

ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee

15/8/13

REFERRAL TO THE DEPARTMENT OF MATERNAL FETAL MEDICINE : FETAL INDICATIONS

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To ensure best-practice advice and support is available to a pregnant woman with significant fetal pregnancy complications
- To provide a pathway and guidance for referral to Maternal Fetal Medicine (MFM) for a pregnant woman with significant fetal pregnancy complications regardless of the woman's initial point of contact with the Royal Hospital for Women (RHW) / Randwick Hospitals Campus
- To appropriately refer a pregnant woman with significant fetal pregnancy complications for consultation with the MFM department
- To allow a management plan to be developed within MFM in consultation with the referring practitioner for a woman requiring ongoing fetal medicine care. This may include liaison with the appropriate connected specialties such as Neonatology, Medical Imaging, Paediatric Surgery, Genetics, Paediatric Endocrinology or Renal Medicine, Sydney Children's Intensive Care, Obstetric Physician

2. PATIENT

- Pregnant woman at the Randwick Hospitals Campus, including but not limited to : Prince of Wales Hospital (POWH) Emergency Department, RHW or POWH Medical Imaging, in private or shared care or referred by an external medical practitioner
 - with possible genetic, chromosomal or structural fetal anomaly
 - requesting an invasive procedure
 - with intrauterine growth restriction (IUGR) (estimated fetal weight $\leq 5^{\text{th}}$ % or with any Doppler abnormalities) prior to 37 completed weeks' gestation
 - with complicated multiple pregnancy
 - with rhesus disease or other red cell or platelet alloimmune disease (antibodies)
 - following suspected exposure to an infectious agent known to have fetal sequelae
 - with fetus likely to require neonatal surgery
 - requesting a second opinion for a fetal condition

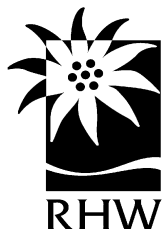
should be made aware of the services offered by the MFM department and referred to the MFM department

3. STAFF

- Registered Midwives
- Medical Staff
- Social Workers
- Sonographers
- Genetic Counsellors

4. EQUIPMENT

- Ultrasound machine



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2.

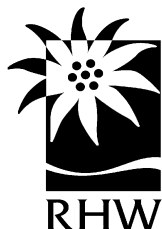
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5. CLINICAL PRACTICE

| First Trimester Referral for woman who | Second Trimester Referral for woman who | Third Trimester Referral for woman who |
|--|---|--|
| Requires genetic counselling | Has an abnormal fetal morphology ultrasound | Has severe Intra Uterine Growth Restriction (IUGR) (<5% or with abnormal Dopplers <37 completed weeks) |
| Has red cell antibodies | Who requests amniocentesis | Has a fetus with structural anomalies |
| Requests an invasive procedure such as Chorionic Villa Sampling (CVS) or multi-fetal reduction | Has early onset Intra Uterine Growth Restriction (IUGR) | Requires an invasive procedure such as amnioreduction |
| Has a higher order multiple pregnancy | | |
| Has had a Nuchal Translucency measurement of greater than 3.5mm | | |
| Has monoamniotic twins or other complicated twin pregnancy | | |
| Abnormal fetal morphology at nuchal ultrasound | | |
| Other woman requiring a second opinion in any trimester | | |

- Call the MFM department on 02 9382 6098 and ask to be connected with the midwife or genetic counsellor for non urgent referrals
- Contact the MFM Fellow through switchboard or contact the on-call MFM Consultant (new consults) for urgent referrals
- Referral should include written documentation to the MFM department (Fax number 02 9382 6038), with copies of :
 - previous consultations
 - ultrasound reports
 - relevant pathology
 - maternal blood group
- Consult with MFM sub-specialist and MFM midwife with subsequent liaison to relevant specialty as appropriate, according to the fetal diagnosis. This may include consultation with a:
 - Neonatologist
 - Medical Imaging
 - Paediatric Surgeon
 - Magnetic Resonance Imaging (MRI) Radiologist
 - Geneticist
 - Paediatric Cardiologist
 - Paediatric Neurologist, Endocrinologist, Renal Physician, Intensivist
 - Obstetric or other Physician where there are maternal complications
 - Social work / Mental health specialist
 - Anaesthetist where there are relevant maternal co-morbidities
- The MFM team will discuss with referring practitioner and may :
 - Offer invasive procedure according to clinical need and woman's acceptance
 - Co-ordinate timing of birth with the relevant team/s as the pregnancy advances
 - Inform the Birthing suite, Operating Theatre, Neonatal Intensive Care Unit, Sydney Children's Intensive Care (ICU) where relevant with the timing of delivery



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6. DOCUMENTATION

- MFM referral : available in the wards and antenatal clinic, as well as downloadable from the website (http://www.seslhd.health.nsw.gov.au/rhw/Maternal_Fetal_Medicine/referrals.asp)
- Integrated clinical notes
- Antenatal Card
- ObstetriX
- NSW Register of Congenital Conditions

7. EDUCATIONAL NOTES

- Babies diagnosed antenatally on ultrasound with major structural congenital malformations likely to require surgery soon after birth should be delivered in an appropriate tertiary perinatal centre, adjacent to paediatric surgical services. Neonatal outcomes are improved for babies delivered in a tertiary facility with on-site Paediatric surgery (1)

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Antenatal Maternal Referral/Transfer: Known Congenital Structural Malformations - Early Surgery, 2010, NSW Health Department Policy Directive
- Genetic Counselling following a High Risk First Trimester Screen (FTS)

9. REFERENCES

1. Algert CS, Bowen JR, Hadfield RM, Olive EC, Morris JM, Roberts CL. Birth at hospitals with co-located paediatric units for infants with correctable birth defects. *ANZJOG* 2008; 48: 273-2

REVISION & APPROVAL HISTORY

Endorsed Maternity Services LOPs group 13/8/13