

REFERRAL GUIDELINES: MATERNITY SERVICE

In order for us to be able to accept your patient for antenatal care, referring General Practitioner's / Medical Specialists should provide:

Demographic	Clinical			Investigations & Results	
<ul style="list-style-type: none"> Full name Address Date of birth Referring GP details Medicare number Previous patient Cultural considerations Preferred language and Interpreter requirements 	<p>Current History</p> <ul style="list-style-type: none"> LNMP Multiple pregnancies BMI <p>Past history</p> <ul style="list-style-type: none"> Pre-eclampsia <p>Preterm birth Placental abruption No of previous Caesareans</p>	<ul style="list-style-type: none"> EDD Height and Weight Female circumcision <p>Still birth</p> <p>Foetal abnormality Rhesus isoimmunisation Mid trimester loss or miscarriage</p>	<ul style="list-style-type: none"> Parity and Gravida Pap smear <p>Small baby <2800g at term GDM PPH >=1000mls</p>	<p>Required</p> <ul style="list-style-type: none"> FBE Syphilis serology MSU / urinalysis Hepatitis B and C Blood group and antibodies <p>Consider</p> <ul style="list-style-type: none"> Dating Ultrasound Vitamin D 	<ul style="list-style-type: none"> HIV serology Ferritin Hb electrophoresis Thalassemia Morphology ultrasound requires separate referral <p>Chlamydia Early GTT</p>
	<p>Risk factors</p> <ul style="list-style-type: none"> Diabetes pre pregnancy Familial genetic disease Epilepsy Haemoglobinopathy Hypertension Thyroid disease <p>Past medical and Surgical history</p> <p>Medications</p> <p>Allergies</p> <p>Shared Care request</p> <p>Social history</p>	<ul style="list-style-type: none"> Cervical surgery Asthma DVT or pulmonary embolus Psychiatric disorders Renal disease Alcohol and other drugs 	<ul style="list-style-type: none"> >2 LLETZ procedures Anaemia Hepatitis B or C SLE Smoking 	<p>Aneuploidy Screening</p> <ul style="list-style-type: none"> Discussion occurred 1st Trimester combined 2nd Trimester MSST None invasive Prenatal screening 	



Essential Referral Content

The [Maternity Referral Form](#) is available for your use in your clinic software or to print.

Fax to the **Mercy Hospital for Women** Outpatient Department on 03 8458 4205 or **Werribee Mercy Hospital** Outpatient Department on 03 8754 3467.

REFERRAL PROCESS: MATERNITY SERVICE



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.

If you wish to speak to a Doctor to determine urgency call Mercy Hospital for Woman on 8458 4444 or Werribee Mercy Hospital on 8754 3448 and ask to speak to the Obstetric Registrar.



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 General Practitioners have any queries please contact the Maternity Service:

Mercy Hospital for Women Phone: 03 8458 4100 Fax: 03 8458 4205 or MMHWSpecialistClinics@mercy.com.au

Werribee Mercy Hospital Phone: 03 8754 3400 Fax: 03 8754 3467

REFERRAL PRIORITY: MATERNITY SERVICE

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

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

OTHER INFORMATION: MATERNITY SERVICE

Outpatient bookings for maternity care at Mercy Hospital for Women and Werribee Mercy Hospital provide the first step in initiating maternity care for women. The content and detail in your referral are crucial to enable risk assessment, timely booking of appointments and to support subsequent communications that occur to enhance continuity of care.

Accurate and up-to-date information, both yours and your patient's, will enable matching of information about patients to their GPs for inclusion within hospital computer systems and will support communication at key points of care.

Missing information, e.g. estimated date of birth &/or elevated BMI will result in delays in processing your patient's referral, so please include all relevant clinical information to avoid this occurring.

USEFUL RESOURCES: MATERNITY SERVICE

	Mercy Hospital For Women	Werribee Mercy Hospital
Tests	Bookings visit checklist	Bookings visit checklist
GP and Primary Care Liaison	Information	Information
Maternity Services	Details	Details
Referrals	Forms and process	Forms and process

Mercy Hospital for Women Maternity	Werribee Mercy Hospital Maternity
163 Studley Road Heidelberg Victoria 3084	300 Princes Highway Werribee Victoria 3030
Phone: 03 8458 4100	Phone: 03 8754 3400
Fax: 03 8458 4205	Fax: 03 8754 3467