Maternity and Neonatal Consultation and Referral Guideline for Clinical Service Levels

1. Preface

The following summary is an indicative guide of the most appropriate clinical settings for women and babies with complications of pregnancy, birth, the postpartum and neonatal periods. The guide is neither an exhaustive list of possible clinical scenarios, nor is it meant to be prescriptive.

In particular, individual WACHS clinical services may not have the appropriate infrastructure, or clinical resources, to support all of the clinical situations listed as appropriate to their designated clinical service level. In addition, the clinical and infrastructure resources at each service may change over time. Each unit may individualise the referral guidelines according to their available resources at any one time. This information is to be readily available for reference by all clinicians and managers working in each service, including locum medical and agency midwifery staff.

The individual social, psychological and clinical needs of each woman and her baby/babies must be considered when decisions are made concerning appropriate maternity and newborn care. **Where the woman and her clinical team decide on care which falls outside the recommended referral guidelines, the clinical situation and decision-making process must be carefully recorded in the clinical record.** Disagreement between any clinicians as to the appropriateness of a woman or newborn receiving care in a local service (antenatal, intrapartum or postnatal) should be escalated via the WACHS Maternity Care Clinical Conflict Escalation Pathway.

Some of the clinical situations listed cover a broad spectrum of conditions and in such situations it is impossible to define a set referral pathway. The recommended consultation pathway, in such situations, is to individualise care with reference to specialist advice (obstetric, paediatric, general medical or anaesthetic). In some situations, the decision whether or not to manage a woman and/or her baby/babies locally, may be determined by the availability, or not, of appropriate midwifery and/or nursing expertise. In general, the best interests of the mother and baby/babies are to be served by good communication with well-executed, collaborative team decision-making, involving the woman and her family at each step along the way.

This guideline has been developed by the WACHS Obstetrics & Gynaecology Clinical Advisory and Patient Safety Group with reference to Australian College of Midwives / RANZCOG joint National Midwifery Guidelines for Consultation and Referral (*2013, 3rd Ed. Issue 2*) and the RANZCOG guideline (C –Obs 30) Maternity Suitability for Models of Care and Indications for Referral (*March 2015*).

CLINICAL SERVICES FRAMEWORK / CLINICIAN	Level 1 GP or MW		Level 2		Level 3		Level 4 SPECIALIST		Level 5		Level 6 MFM	
Previous pregnancy complications	**AN**	**IP**	**AN**	**IP**	**AN**	**IP**	**AN**	**IP**	**AN**	**IP**	**AN**	**IP**
Eclampsia	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Cervical incompetence	S	X	S	X	S	TERM	ü	ü	ü	ü	ü	ü
Placenta accreta	S	X	S	X	S	X	ü	I	ü	ü	ü	ü
Post-partum psychosis (Mental Health Unit Support indicated)	S	X	S	X	S	X	ü	I	ü	ü	ü	ü
Any previous birth between 13 - 35/40	S	X	S	TERM	S	TERM	ü	ü	ü	ü	ü	ü
IUGR: birthweight < 3rd centile	S	X	S	I	S	I	ü	ü	ü	ü	ü	ü
Perinatal death	S	X	S	I	S	I	ü	ü	ü	ü	ü	ü
Classical CS or CS extending to upper segment	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Three or more previous CS	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Manual removal of placenta	ü	X	ü	X	ü	I	ü	ü	ü	ü	ü	ü
PPH >1000ml	ü	X	ü	X	ü	ü	ü	ü	ü	ü	ü	ü
Shoulder dystocia	S	X	S	X	S	ü	ü	ü	ü	ü	ü	ü
Grade 3c or 4th degree perineal tear	S	X	S	X	S	ü	ü	ü	ü	ü	ü	ü
Gestational trophoblastic disease	S	X	S	ü	S	ü	ü	ü	ü	ü	ü	ü
Medical conditions	**AN**	**IP**	**AN**	**IP**	**AN**	**IP**	**AN**	**IP**	**AN**	**IP**	**AN**	**IP**
Malignant hypertension	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Neuromuscular disease	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Endocrine disorders on treatment	S	X	S	I	S	I	ü	ü	ü	ü	ü	ü
Known thrombophilia	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Bleeding disorder	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Thromboembolism	S	X	S	X	S	I	ü	I	ü	ü	ü	ü
Epilepsy with seizure past 12/12	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Renal function disorder	S	X	S	X	S	I	ü	I	ü	ü	ü	ü
Moderate to severe asthma	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Connective tissue autoimmune disorders	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Marfan's syndrome	S	X	S	X	S	X	ü	I	ü	I	ü	ü
Blood Group antibodies: risk HDN or XM problem	S	X	S	X	S	X	S	I	S	I	ü	ü
Refuses treatment with blood products	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü

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Cardiac disease	S	X	S	X	S	I	ü	I	ü	ü	ü	ü
Active hepatitis or impaired liver function	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Oesophageal varices	S	X	S	X	S	X	ü	I	ü	ü	ü	ü
Alcohol or drug dependency	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Previous anaesthetic complications (Grade 3,4 intubation; failed epidural attempts; post anaesthetic complications)	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Previous myometrial surgery e.g. myomectomy	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Infectious diseases in pregnancy	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP
HIV infection	S	X	S	X	S	X	S	I	S	I	ü	ü
Active TB	S	X	S	X	S	X	S	X	S	X	ü	ü
Rubella, Varicella, CMV, Toxoplasmosis, Listeriosis, Parvovirus, Malaria, Syphilis	S	X	S	X	S	X	S	I	S	I	ü	ü
Active genital herpes	S	X	S	X	ü	I	ü	ü	ü	ü	ü	ü
Antenatal complications	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP	AN	IP
Diabetes requiring insulin	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
CIN 3	S	X	S	ü	S	ü	ü	ü	ü	ü	ü	ü
Cancer of cervix	S	X	S	X	S	X	S	X	S	X	ü	ü
Pre-eclampsia/ PIH: mild 140/90, < 2+ proteinuria and NOAD	X	X	X	X	S	I	ü	ü	ü	ü	ü	ü
Pre-eclampsia - moderate	X	X	X	X	X	X	ü	ü	ü	ü	ü	ü
Pre-eclampsia – severe/eclampsia	X	X	X	X	X	X	I	I	ü	ü	ü	ü
Cholestasis	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Anemia: < 90g/l at term	S	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Multiple pregnancy	X	X	S	X	S	X	ü	ü	ü	ü	ü	ü
Twin to twin transfusion	X	X	X	X	X	X	S	X	S	X	ü	ü
Perinatal death	X	X	X	X	S	I	ü	ü	ü	ü	ü	ü
Placenta praevia	X	X	X	X	S	X	ü	I	ü	ü	ü	ü
Placenta praevia accreta	X	X	X	X	X	X	S	X	S	X	ü	ü
Preterm ruptured membranes < 34 weeks	X	X	X	X	X	X	X	X	ü	ü	ü	ü
Preterm ruptured membranes 34 - 37 weeks	X	X	X	X	X	X	I	I	ü	ü	ü	ü

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Vaginal Birth After Caesarean (VBAC): History of 1 confirmed **LU**SCS and no oxytocin in labour	S	X	S	X	S	I	ü	I	ü	I	ü	I
VBAC: History of 1 confirmed **LU**SCS with induction of labour using oxytocin	S	X	S	X	S	X	S	I	ü	I	ü	I
VBAC: History of more than 1 previous confirmed **LU**SCS	S	X	S	X	S	X	ü	I	ü	I	ü	I
Abnormal presentation > 36 weeks	X	X	S	X	I	I	ü	ü	ü	ü	ü	ü
Suspected IUGR: < 10th centile for gestational age	X	X	S	X	S	I	ü	ü	ü	ü	ü	ü
Suspected IUGR: < 3rd centile for gestational age	X	X	S	X	S	X	ü	I	ü	ü	ü	ü
Suspected macrosomia	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
BMI 35 - 39.9	S	X	S	X	S	I	ü	ü	ü	ü	ü	ü
BMI ≥ 40 (see WACHS Maternity BMI Risk Management Policy)	S	X	S	X	S	X	I	I	ü	ü	ü	ü
Oligohydramnios	X	X	X	X	X	I	ü	ü	ü	ü	ü	ü
Polyhydramnios	X	X	X	X	X	X	ü	ü	ü	ü	ü	ü
APH	X	X	I	I	I	I	ü	ü	ü	ü	ü	ü
Bi-cornuate uterus	S	X	S	X	ü	ü	ü	ü	ü	ü	ü	ü
Intrapartum conditions												
34 - 37 weeks: (balance the risk of birth in transit versus birth on site with NETSWA retrieval)	X		X		X		I		ü		ü	
32 - 34 weeks (as above)	X		X		X		X		ü		ü	
<32 weeks (as above)	X		X		X		X		X		ü	
4th degree tear	X		X		I		ü		ü		ü	
Active primary genital herpes	X		X		I		ü		ü		ü	
Induction of labour	X		I		ü		ü		ü		ü	
Operative Vaginal Delivery - see WACHS OVD Procedure	X		I		I		ü		ü		ü	
Postnatal conditions												
Thromboembolism	X		X		I		ü		ü		ü	
PPH > 1500 ml	X		X		I		ü		ü		ü	
Eclampsia	X		X		X		ü		ü		ü	

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Neonatal conditions (WACHS Recognition and Mx of Newborn at Risk Policy)	**GP or MW**	**GP**		**Specialist**		**Neonatologist**
Apgar less than 7 at 5 minutes	X	X	X	ü	ü	ü
Cord pH < 7	X	X	X	ü	ü	ü
Cord lactate > 6.1: no resus and no signs of compromise	X	I	I	ü	ü	ü
Cord lactate > 6.1: any resus +/- signs of compromise	X	X	X	I	ü	ü
Birth weight < 2000 gm	X	X	X	I	ü	ü
Birth weight 2000-2500 gm	X	X	I	I	ü	ü
34 - 37 weeks	X	X	I	I	ü	ü
32 - 34 weeks	X	X	X	I	ü	ü
< 32 weeks	X	X	X	X	X	ü
Congenital abnormalities requiring treatment or investigation	X	X	I	I	I	ü
Abnormal heart rate or pattern	X	X	X	I	I	ü
Suspected seizure activity	X	X	X	X	ü	ü
Persistent hypoglycaemia	X	X	X	I	ü	ü
Jaundice in first 24 hours of life	X	X	X	X	ü	ü
Jaundice > 250 mmol/l within 1st 48 hours	X	I	I	I	ü	ü
Jaundice > 300 mmol/l after 48 hours	X	I	I	I	ü	ü
Persistent cyanosis or pallor	X	X	X	X	ü	ü
Persistent respiratory distress or apnoea	X	X	X	I	I	ü
Identified risk of Neonatal Abstinence Syndrome	X	X	X	ü	ü	ü

KEY TO CSF TABLE			
S	Shared care with regional centre with specialist obstetrician, paediatrician or medical / anaesthetist as indicated	**AN**	Antenatal
S	Shared care with tertiary centre as subspecialist required	**IP**	Intrapartum
I	Individualise treatment according to condition and on advice from specialist	**MFM**	Maternal Fetal Medicine Specialist
X	No	**GP**	General Practitioner
ü	Yes	**MW**	Midwife