPONSIBILITIES

All medical/midwifery staff must refer to this guideline when involved in the management of care of pregnant women.

4.0 KEY POLICY PRINCIPLES

Key Policy Statement

4.1 Criteria for referral to Consultant/Deputy assessment at booking.

Significant medical History

- Alcohol dependency problems.
- Anaesthetic problems in the past.
- Autoimmune diseases such as antiphospholid syndrome, SLE, Rheumatoid arthritis.
- BMI 30 or more at booking or BMI less than 18 at booking.
- Cardiovascular disease including essential hypertension.
- Endocrine disorder or diabetes requiring insulin, and who has a history of gestational diabetes previously.
- Family history of genetic disorders.
- Female genital mutilation, not reversed
- Haematological disorder, including thromboembolic disease.
- Higher risk of developing complications, for example, women aged 40 years and older, women who smoke.

- HIV or HBV or Hep C infection.
- Hyperemesis.
- Infertility treatment this pregnancy (excluding clomid only induced).
- Latex allergy.
- Liver disease.
- Major abdominal surgery e.g. ileostomy and bowel disease / perianal abscesses.
- Malignant disease.
- Multiple pregnancy
- Neurological disorder, Epilepsy, Aneurysm, Previous Neurological surgery, multiple sclerosis, cerebral palsy.
- Psychiatric disorder (Use Perinatal mental Health flow chart)
- Renal Disease.
- Severe Asthma or other respiratory disease (e.g. sarcoidosis)
- Skeletal problems (e.g. scoliosis/disc/rheumatoid arthritis/maternal congenital hip).
- Use of recreational drugs such as heroin cocaine (including crack cocaine) and ecstasy. Concerns about prescription drugs.
- Uterine surgery, including caesarean section, myomectomy or cone biopsy.

Any complications not listed may be discussed with the consultant to decide if consultant review is required.

Women who have experienced any of the following in previous pregnancy.

- Antenatal or post partum haemorrhage. Previous placental abruption.
- Baby with congenital abnormality (structural or chromosomal)
- Baby weighing less than 2500g or more than 4500g
- Baby was small for gestational age baby (less than 5th centile)
- Baby was large for gestational age baby (greater than 95th centile)
- Grand multiparity >4
- Mid-trimester loss.
- Preterm birth /previous cervical suture.
- Puerperal psychosis.
- Recurrent miscarriage (three or more consecutive pregnancy losses)
- Retained placenta on two occasions
- Rhesus isoimmunisation or other significant blood group antibodies.
- Severe pre-eclampsia, HELLP syndrome or eclampsia.
- Significant perineal trauma (i.e. which required corrective surgery or resulted in significant urinary, bowel or sexual dysfunction) Previous 3rd and 4th degree tear.
- Stillbirth or Neonatal death.

Referral for consultant opinion during antenatal period

- Anaemia, Hb < 9g/dl
- Ante partum haemorrhage requiring hospital admission.
- Fetal abnormality.
- Fetal macrosomia.
- Glucose tolerance test, abnormal
- Hypertension diastolic =>90mmHg, Systolic=>140mmHg.
- Intrauterine growth restriction
- Intrauterine death
- Low lying placenta at next appointment after anomaly scan.
- Malpresentation after 36 weeks
- Maternal infections. E.g. beta haemolytic streptococcus, parvo virus, Chlamydia.
- Medical complication, e.g. DVT, Cholestasis,
NB. This list cannot be definitive.
- Multiple pregnancy.
- Oligohydramnios
- Polyhydramnios
- Post maturity at 41 weeks.
- Preterm rupture of membranes.
- Primary genital herpes
- Proteinuria (+) on more than one occasion when a urinary tract infection has been excluded.
- Reduced fetal movements (after two admissions)
- Threatened premature labour.

See also.

Appendix 1 Guidelines for referral to Fetal Cardiology Clinic.

Appendix 2 Criteria for referral to Anaesthetist

5.0 IMPLEMENTATION OF POLICY

Following consultation with all Obstetric Staff and Midwifery Staff and once ratified by the Standards and Guidelines Committee this guideline will be published on the Belfast Trust Intranet site in the Policies and Guidelines section.

5.1 Dissemination

Following ratification by the Standards and Guidelines Committee and approval by the Policy Committee this guideline will be published on the Belfast Trust Hub and Staff will be informed. The policy and guidelines section is regularly accessed by staff.



6.0 MONITORING

This guideline contains the current evidenced based thinking on this topic, However, data and statistics are routinely collected and correlated and should the need arise the guideline will be updated.

7.0 EVIDENCE BASE / REFERENCES

1. NICE CG62 Antenatal care, updated 23.Jun.2010. www.nice.org.uk/CG062
2. Discussion and consultation with Medical and Midwifery staff.

8.0 CONSULTATION PROCESS

1. Draft policy distributed to Midwifery staff for comment.
2. After comments received and changes made, Draft distributed via E mail to Obstetric Consultants, Excellence and Clinical Governance Committee, Supervisors of Midwives and all key workers.

9.0 APPENDICES / ATTACHMENTS

Appendix 1 Guidelines for referral to fetal cardiology clinic

Appendix 2 Anaesthetic pre-assessment clinic referral

10.0 EQUALITY STATEMENT

Major impact

Minor impact

No impact.

SIGNATORIES

Author

Date **March 2013**

Director

Date **March 2013**

Appendix 1

**FETAL CARDIOLOGY CLINIC
DAY OBSTETRIC UNIT
SECOND FLOOR
ROYAL JUBILEE MATERNITY HOSPITAL
GROSVENOR ROAD
BELFAST BT12 6BA
(TEL: 02890 632248 - CHRISTINE)**

GUIDELINES FOR REFERRALS TO FETAL CARDIOLOGY CLINIC

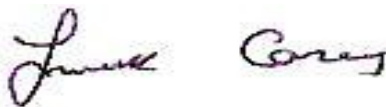
Whilst all referrals to the Clinic will be considered on an individual basis the following are some guidelines and appropriate indications to perform fetal echocardiography

1. Cardiac abnormality suspected on obstetric ultrasound scan.
2. Extra cardiac fetal abnormality.
3. Fetal hydrops.
4. Suspected fetal arrhythmia.
5. Maternal exposure to cardiotoxic drugs Lithium or anti-convulsants.
6. Family history of a previous sibling with major congenital heart disease requiring surgical correction, eg transposition of the great arteries, Tetralogy of Fallot, or complex lesions with a single ventricle.

Note: it is not necessary to refer mothers whose previous children have been diagnosed as having minor lesions not requiring surgery or innocent murmurs.

7. Maternal or paternal history of a congenital heart defect. Again, referrals from this group of patients should be restricted to those with significant lesions which have required either surgical or catheter intervention. Maternal history of a murmur with no specific diagnosis or minor lesions such as small ventricular septal defects or bicuspid aortic valve do not need to be referred for fetal echocardiography.
8. Insulin-dependent diabetic patients.

Yours sincerely



**Frank Casey
Consultant Paediatric Cardiologist**

/pc

Appendix 2

BHSCT ANAESTHETIC PRE-ASSESSMENT CLINIC REFERRAL

Name:

EDC:

DOB:

Parity:

Hospital No:

BMI:

Contact numbers:

Interpreter required:

<u>REFERRAL CRITERIA FOR THE CLINIC:</u>	<i>HIGH RISK MOTHERS ONLY</i>
Body mass index 35-40 with other co-morbidity <input type="checkbox"/>	Haematological problem <input type="checkbox"/>
Body mass index > 40 <input type="checkbox"/>	Neuromuscular disorder <input type="checkbox"/>
Previous anaesthetic complication <input type="checkbox"/>	Endocrine/Metabolic disease <input type="checkbox"/>
Cardiovascular disease <input type="checkbox"/>	Scoliosis /Kyphosis/Spinal surgery <input type="checkbox"/>
Respiratory disease <input type="checkbox"/>	Skeletal problems with positive neurology/radiology <input type="checkbox"/>
Airway anomaly <input type="checkbox"/>	Significant patient anxiety <input type="checkbox"/>
Placenta percreta/increta/accreta <input type="checkbox"/>	Jehovahs' witness <input type="checkbox"/>
Other <input type="checkbox"/>	
Further detail _____	

<i>Mothers to be seen by anaesthetist on labour ward/day prior to elective section: (NOT for the clinic)</i>	
Body mass index 35-40 with no other co-morbidity <input type="checkbox"/>	Placenta praevia <input type="checkbox"/>
Back problems without positive neurology/radiology <input type="checkbox"/>	Latex allergy <input type="checkbox"/>
Mild patient anxiety/needle phobia <input type="checkbox"/>	Reassurance/explanation regarding labour analgesia/anaesthesia <input type="checkbox"/>

Name & Signature

Designation

Date

Please put a copy of this form in the Maternity hand held record and leave the original in the basket for anaesthetist with the appointment date written on form if appropriate