AUSTRALIAN COLLEGE OF MIDWIVES (ACM) GUIDELINES FOR
CONSULTATION AND REFERRAL

1. AIM
   • Appropriate use of the ACM guidelines to facilitate timely, evidence based consultation and referral by midwives during pregnancy, birth and the postnatal period.

2. PATIENT
   • A woman receiving care from a midwife during pregnancy, birth and/or the postnatal period.

3. STAFF
   • Medical and Midwifery staff
   • Student midwives
   • Allied staff

4. EQUIPMENT
   Nil

5. CLINICAL PRACTICE
   • Refer to guidelines to determine if a woman requires consultation with a medical officer or allied health professional if indications identified
   • Inform woman of evidence based reasons if she is precluded from accessing or continuing in the midwifery model of care of her choice
   • Document referral to medical officer/allied health professional using midwifery care referral sheet and whether responsibility of care remains with the midwife
   • Ensure woman is aware of any implications that the change in her condition may have on her pregnancy and birth plan

6. DOCUMENTATION
   • Antenatal card
   • Pregnancy Health Record
   • Midwifery care referral sheet
   • Integrated Clinical Notes

7. EDUCATIONAL NOTES
   • Consultation can be with a peer midwife, medical practitioner or allied health professional
   • There are three levels of consultation recommended depending on the severity of the abnormality or complication detected:
     o A: Discuss the issue with another midwife or with a medical practitioner
     o B: Face to Face Consultation with a medical practitioner
     o C: Transfer responsibility for the woman’s care to a medical specialist
In situation A or B it should be clear after consultation whether primary care remains with the midwife/midwives or is transferred to a medical practitioner.

If the woman’s care is transferred to a medical practitioner it is desirable for her to continue to have midwifery care and support in collaboration with the medical practitioner if the model of care allows for this.

If the woman is being cared for by Midwifery Group Practice (MGP), consultation and referral is made to the obstetric consultant/registrar for that group. MGP at the RHW is an all risk model, so if referral or transfer is made to a medical practitioner, the woman remains under the joint care of her MGP and the obstetric team.

In 2015 RANZCOG officially endorsed Issue 2 of the 3rd Edition of the guidelines. The changes endorsed in Issue 2 of the 3rd edition are available as an addendum and can be viewed online at www.midwives.org.au.