



# Specialist Obstetrician Services Procedure

## 1. Guiding Principles

The Albany Health Campus (AHC) provides level 4 Obstetrics and level 3 Neonatal Services, according to the WA Health Clinical Services Framework<sup>1</sup>, and employs Specialist Obstetricians to support obstetric care provision in the Great Southern Region. The Albany Health Campus (AHC), like all WA Country Health Service (WACHS) sites, seeks to comply with relevant policies and procedures including the WACHS Maternity and Newborn Services Capability Framework Policy.<sup>2, 3</sup>

The WACHS Maternity and Newborn Services Capability Framework Policy, published November 2020 outlines the expectation that each unit providing obstetric and newborn services will clearly define referral and escalation plans for local use. Such referral procedures and escalation pathways ensure that all clinicians provide a safe service, in line with their scope of practice and the service level available at AHC.

In accordance with WACHS policy, General Practitioner Obstetricians (GPOs) are credentialed to deliver maternity and neonatal services up to level 3, while Specialist Obstetricians can provide services above this level.<sup>1</sup>

The AHC continues to support a General Practitioner model of care and GPOs will continue to maintain overall clinical responsibility for their patients. The role of Specialist Obstetricians in this regard will consist of directing Obstetric care, as well as providing clinical support and governance.

In this model, GPOs, Specialist Obstetricians, Midwives, along with other care providers, are to work in a collaborative manner, to maintain the standard of obstetrics and neonatal care, and improve it where necessary.

### **Purpose and scope**

The aim of this document is to serve as the pathway that identifies the conditions and situations that require the input of a Specialist Obstetrician. This will assist GPOs and other health care providers in determining when the input of a Specialist Obstetrician is required in the Albany Hospital.

## 2. Procedure

### 2.1 Antepartum Care

#### **Specialist Antenatal Clinic (ANC) at the AHC**

The Specialist ANC at AHC supports existing ANCs conducted by GPOs for their patients in the region. The Specialist ANC fulfils the collaborative care expected by WACHS<sup>1</sup> between GPOs credentialed to deliver a level 3 services and the Specialist Obstetricians

delivering services at levels 4 and above. This is in accordance with the WACHS Maternity and Newborn Services Policy and to the extent that resources and local variations allow.

This document aims to provide clarity regarding the indications and escalation pathway to the Specialist ANCs. It will also ensure that timely and appropriate referral of women (identified as being at higher risk of complication in pregnancy) to the Specialist ANC takes place. The referring GPO retains the overall clinical responsibility for the patient and will arrange referral to a Tertiary Centre, where indicated. The Specialist ANC will rarely take over the care of any pregnant woman but aims to provide guidance, advice and recommendations to both patients and referring GPOs.

The referral indications listed below are largely based on the WACHS Maternity and Newborn Services Policy.<sup>2</sup> These indications are by no means exhaustive and hence GPOs are advised to refer any pregnant patient requiring a level 4 review in accordance with WACHS policy.<sup>3</sup>

### **Referral Criteria to the Specialist ANC**

Pre-existing maternal medical conditions:

- Poorly controlled thyroid disease
- Epilepsy with seizures in past 12 months
- Rheumatic / other heart disease
- Renal disease
- Autoimmune disease such as systemic lupus erythematosus (SLE)
- Respiratory disease such as severe asthma
- Previous thromboembolic disorder or known coagulopathy (Von Willebrand's, idiopathic thrombocytopenic purpura (ITP))
- Cone biopsy/cervical amputation.

Risk factors in previous obstetric history:

- Previous preterm delivery less than 35 weeks
- Suspected cervical incompetence
- Previous history of shoulder dystocia resulting in maternal or neonatal injury, or requiring more than one manoeuvre to resolve
- Previous history of fetal death in-utero (FDIU) / still birth (SB) / neonatal death (NND) / Perinatal morbidity (referral for known causes like aneuploidy, at the discretion of the GPO)
- Previous significant intrauterine growth restriction (IUGR) with fetal weight under 2.5kg at term
- Previous severe pre-eclampsia HELLP Syndrome (haemolysis, elevated liver enzymes and low platelets)
- Previous symptomatic 3<sup>rd</sup> and all 4<sup>th</sup> degree perineal tears seeking vaginal birth.

Risk factors in current pregnancy:

- Pre-existing diabetes or Gestational Diabetes requiring insulin or oral medications

- Multiple pregnancy
- Suspected cervical incompetence
- Breech at 35-36 weeks if external cephalic version (ECV) is being considered
- Development of IUGR / small for gestation age (SFGA) or macrosomia
- Proteinuric hypertension (140/90mmHg)
- Any low-lying placenta/placenta previa persisting at 32weeks
- Polyhydramnios/oligohydramnios
- Active blood group incompatibility
- Women with past caesarean section planning vaginal birth after caesarean (VBAC)

### **Referral Procedure to the Specialist ANC**

The steps outlined below are to be followed by referring GPOs where referral to the Specialist ANC is indicated.

- Please use the Specialist ANC referral template and attach any relevant reports.
- Specialist ANC clinic slots are available most Wednesdays and Friday afternoons and a clinic appointment will be offered usually within two weeks.
- The outcome of the specialist consultation is to be relayed to the referring GPO by fax.
- Copies of the correspondence between the GPO and Specialist Obstetrician is to be retained in the patient's file in hospital and a copy sent to the Maternity Unit to be placed in the booking pack.

### **Referral and Transfer of Patients to King Edward Memorial Hospital (KEMH) / Fiona Stanley Hospital (FSH)**

The referring GPO should discuss any antepartum referral to a Tertiary Centre with the on-call Specialist Obstetrician.

### **Other Conditions and Services**

- In accordance with WACHS policy<sup>1</sup>, the AHC offers a level two neonatal service and therefore cannot support planned pre-term birth (< 37 completed weeks) or planned term births that may require a higher level of neonatal support (e.g. babies of diabetic patients on insulin). Transfer to KEMH/FSH under these conditions is to be arranged by the GPO in consultation with the on-call specialist.
- Diabetes requiring insulin: The Specialist ANC can support the GPO in managing the pregnancy, but not their insulin management. GPOs are advised to liaise with a local physician experienced in the management of diabetes or seek input from KEMH Obstetric Physicians.
- Placenta previa persisting at or near term: Albany Hospital is currently unable to support planned placenta previa caesarean sections and GPOs are to arrange transfer to KEMH/FSH in consultation with the Specialist Obstetricians.
- Planned Home Birth: GPOs are advised to refer to [Public Home Birth Program Policy – MP 0141/20](#)
- AHC maternity care standards will be based on the WACHS policy and KEMH guidelines unless otherwise indicated.

- The Specialist Obstetrician on duty will be the clinical team leader for all aspects of intrapartum care (including where emergency caesarean section is required) of twins/multiple pregnancy. All elective twin/multiple deliveries must be discussed with the Specialist Obstetrician who must be available.

### **Antepartum Admissions**

Where a GPO admits a patient that falls into any category listed in this document (or for other significant reasons), they are to consult with the on-call Specialist Obstetrician regarding the case.

## **2.2 Intrapartum Care and Emergencies**

### **Trigger List**

The “trigger list” of conditions requiring the presence of a Specialist Obstetrician has been in place since December 2011. The trigger list is designed to provide a clear escalation pathway for health care providers and ensure a safe and patient-centred service that complies with WACHS policy.<sup>1</sup> With this in mind, this document details such mandatory conditions contained in the trigger list and divides them into three parts:

#### **(a) Obstetrics Emergency: Trigger list requiring initiation of a Medical Emergency Response call immediate attendance by all members of the obstetrics emergency team (OET) on duty**

These conditions are:

1. maternal collapse
2. unstable and deteriorating maternal vital signs
3. eclampsia/seizures
4. obstetrics haemorrhage more than 1000ml and unresolved
5. shoulder dystocia
6. umbilical cord prolapses
7. other major significant events.

#### **The OET includes:**

- Senior Midwife on duty
- GPO to the patient
- Specialist Obstetrician on-call
- Obstetric Registrar
- Anaesthetist on call
- Nurse manager (to call in theatres).

Given that some of the OET members are not always onsite.

### **Responding to an Obstetric Emergency or Code Blue event**

Attending staff can initiate a Medical Emergency Response call, by pressing the call bell, or by dialling 55, to the switchboard operator and stating that an **Obstetric**

**Emergency** is occurring. The Nurse Manager is responsible for arranging/calling in the theatre team if required, and the GPO and Senior Midwife contact other members of the team not already present.

On arrival, the Code Blue team and available OET are to start attending to the patient and determine who the absent member(s) of the OET is (are). The switchboard is to be further contacted via **55** and informed of these absent members of the OET so they can be contacted by phone to attend.

### **(b) Trigger list requiring escalation to and attendance by the Specialist Obstetrician**

The conditions listed below require that the attending GPO contacts the on-call Specialist Obstetrician for attendance. If they are unable to do so however, the attending midwife, anaesthetist or other health care providers may initiate the request for attendance if necessary.

1. Failed instrumental delivery in birth suite. For any Instrumental delivery, other than a lift out, please assess suitability and have a low threshold to call in the Specialist
2. Trial of instrumental delivery in theatre
3. Vaginal breech delivery
4. Vaginal delivery of twins
5. 3rd and 4th degree tear
6. EUA for Post-Partum Haemorrhage
7. Suspected ruptured uterus
8. Pre-eclampsia needing magnesium sulphate or emergency treatment of hypertension.
9. Malpresentation e.g. face, brow
10. Any caesarean section for placenta previa/low lying placenta.
11. Emergency caesarean section for suspected abruption.
12. Any anticipated difficult caesarean section such a previous history of >2 caesarean sections, or a second stage caesarean section with a well engaged head.
13. Other conditions at the discretion of the GPO
14. Admission (planned or unplanned) of any high-risk obstetric patient.

On arrival, the Specialist Obstetrician is to assume the role of clinical team leader for that episode of care and will determine the level of specialist involvement required.

At this point, it would be at the discretion of the Specialist Obstetrician to consult with the attending Anaesthetist whether the anaesthetic care needs escalation, e.g. second GPA or Specialist Anaesthetist consultation / attendance.

### **(c) Trigger list requiring consultation by the GPO with the Specialist Obstetrician on-call**

In consultation with the GPO, the Specialist Obstetrician will decide if attendance is required in these cases:

1. Caesarean section or vaginal birth in a patient with body mass index (BMI) of 40 or more
2. Prior to the commencement of oxytocin for a trial of scar

3. Intra-uterine death/Still birth/neonatal death
4. Admission to high dependency unit (HDU)
5. Unsuccessful induction of labour
6. Preterm (<37weeks) rupture of membranes/ labour
7. Significant APH (>50mls)
8. Other significant issues of concern to the GPO.

### **Caesarean section availability by the Specialist Obstetrics team**

The Specialist Obstetrics team is available to perform caesarean sections for patients of GPOs not credentialed to perform caesarean section. In cases of planned caesarean section, GPOs can access the service of the Specialist Obstetric team through the Specialist ANC. In cases of emergency caesarean section, the on-call Specialist Obstetrician can be contacted by the GPO.

### **Neonatal resuscitation arrangement for any birth where fetal distress is suspected or anticipated**

In line with WACHS policy, a GPO will be asked to attend and act as lead neonatal resuscitator. The GPO acting in this capacity will work alongside the Midwifery team. In situations that involve procedures in theatre, the on-call Specialist Obstetrician is also to be called in by the patient's GPO.

These conditions have been divided into two categories to aid understanding.

1. Procedures occurring in the birthing room (normal vaginal and instrumental birth): Only the GPO acting as lead neonatal resuscitator is to be called in by the patient's GPO.
2. Procedures occurring in theatre (Caesarean Section, trial instrumental delivery): A GPO is to be called in to act as the lead neonatal resuscitator. In addition, the on-call Specialist Obstetrician is to be consulted by the patient's GPO. This is made up of the three categories below:
  - Trial of instrumental delivery: A GPO (e.g. on the roster) is to act as lead neonatal resuscitator. The attending on-call Specialist Obstetrician is to determine the level of specialist involvement required.
  - Caesarean section where the GPO to the patient is credentialed for caesarean section: A GPO (e.g. on the roster) is to act as lead neonatal resuscitator. The on-call Specialist Obstetrician is to either act as second surgeon or delegate this role to the obstetrics registrar.
  - Caesarean section where the GPO to the patient is not credentialed for caesarean section: A GPO (e.g. on the roster) is to act as lead neonatal resuscitator. The on-call Specialist Obstetrician is to either act as lead surgeon or delegate this role to the Obstetrics Registrar.

### **Management of women with High BMI**

Refer to the WACHS Elective Surgical and Obstetric Patients with an Elevated Procedure<sup>9</sup>



It is recognised that women with high BMI in pregnancy pose additional obstetric and anaesthetic risks. In some instances, the GPO to the patient will be advised to transfer such women to KEMH on safety grounds due to AHC's resource limitations. The GPOs to the women have the responsibility for organising such transfers. As per WACHS policy, the GPOs are to discuss and document the anaesthetic and obstetric risks, offer women the "obesity and pregnancy consumer" fact sheet and use the maternal BMI risk assessment and management tool. The AHC procedure (adopted from WACHS policy) for managing these women is set out below:

### **Moderate Risk Women BMI 35-39.9:**

- Calculate BMI based on earliest pregnancy visit at GP rooms
- Obese II - moderately increased obstetric and maternal risk
- Recommended weight management: 4 kg gain
- Follow relevant KEMH and WACHS guidelines
- Except where otherwise indicated (presence of other obesity related comorbidity), GPO is to be the team leader for all aspects of intrapartum and postpartum care.

### **High Risk Women BMI 40-45:**

- See early, calculate BMI based on earliest pregnancy visit at GP rooms
- Obese III - significantly increased obstetric and maternal risk
- Recommended weight management: safe to lose up to 4 kg
- Discuss weight management, dietician referral early
- Discuss absolute BMI limit for this site - BMI of 45 and above will need transfer to tertiary centre
- Refer for anaesthetic consult and to Specialist Antenatal Clinic between 24- 30 weeks
- Follow relevant KEMH and WACHS guidelines
- Shared antenatal care with Specialist Obstetrician
- Will need Specialist Obstetrician input for intrapartum and immediate post-partum care.

### **Transfer to KEMH for birth:**

- All women with booking BMI more than 45
- Women with BMI 40- 45 on the advice of either the Consultant Anaesthetist or Specialist Obstetrician.

The Datix Clinical Incident Management System ([Datix CIMS](#)) form is to be used to monitor the escalation process contained in this document as a safety and quality activity to evaluate the process, patient outcome and identify any clinical risk.

## **3. Definitions**

Nil

## **4. Roles and Responsibilities**

The Specialist Obstetricians Services Procedure aims to enlist clinical settings requiring escalation and consultation with the Specialist Obstetrician.

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The Chair of the Obstetric Review Group (ORG) and the members have responsibility in overseeing the implementation of The Procedure.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

### 5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

### 6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System as per WACHS [Corporate Recordkeeping Compliance Policy](#).

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

### 7. Evaluation

Monitoring of compliance with this document is to be achieved through clinical governance processes including:

- clinical incident and adverse event reporting and investigation
- sentinel event reporting, monitoring and clinical investigation
- two monthly perinatal mortality and morbidity review and presentation to the ORG at two monthly meetings

The ORG and its Chair are responsible for undertaking at least two yearly reviews of the Procedure and implementation of recommendations.



## 8. Standards

[National Safety and Quality Health Service Standards](#)

1.1b, 1.1c, 1.7a, 1.27a, 2.5a, 2.5b, 2.6, 2.7, 5.3, 5.5, 6.1, 6.11, 8.8, 8.10

## 9. Legislation

[Health Services Act 2016](#) (WA)

## 10. References

1. [WA Health Clinical Services Framework 2014-2024](#)
2. WACHS [Maternity and Newborn Capability Framework Policy](#)
3. WACHS [Maternity and Neonatal Consultation and Referral Guideline for Clinical Service Levels](#) - January 2017
4. [King Edward Memorial Hospital \(KEMH\) Clinical Guidelines](#)
5. [Royal Australian and New Zealand College of Obstetricians and Gynaecologists \(RANZCOG\): Maternal suitability for models of care, and indications for referral within and between models of care](#), March 2018
6. WACHS [Preterm Labour Policy](#), April 2021
7. WACHS [Primary Postpartum Haemorrhage Guideline](#), September 2019
8. WACHS [Maternity Body Mass Index Risk Management Policy](#), June 2018
9. WACHS [Management of Elective Surgical and Obstetric Patients with an Elevated Body Mass Index Procedure](#), March 2016
10. WACHS [Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#), July 2022
11. WACHS [Operative Vaginal Delivery Procedure](#), May 2020

## 11. Related Forms

Nil

## 12. Related Policy Documents

KEMH [Induction of Labour Guideline](#)

KEMH [GP antenatal shared care](#)

WACHS [Credentialing Requirements for Non-Specialist Obstetricians Guideline](#)

WACHS [Electronic Fetal Heart Rate Monitoring Policy](#)

WACHS [Induction of Labour Guideline](#)

WACHS [Maternity and Newborn Services Policy](#)

### 13. Related WA Health System Mandatory Policies

[Public Home Birth Program Policy – MP 0141/20](#)

[Recognising and Responding to Acute Deterioration Policy – MP 0171/22](#)

### 14. Policy Framework

[Clinical Governance, Safety and Quality Framework](#)

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<b>Contact:</b>	Regional Medical Director		
<b>Directorate:</b>	Medical Services	<b>TRIM Record #</b>	ED-CO-15-80885
<b>Version:</b>	4.00	<b>Date Published:</b>	16 August 2023

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