# GUIDELINES FOR CONSULTATION WITH OBSTETRIC AND RELATED SPECIALIST MEDICAL SERVICES (REFERRAL GUIDELINES)

## 1 Purpose of guidelines

This document provides guidelines for best practice in maternity care based on expert opinion and available evidence. It is the intention that the guidelines be used to facilitate consultation and integration of care, giving confidence to providers, women and their families.

For the purpose of these guidelines, referral to specialist services includes both referrals to Secondary Maternity or to a specialist, as defined in the Primary Maternity Services Notice 2007.

It is intended that these guidelines should be reviewed at two yearly intervals.

## 2 Circumstances where guidelines may be varied

The guidelines acknowledge that General Practitioners, General Practitioner Obstetricians and Midwives have a different range of skills. The guidelines are not intended to restrict good clinical practice. There may be some flexibility in the use of these guidelines:

(a) The practitioner needs to make clinical judgements depending on each situation and some situations may require a course of action which differs from these guidelines. The practitioner will need to be able to justify her/his actions should s/he be required to do so by their professional body.

It is expected that the principles of informed consent will be followed with regard to these guidelines. If a woman elects not to follow the recommended course of action it is expected that the practitioner will take appropriate actions such as seeking advice, documenting discussions and exercising wise judgement as to the ongoing provision of care.

(b) It is also recognised that there may be some circumstances where the requirement to recommend consultation places an unnecessary restriction on experienced practitioners, particularly where there is no immediate access to specialist services. The individual practitioner can come to an appropriate arrangement with the specialist.

It is agreed that, in accordance with good professional practice, a practitioner must record in the notes the reasons for the variation from the guidelines.

## 3 Timing of referrals

Referral to a specialist should occur in a timely manner.

The gestational age is defined as the number of completed weeks, as determined by the LMP, ultrasound estimation or clinical assessment. For example, a baby is 24 weeks from 24 weeks 0 days until 24 weeks 6 days.

## 4 Referral process

Referral for most of the criteria will be to an Obstetrician and, for those listed under Services Following Birth, to a Paediatrician. However, in some instances, particularly those criteria involving associated medical conditions, a referral to another Specialist such as a Physician, Anaesthetist, Surgeon, Paediatrician, Infectious Diseases Specialist or Psychiatrist, may also be appropriate or be more appropriate. For some situations a multidisciplinary team will be necessary. Many of the criteria under Labour and Birth Services will require both Obstetrician and Paediatrician.

It is recognised that referral to a woman's usual General Practitioner may be appropriate in some circumstances. However these guidelines refer specifically to Specialists.

There are some particular circumstances, for example twins, where clinically the specialist needs to be responsible for care but the ongoing involvement of the primary practitioner is very important.

## 5 Levels of referral

These guidelines define three levels of referral and consequent action:

**Level 1**
The Lead Maternity Carer **may recommend** to the woman (or parents in the case of the baby) **that a consultation with a specialist is warranted** given that her pregnancy, labour, birth or puerperium (or the baby) is or may be affected by the condition. *Where a consultation occurs, the decision regarding ongoing clinical roles/responsibilities must involve a three way discussion between the specialist, the Lead Maternity Carer* and *the woman concerned. This should include discussion on any need for and timing of specialist review.* The specialist will not automatically assume responsibility for ongoing care. This will depend on the clinical situation and the wishes of the individual woman.

**Level 2**
The Lead Maternity Carer **must recommend** to the woman (or parents in the case of the baby) **that a consultation with a specialist is warranted** given that her pregnancy, labour, birth or puerperium (or the baby) is or may be affected by the condition. *Where a consultation occurs, the decision regarding ongoing clinical roles/responsibilities must involve a three way discussion between the specialist, the Lead Maternity Carer* and *the woman concerned. This should include discussion on any need for and timing of specialist review.* The specialist will not automatically assume responsibility for ongoing care. This will depend on the clinical situation and the wishes of the individual woman.

**Level 3**
The Lead Maternity Carer **must recommend** to the woman (or parents in the case of the baby) **that the responsibility for her care be transferred** to a specialist given that her pregnancy, labour, birth or puerperium (or the baby) is or may be affected by the condition. *The decision regarding ongoing clinical roles/responsibilities must involve a three way discussion between the specialist, the Lead Maternity Carer* and *the woman concerned.* In most circumstances the specialist will assume ongoing responsibility and the role of the primary practitioner will be agreed between those involved. This should include discussion about timing of transfer back to the primary practitioner.

| CODE | CONDITION | DESCRIPTION | |
|---|---|---|---|
| | **MEDICAL CONDITIONS** | | |
| | **Anaesthetics** | | |
| 1001 | Anaesthetic difficulties | Previous failure or complication (e.g. difficult intubation, failed epidural) | 2 |
| 1002 | Malignant hyperpyrexia or neuromuscular disease | | 3 |
| | **Autoimmune / Rheumatology** | | |
| 1003 | SLE | Active, major organ involvement, on medication | 3 |
| 1004 | | Inactive, no renal involvement, no hypertension, or only skin / joint problems | 2 |
| 1005 | Primary antiphospholipid syndrome | On warfarin, previous obstetric complications or maternal thrombosis | 3 |
| 1006 | | No previous obstetric complications or maternal thrombosis | 2 |
| | **Cardiac** | | |
| 1007 | Arrhythmia | | 2 |
| 1008 | Cardiac valve disease | Mitral / aortic regurgitation | 2 |
| 1009 | | Mitral / aortic stenosis | 3 |
| 1010 | | Other | 2 |
| 1011 | Cardiac valve replacement | | 3 |
| 1012 | Cardiomyopathy | | 3 |
| 1013 | Congenital cardiac disease | | 2 |
| 1014 | Hypertension | Mild, 140-150/90-100, not on medication | 2 |

| CODE | CONDITION | DESCRIPTION | |
|---|---|---|---|
| 1015 | | Moderate to severe, on medication | 3 |
| 1016 | Ischaemic heart disease | | 3 |
| 1017 | Pulmonary hypertension | | 3 |
| 1018 | Palpitations | Recurrent, persistent or associated with other symptoms | 2 |
| | **Endocrine** | | |
| 1019 | Diabetes | Pre-existing (insulin dependent or non insulin dependent) | 3 |
| 1020 | | Gestational, well controlled on diet | 2 |
| 1021 | | Gestational, requiring insulin | 3 |
| 1022 | Thyroid disease | | 2 |
| 1023 | Hypopituitarism | | 2 |
| 1024 | Prolactinoma | | 2 |
| | **Gastroenterology** | | |
| 1025 | Cholelithiasis | | 2 |
| 1026 | Cholestasis of pregnancy | | 3 |
| 1027 | Inflammatory bowel disease | Active, on medication | 3 |
| 1028 | | Inactive | 2 |
| 1029 | Hepatitis | Acute /chronic | 2 |
| 1030 | | Chronic active | 3 |
| 1031 | Oesophageal varices | | 3 |
| | **Genetic** | | |
| 1032 | Any condition | | 2 |
| 1033 | Marfans | | 3 |
| | **Haematological** | | |
| 1034 | Anaemia | Hb < 90 g/l, not responding to treatment | 2 |
| 1035 | Haemolytic anaemia | | 3 |
| 1036 | Bleeding disorders | Including Von Willebrands | 2 |
| 1037 | Thalassaemia | | 2 |
| 1038 | Thrombocytopaenia | | 2 |
| 1039 | Sickle cell disease | | 3 |
| 1040 | Thromboembolism | E.g. previous DVT, PE | 3 |
| 1041 | Thrombophillia | | 3 |
| | **Infectious Diseases** | | |
| 1042 | CMV / toxoplasmosis | Acute | 3 |
| 1043 | Group B strep | | 1 |
| 1044 | HIV positive | | 3 |
| 1045 | Listeriosis | Acute | 3 |
| 1046 | Rubella | | 2 |
| 1047 | Syphilis | | 2 |
| 1048 | Tuberculosis | | 2 |
| 1049 | Varicella | Acute or contact | 2 |
| | **Neurological** | | |
| 1050 | AV malformation, CVA, TIAs | | 3 |
| 1051 | Epilepsy | Controlled | 2 |
| 1052 | | Poor control or multiple medications | 3 |
| 1053 | Multiple sclerosis | | 2 |
| 1054 | Myasthenia gravis | | 3 |
| 1055 | Spinal cord lesion | | 3 |
| 1056 | Muscular Dystrophy or Myotonic Dystrophy | | 3 |
| 1057 | Psychiatric | | |
| 1058 | Alcohol or drug dependency | | 2 |
| 1059 | On medication or unstable condition | | 2 |
| 1060 | Psychiatric condition | | 1 |
| | **Renal Disease** | | |
| 1061 | Glomerulonephritis | | 3 |
| 1062 | Proteinuria | Chronic | 2 |
| 1063 | Pyleonephritis | | 2 |
| 1064 | Renal failure | | 3 |
| 1065 | Renal abnormality or vesico-ureteric reflux | | 2 |

| CODE | CONDITION | DESCRIPTION | |
|---|---|---|---|
| | **Respiratory Disease** | | |
| 1066 | Asthma | Mild | 1 |
| 1067 | | Moderate (i.e. oral steroids on two occasions in the last year & maintenance therapy) | 2 |
| 1068 | | Severe (i.e. hospitalisation in the last 2 years, any previous admission to intensive care unit, FEVi<70% predicted in absence of acute attack, requiring bronchodilator therapy daily, requiring > 1200 mcg budisonide or equivalent inhaled steroids) | 3 |
| 1069 | Other significant disease | | 2 |
| | **PREVIOUS GYNAECOLOGICAL CONDITIONS OR SURGERY** | | |
| 2001 | Cervical surgery including cone biopsy, laser excision or LLETZ | Without subsequent vaginal birth | 2 |
| 2002 | | With subsequent vaginal birth | 1 |
| 2003 | Congenital abnormalities of the uterus | Without previous normal pregnancy outcome | 2 |
| 2004 | | With previous normal pregnancy outcome | 1 |
| 2005 | Infertility | Clomiphene pregnancy or AIH | 1 |
| 2006 | | IVF or GIFT | 2 |
| 2007 | Previous uterine surgery | Myomectomy | 2 |
| 2008 | | Previous uterine perforation | 2 |
| 2009 | Prolapse | Previous surgery | 2 |
| 2010 | Vaginal Abnormality | E.g. Septum | 2 |
| | **PREVIOUS OBSTETRIC HISTORY** | | |
| 3001 | Previous placental abruption | | 2 |
| 3002 | Autoimmune (foetal) thrombocytopaenia | | 3 |
| 3003 | Caesarean section | | 2 |
| 3004 | Cervical Incompetence | | 3 |
| 3005 | Trophoblastic disease | Hydatidiform mole or vesicular mole, without subsequent normal pregnancy | 2 |
| 3006 | | With subsequent normal pregnancy | 1 |
| 3007 | Hypertensive disease | Pre-eclampsia | 1 |
| 3008 | | Pre-eclampsia with significant IUGR, requiring delivery < 34 weeks or with multi-organ involvement | 2 |
| 3009 | Infant large for gestational age | > 4500g | 1 |
| 3010 | Intra-uterine growth restriction (IUGR) | Birth weight < 5$^{th}$ percentile | 2 |
| 3011 | Manual removal | With clinically adherent placenta | 2 |
| 3012 | Perinatal death | | 2 |
| 3013 | Postpartum haemorrhage | 1000 mls, > 1000 mls | 2 |
| 3014 | Preterm birth | < 35 weeks | 2 |
| 3015 | Recurrent miscarriage | 3 or more | 2 |
| 3016 | Shoulder dystocia | | 2 |
| 3017 | Termination of pregnancy | 3 or more | 2 |
| | **CURRENT PREGNANCY** | | |
| 4001 | Acute abdominal pain | | 2 |
| 4002 | Abdominal trauma | | 2 |
| 4003 | Abnormal CTG | Refer RANZCOG guidelines | 2 |
| 4004 | Antepartum haemorrhage | | 2 |
| 4005 | Blood group antibodies | | 2 |
| 4006 | Eclampsia | | 3 |
| 4007 | Foetal abnormality | | 2 |
| 4008 | Gestational proteinuria | > 0.3g / 24 hours | 2 |
| 4009 | Gestational hypertension | | 2 |
| 4010 | Intrauterine death | | 3 |
| 4011 | IUGR / SGA | AC < 5$^{th}$ percentile, normal liquor | 2 |
| 4012 | | AC < 5$^{th}$ percentile, reduced liquor or abnormal umbilical doppler | 3 |
| 4013 | Large for dates | Uterine size > 4 weeks greater than expected, abdominal circumference or estimated foetal weight > 90$^{th}$ percentile | 2 |
| 4014 | Low maternal weight | BMI < 17 | 1 |
| 4015 | Malignancy | | 3 |
| 4016 | Malpresentation | > 36 weeks; breech, transverse, oblique or unstable lie | 2 |
| 4017 | Morbid obesity | | 3 |
| 4018 | Multiple pregnancy | Twins or higher order multiples | 3 |

| CODE | CONDITION | DESCRIPTION | |
|---|---|---|---|
| 4019 | Oligohydramnios | Pool depth < 2 cms on scan | 2 |
| 4020 | Placenta praevia | At or > 32 weeks | 3 |
| 4021 | Polyhydramnios | Scan pools > 10 cms | 3 |
| 4022 | Pre-eclampsia | BP > 140/90 (or rise of > 30/15) and any of;<br>1. Proteinuria > 0.3g / 24 hours<br>2. Platelets < 150 x 10/9/l<br>3. Abnormal renal or liver function<br>4. Imminent eclampsia / eclampsia | 3 |
| 4023 | Premature rupture of membranes | < 37 weeks and not in labour | 2 |
| 4024 | Prolonged pregnancy | 41 weeks, > 41 weeks - assessment, discussion & plan | 2 |
| 4025 | Premature labour | 34-36 weeks | 2 |
| 4026 | | < 34 weeks | 3 |
| 4027 | Prelabour rupture of membranes at term | Assessment, discussion & plan | 2 |
| 4028 | Reduced foetal movements | | 1 |
| 4029 | Herpes genitalis | Active lesions | 2 |
| 4030 | Uncertain dates at term by best estimate | | 2 |
| 4031 | Uterine fibroids | | 2 |
| 4032 | Urinary Track Infection (UTI) | Recurrent | 2 |
| | **LABOUR & BIRTH - FIRST & SECOND STAGE** | | |
| 5001 | Amniotic fluid embolism | | 3 |
| 5002 | Anhydramnios | | 3 |
| 5003 | Cerebral anoxia / cardiac arrest | | 3 |
| 5004 | Complications of anaesthetic | | 3 |
| 5005 | Complications of other analgesia or sedation | | 2 |
| 5006 | Compound presentation | | 3 |
| 5007 | Cord prolapse or presentation | | 3 |
| 5008 | Deep transverse arrest | | 3 |
| 5009 | Epidural | | 2 |
| 5010 | Failed instrumental vaginal delivery | | 3 |
| 5011 | Foetal heart rate abnormalities | | 2 |
| 5012 | Hypertonic uterus | | 2 |
| 5013 | Induction of labour | | 2 |
| 5014 | Instrumental vaginal delivery | Low (+2 or lower; head easily visible) | 2 |
| 5015 | | Head not easily visible, 0 or +1 | 3 |
| 5016 | Intrapartum haemorrhage | | 3 |
| 5017 | Maternal tachycardia | Sustained | 2 |
| 5018 | Meconium liquor | Moderate or thick | 2 |
| 5019 | Obstetric shock | | 3 |
| 5020 | Obstructed labour | | 3 |
| 5021 | Prolonged first stage of labour | Nullipara – poor progress after ARM and syntocinon infusion | 2 |
| 5022 | | Multipara – poor progress after ARM | 2 |
| 5023 | Prolonged second stage of labour | > 2 hours nullipara or > 1 hour multipara with no progress | 2 |
| 5024 | Pyrexia in labour | > 38 degrees with or without foetal tachycardia | 2 |
| 5025 | Shoulder dystocia | | 2 |
| | **LABOUR & BIRTH - THIRD STAGE** | | |
| 6001 | 3rd & 4th degree lacerations | | 3 |
| 6002 | Cervical laceration | | 3 |
| 6003 | Post partum haemorrhage (PPH) | > 600 mls with ongoing bleeding | 2 |
| 6004 | Retained Placenta | | 2 |
| 6005 | Shock | | 3 |
| 6006 | Vaginal laceration | Complex | 2 |
| 6007 | Vulval and perineal haematoma | | 3 |
| | **SERVICES FOLLOWING BIRTH – MOTHER** | | |
| 7001 | Breast abscess | Not settling with antibiotics | 2 |
| 7002 | Neonatal death | | 2 |
| 7003 | Post delivery neurological deficit | | 2 |
| 7004 | Postnatal depression | Not psychotic | 2 |
| 7005 | | Psychotic | 3 |
| 7006 | Puerperal sepsis | Temp > 37.6, maternal tachycardia | 3 |
| 7007 | Pyrexia of unknown origin | With rigors or shock | 2 |
| 7008 | Secondary PPH | | 2 |
| | **SERVICES FOLLOWING BIRTH - BABY** | | |
| | ***General*** | | |

| CODE | CONDITION | DESCRIPTION | |
|---|---|---|---|
| 8001 | Abnormal neonatal examination | Minor abnormalities not specified elsewhere | 2 |
| 8002 | Foetal ultrasound abnormality | Any | 2 |
| 8003 | Malformations | Congenital anomalies that may require early treatment | 2 |
| | ***Cardiovascular*** | | |
| 8004 | | Heart murmur no symptoms | 2 |
| 8005 | | Heart murmur with symptoms | 3 |
| 8006 | | Persistent or recurrent cyanosis | 3 |
| | ***CNS*** | | |
| 8007 | | Microcephaly – head circumference (HC) < 3rd % | 2 |
| 8008 | | Convulsions or unresponsiveness | 3 |
| 8009 | | Irritability | 2 |
| 8010 | | Limpness, lethargy, hypotonia, | 2 |
| 8011 | | Severe depression (e.g. apgar 6 or less at 5 minutes with little improvement by 10 minutes) | 3 |
| 8012 | | Less severe depression than above<br>Required active resuscitation | 2 |
| | ***Growth and Feeding*** | | |
| 8013 | Feeding | Poor suck or feeding not related to gestation | 2 |
| 8014 | | Dehydration or > 10% weight loss since birth | 2 |
| 8015 | | Persistent vomiting without blood or bile | 2 |
| 8016 | Intra-uterine growth restriction | Birthweight < 5th % or asymmetric growth, | 2 |
| 8017 | Low birth weight | Birth weight 2000 - 2500g | 2 |
| 8018 | | Birth weight < 2000g | 3 |
| 8019 | Poor weight gain | Birth weight not regained by 14 days | 2 |
| 8020 | Postmaturity | With evidence of growth retardation | 2 |
| 8021 | Preterm | Gestation 35-36 weeks | 2 |
| 8022 | | Gestation < 35 weeks | 3 |
| | ***Gastrointestinal*** | | |
| 8023 | | Unable to pass a gastric tube in a mucousy baby | 3 |
| 8024 | | Abdominal distension or mass | 2 |
| 8025 | | Persistent or bile stained vomiting or fresh blood in stools | 3 |
| 8026 | | No passage of meconium by 24 to 36 hours | 2 |
| 8027 | | Inguinal hernia | 2 |
| | ***Genitourinary*** | | |
| 8028 | | Failure to pass urine in any 24 to 36 hour period | 2 |
| 8029 | | Hypospadias or foreskin abnormality | 2 |
| 8030 | | Undescended testes | 2 |
| | ***Haematology*** | | |
| 8031 | | Evidence of a bleeding tendency: haematemesis, melena, haematuria, purpura, generalised petechiae | 3 |
| 8032 | | Haemorrhage from cord or other site | 3 |
| 8033 | | Maternal isoimmunisation: rhesus or other antibodies. Refer prior to delivery | 3 |
| 8034 | | Maternal thrombocytopenia | 2 |
| | ***Infection*** | | |
| 8035 | Risk factor for sepsis - membrane rupture > 24 hours | Baby well, mother may have received perinatal antibiotics<br>Screening of baby recommended | 2 |
| 8036 | Maternal chorio-amnionitis: foetal tachycardia, maternal pyrexia, offensive liquor | Baby apparently well or unwell | 3 |
| 8037 | Temperature instability | Temp < 36.0 C or > 37.5 C confirmed within one hour following appropriate management | 2 |
| | ***Jaundice*** | | |
| 8038 | | Any in first 24 hours | 3 |
| 8039 | | Bilirubin > 250 micromol/l in first 48 hours | 2 |
| 8040 | | Bilirubin > 300 micromol/l at any time | 2 |
| 8041 | | Late jaundice: visible or > 150 micromol/l from 2 weeks in term infant and 3 weeks in preterm infant. | 2 |
| 8042 | | Significant jaundice in previous infant | 2 |
| | ***Maternal Factors*** | | |
| 8043 | Infant of a mother with a history of substance or alcohol abuse | E.g. methadone, marijuana, alcohol, codeine, valium | 2 |

| CODE | CONDITION | DESCRIPTION | |
|---|---|---|---|
| 8044 | Infant of diabetic mother | With any abnormal findings e.g. hypoglycaemia, poor feeding, macrosomic | 3 |
| 8045 | Infant of diabetic mother | Apparently normal infant | 2 |
| 8046 | Intrauterine infection | Toxoplasmosis, rubella, CMV, other. Referral before delivery often appropriate | 2 |
| 8047 | Maternal request | Anxiety regarding normality | 2 |
| 8048 | Maternal medication with risk to baby: | E.g. carbimazole, antipsychotics, antidepressants, anticonvulsants | 2 |
| 8049 | Maternal/family history with risk factors for baby | E.g. vesico-ureteric reflux, congenital heart disease, deafness, Graves disease, syphilis, severe handicap in parent, bipolar disease, schizophrenia, other psychiatric condition | 2 |
| 8050 | Miscellaneous | Previous neonatal death, SIDS, congenital abnormality | 2 |
| | ***Orthopaedics*** | | |
| 8051 | Hips | Unstable hips, breech delivery, family history of dislocated hips | 2 |
| 8052 | Feet | Talipes equinovarus or significant positional foot deformity | 2 |
| | ***Respiratory*** | | |
| 8053 | | Any cyanosis, persistent grunting, pallor | 2 |
| 8054 | | Apnoea | 3 |
| 8055 | | Tachypnoea with respiratory rate greater than 60/min and respiratory distress | 3 |
| 8056 | | Stridor, nasal obstruction, or respiratory symptoms not specified elsewhere | 2 |