

## **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:
  - A: Discuss the issue with another midwife or with a medical practitioner
  - B: Face to Face Consultation with a medical practitioner
  - C: Transfer responsibility for the woman's care to a medical specialist

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**CLINICAL POLICIES, PROCEDURES & GUIDELINES**

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Approved by Quality & Patient Safety Committee  
16 April 2015

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CONSULTATION AND REFERRAL cont'd**

- 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 3<sup>rd</sup> Edition of the guidelines. The changes endorsed in Issue 2 of the 3<sup>rd</sup> edition are available as an addendum and can be viewed online at [www.midwives.org.au](http://www.midwives.org.au)

**8. RELATED POLICIES/ PROCEDURES/GUIDELINES**

Roles and responsibilities

**9. RISK RATING**

Low

**10. REFERENCES**

- The Australian College of Midwives **National Midwifery Guidelines for Consultation and Referral** Issue 2 3<sup>rd</sup> Edition, (2013)

**REVISION & APPROVAL HISTORY**

Reviewed and endorsed Maternity Services LOPs 31/3/15  
Approved Quality Council 18/12/06  
Maternity Services Clinical Committee 12/12/06

**FOR REVIEW : MARCH 2020**