

# REFERRAL GUIDELINES: Maternity Service

## Perinatal Medicine

### REFERRAL GUIDELINES: MATERNITY SERVICE – Perinatal Medicine

**Mercy Perinatal Medicine** runs a number of clinics each week as listed below.

Populate required information on the [Perinatal referral form](#) or [Perinatal MBS referral form](#), then print and fax to the relevant outpatient department on **03 8458 4504**

	Monday	Tuesday	Wednesday	Thursday	Friday	
AM session	Maternal Medicine Clinic including Cardiology, Anaesthetics and Psychiatry	Haematology alternating with Infectious Diseases Clinic	Fetal and Placental Clinic including Neonatology and Paediatric surgery	Diabetes and Endocrine Clinic	Neuro Clinic with Medical Geneticist	Rainbow Clinic
PM session			Fetal and Placental Clinic and Psychiatry Liaison	Fetal Cardiac Clinic with Fetal and Paediatric Cardiologist	Rainbow Clinic including Psychiatry Liaison and Palliative Paediatrics	Preterm Prevention Clinic

## REFERRAL GUIDELINES: **MATERNITY SERVICE – Mercy Perinatal Genetics Team**

The genetic counsellors work very closely with the fetal clinic team. Genetic counsellors are available Monday through Friday with medical geneticists available for appointment on Tuesdays, Wednesdays and Thursdays and on other days as needed.

Referrals that should go directly to the **Genetics Department** include:

- New diagnosis of a fetal anomaly (the genetic counsellor known as the fetal intake worker then coordinates support for the patient, diagnostic testing, MFM review and tertiary ultrasound)
- High risk NIPT, FTCS or MSST results
- Past history of fetal anomaly (the genetic counsellor will coordinate tertiary scans at 12/16 and 20w)
- Couple at risk of having a baby with a genetic condition

The contact number for the fetal intake worker for urgent suspected fetal anomaly referrals is (03) 8458 4346. Office hours are Monday to Friday 8:30-16:30. The fax number is (03) 84584254. Please use the genetics referral form at the following link [Forms and Guidelines](#).

Under each clinic heading on the pages below is a list of patients who are appropriate for referral to the relevant perinatal clinic as well as a list of patients who are suitable for the general antenatal clinics.

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## Perinatal Medicine

### Appropriate for Maternal Medicine Clinic

- renal transplant
- liver transplant
- chronic kidney disease
- chronic liver disease
- dialysis
- severe restrictive lung disease
- severe asthma
- ankylosing spondylitis
- severe rheumatoid arthritis
- unstable multiple sclerosis on medication
- SLE
- Antiphospholipid syndrome
- vasculitis
- complicated inflammatory bowel disease
- paraplegia
- bladder exstrophy, cloacal anomaly
- multiple medical comorbidities complicating pregnancy
- advanced maternal age >50yo
- pre pregnancy counselling for the above

### Complex Maternal Mental Health in collaboration with Psychiatry

- schizophrenia
- psychosis
- bipolar affective disorder
- severe refractory depression or anxiety requiring inpatient management or ECT
- anorexia nervosa and bulimia
- borderline personality disorder
- pre pregnancy counselling for women taking teratogenic psychotropic medications

### Maternal Cardiology

- congenital heart disease
- aortic coarctation
- ischaemic heart disease
- atrial fibrillation
- defibrillators, pacemakers
- cardiomyopathy, impaired heart function
- major valve abnormalities

### Suitable for the general antenatal clinics

- essential hypertension
- gastro-oesophageal reflux
- past history of obstetric cholestasis
- pancreatitis
- gastric sleeve or gastric band
- well controlled inflammatory bowel disease
- asthma (not severe)
- kidney stones
- maternal age 40-50yo without multiple medical comorbidities
- osteoarthritis
- stable multiple sclerosis off medication
- stable epilepsy off medication or on single agent (not Na Valproate) with no recent seizures
- depression, anxiety
- personality disorders
- past history of eating disorder
- SVT, palpitations, syncope
- mitral regurgitation

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Appropriate for Haematology/Infectious Diseases Clinic		Suitable for the general antenatal clinics
<p><b>Haematology</b></p> <ul style="list-style-type: none"> <li>• Haemophilia</li> <li>• Von Willebrands</li> <li>• current DVT/PE</li> <li>• warfarin therapy pre pregnancy</li> <li>• thrombophilia</li> <li>• Antiphospholipid syndrome</li> <li>• Thalassaemia major</li> <li>• couples at risk of significant haemoglobinopathy in their offspring</li> <li>• sickle cell disease</li> <li>• haematological malignancy</li> <li>• severe anaemia</li> <li>• congenital TTP</li> <li>• severe ITP</li> </ul>	<p><b>Infectious Diseases</b></p> <ul style="list-style-type: none"> <li>• Hepatitis B with high viral load</li> <li>• Hepatitis C</li> <li>• HIV</li> <li>• Tuberculosis</li> <li>• CMV</li> <li>• Syphilis</li> <li>• Zika</li> <li>• Varicella</li> <li>• Rubella</li> <li>• Parvovirus</li> <li>• Toxoplasmosis</li> </ul>	<p><b>Haematology</b></p> <ul style="list-style-type: none"> <li>• provoked DVT without thrombophilia</li> <li>• gestational thrombocytopenia</li> <li>• thalassaemia minor or minima</li> </ul> <p><b>Infectious Diseases</b></p> <ul style="list-style-type: none"> <li>• history of hepatitis A</li> <li>• Hepatitis B with low viral load</li> <li>• genital herpes</li> </ul>

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## Perinatal Medicine

### Appropriate for Fetal and Placental clinic/Fetal cardiology Clinic

#### Fetal Anomalies

- Omphalocele
- Gastroschisis
- Duodenal atresia
- Oesophageal atresia
- Fetal abdominal cysts
- MCDK
- Renal agenesis
- Bladder outlet obstruction
- Severe fetal hydronephrosis
- Short long bones suggestive of skeletal dysplasia
- Cleft lip
- Mild ventriculomegaly
- Hydrops
- Multiple anomalies

#### Other

- MCDA twins
- Triplets
- Higher order multiples
- Rhesus isoimmunisation
- Severe growth restriction
- History of severe early onset preeclampsia/abruption/severe growth restriction

#### Fetal cardiology

- Fetal cardiac anomalies
- Fetal brady and tachyarrhythmias

### Suitable for the general antenatal clinics

- DCDA twins unless severe growth discordance requiring more intensive surveillance
- talipes
- mild pyelectasis
- past history of preeclampsia or growth restriction with delivery later than 34w gestation

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Appropriate for Neuro Clinic	Appropriate for Rainbow Clinic	
<ul style="list-style-type: none"> <li>• T2DM</li> <li>• Poorly controlled gestational diabetes on high insulin doses</li> <li>• Congenital adrenal hyperplasia</li> <li>• Addison's disease</li> <li>• Conns</li> <li>• Pituitary macro-adenoma</li> <li>• Graves disease on treatment (just a once off pregnancy planning visit)</li> </ul> <p>(Gestational diabetes, hypothyroidism, subclinical hypothyroidism, Graves disease not on treatment and pituitary microadenoma are suitable for the general antenatal clinic)</p>	<ul style="list-style-type: none"> <li>• Moderate to severe ventriculomegaly</li> <li>• Midline and posterior fossa brain abnormalities</li> <li>• Intracranial haemorrhage, NAIT</li> <li>• Tumours</li> <li>• Neurological sequelae of intrauterine infections</li> </ul> <p>Women usually transfer from Rainbow to general antenatal care on achieving a gestational milestone, commonly 12 weeks if previous recurrent early loss.</p>	<ul style="list-style-type: none"> <li>• Three or more consecutive miscarriages</li> <li>• Two or more consecutive miscarriage in a women over the age of 37yo</li> <li>• Single miscarriage with fetal size greater than 10w gestation</li> <li>• Life limiting condition in the baby in an ongoing pregnancy</li> <li>• Follow up post stillbirth: some women will benefit from continuity of care by being able to see specialist obstetricians in the Plenty or Yarra gynaecology clinics or other settings. Rainbow can offer MFM and/or Perinatal Mental Health consultations for these women too.</li> </ul>

### Other clinics run by Mercy Perinatal Medicine

#### **Preterm prevention clinic**

This clinic runs on a Thursday afternoon and is booked directly via the ultrasound department. The clinic provides cervical surveillance from 16-26 weeks as well as advice and recommendations regarding cervical suture placement and the use of progesterone or a cervical pessary. Routine antenatal visits should continue with the patient's original unit.

#### **Patients referred to this clinic include women with a history of**

- Cone biopsy or multiple LLETZ
- Multiple cervical dilatations
- Congenital uterine abnormalities
- Previous mid trimester loss or delivery
- Previous mid trimester TOP
- Past history of cervical insufficiency

#### **External cephalic versions**

ECVs are conducted on Tuesday and Friday mornings and are booked directly with the fetal monitoring unit on ph (03) 84584267

# REFERRAL GUIDELINES: Maternity Service Perinatal Medicine

## Referral Process: **Maternity Service – Perinatal Medicine**

Populate required information on either the [Perinatal Medicine referral form](#) or the [MBS Perinatal Medicine referral form](#) then print and fax to the relevant outpatient department on 03 8458 4205

 **STEP 1**

Essential referral content will be checked. You will be contacted if further information is required.

Please indicate the patients preferred model of care on the referral form.

If requesting an urgent review please include relevant detail and results.

Acknowledgment of referral receipt will occur within 8 working days.

 **STEP 2**

The referral will be triaged by the specialist unit according to clinical criteria and patient preference.

This determines how long the patient will have to wait for their first antenatal appointment.

 **STEP 3**

Patients with urgent conditions are scheduled to be seen within 7 – 10 days.

Patients are allocated an antenatal clinic appointment.

The date for the appointment will depend on the model of care and clinical acuity.

Both the referrer and patient are notified.

If you wish to speak to a Doctor to determine urgency call Mercy Hospital for Women on **03 8458 4444** and ask to speak to the perinatal fellow.



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## REFERRAL PRIORITY: MATERNITY SERVICE –Perinatal Medicine

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

Referral Priority	Appointment Timeframe
Urgent	Within 7 -10 days depending on clinical need
Routine	Greater 7 – 10 days depending on clinical need

## USEFUL RESOURCES: MATERNITY SERVICE – PERINATAL MEDICINE

Mercy Hospital for Women

Tests	<a href="#"><u>Bookings visit checklist</u></a>
GP and Primary Care Liaison	<a href="#"><u>Information</u></a>
Maternity Services	<a href="#"><u>Details</u></a>
Referrals	<a href="#"><u>Forms and Guidelines</u></a>

# REFERRAL GUIDELINES: Maternity Service Perinatal Medicine

**FOR QUERIES PLEASE CONTACT THE MATERNITY SERVICE:**

**Mercy Hospital for Women Maternity**

**163 Studley Road, Heidelberg Vic 3084**

**Phone: 03 8458 4248**

**Fax: 03 8458 4504**

## **INTERPRETING SERVICES**

A proportion of our patients have limited or no proficiency in English. In these cases, we engage professional interpreters for communication with our clinicians. To enable access to appropriate interpreting service, please ensure that your referral includes information on the preferred language spoken by the patient and their need for an interpreter.