

## **AUSTRALIAN COLLEGE OF MIDWIVES GUIDELINES FOR CONSULTATION AND REFERRAL**

### **1. AIM**

- Appropriate use of the Australian College of Midwives (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**

- Midwifery staff
- Student midwives

### **4. EQUIPMENT**

Nil

### **5. CLINICAL PRACTICE**

- Refer to ACM guidelines to determine if a woman requires consultation with a medical officer or allied health professional
- Inform woman of evidence-based reasons that may indicate consultation and referral to obstetric care
- Document referral to medical officer/allied health professional in medical record, stating reason and suitability for return to midwifery or shared midwifery/obstetric care
- Inform woman that changes in her condition may alter her pregnancy care and birth plan

### **6. DOCUMENTATION**

- Medical record

### **7. EDUCATIONAL NOTES**

- There are three levels of consultation recommended depending on the variance from normal identified:
  - A: Discuss the situation with another midwife, medical practitioner, and/or health care provider
  - B: Consult with a medical practitioner; and/or
  - C: Transfer responsibility for the woman's care to a medical specialist for Secondary or Primary care
- In situation A or B, it should be clearly documented that after consultation whether primary care remains with the midwife or is transferred to a medical practitioner.
- If the woman's care is transferred to a medical practitioner, it is desirable for her to also continue to have midwifery care and support in collaboration with the medical practitioner
- If the woman is being cared for by Midwifery Group Practice (MGP), consultation and referral is made to the consultant obstetric team for that group. MGP at the RHW is an all risk model, therefore if a referral is made to a medical practitioner, the woman remains under the care of her primary midwife in collaboration with the medical practitioner

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

- National Midwifery Guidelines for Consultation and Referral 2020 PD2020\_08
- Your Health Rights and Responsibilities 2011 PD2011\_022

**AUSTRALIAN COLLEGE OF MIDWIVES GUIDELINES FOR CONSULTATION AND REFERRAL cont'd**

**9. RISK RATING**

- Low

**10. NATIONAL STANDARD**

- Standard 5 – Comprehensive Care

**11. REFERENCES**

- Australian College of Midwives, National Midwifery Guidelines for Consultation and Referral, 2014 3<sup>rd</sup> Edition 2017

**REVISION & APPROVAL HISTORY**

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Approved Quality & Patient Safety Committee 16/4/15  
Reviewed and endorsed Maternity Services LOPs 31/3/15  
Approved Quality Council 18/12/06  
Maternity Services Clinical Committee 12/12/06

**FOR REVIEW : MAY 2025**