WOMEN'S HEALTH AND PAEDIATRICS

MATERNITY UNIT

Indications for referral to Obstetric Antenatal Clinic

Standard Operating Procedure

Amendments			
Version	Date	Comments	Approved by
V1	April 2020	Implemented as part Covid response	Rapid ratification process
V2	June 2021	Guideline adopted as business as usual	Perinatal Guidelines group

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In consultation with: Perinatal Governance Guideline Group

Ratified by: Perinatal Governance Guideline Group

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Target audience: This document is to be used by midwives, sonographers and obstetricians.

Equality impact assessment: Perinatal Governance Guideline Group

Comments on this document to: Perinatal Governance Guideline Group

Contents

Abbreviations

OD – Daily
MW – Midwife
FBC – Full Blood Count
USS – Ultrasound Scan
LLETZ – Large Loop Excision of the Transformation Zone
SOP – Standard Operating Procedure

Indications for Obstetric Review - SOP

1.0 Introduction

The tables below outline the criteria to be used when referring a woman for an Obstetric review.

The information within this document is not exhaustive. If uncertainty exists about the need for review please seek further advice from your team leader, maternity matron or maternity bleep holder.

This document is to be used by midwives, sonographers and obstetricians.

2.0 How to refer

Non Urgent Referrals:

- To book appointments email: asp-tr.maternity.reception@nhs.net
- Women should be referred **at the earliest opportunity**.
- Maternity admin staff to book appointment and send letter confirming appointment and clearly stating if appointment is **face to face** or **telephone consultation.**
- **Women may opt to have their appointment face to face if they wish**

Urgent Obstetric Referrals:

Telephone Maternity Reception – 01932 722366

For complex women refer via BadgerNet as follows:

- Perinatal mental health (follow pathway) Asp-tr.pmh@nhs.net
- Antenatal Team Leader (see table NOT hypothyroid): Asp-tr.antenatalclinic@nhs.net
- Preterm birth risk (see table): Asp-tr.asphfertility@nhs.net.
- Screening abnormalities Asp-tr.anscreening@nhs.net
- Anaesthetic review Asp-tr.labour.wardreferrals@nhs.net
- Birth Reflections (wellbeing referral) Asp-tr.birthreflections@nhs.net
- Day Assessment Unit asp-tr.mdau@nhs.net
- Diabetes midwives asp-tr.diabetes.midwives@nhs.net

3.0 Process for Named Consultant

Women who fulfil the criteria for Consultant led care will have their 'named Consultant' clearly identified in the relevant field on BadgerNet. Women may be low risk at booking and develop a complication requiring referral to obstetric led care – these women will also have a named obstetric Consultant. Women who remain suitable for midwifery led care will be discharged with a clear plan from the Antenatal Clinic to their midwifery team.

4.0 Previous Obstetric History

Previous Obstetric History	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
Stillbirth		Booking MW	Within 2-3 weeks of booking and by 16 weeks	Yes*
Pre-eclampsia	If PET leading to delivery less than 34 weeks then refer to maternal medicine	Booking MW Commence 150mg OD Aspirin 12-36 weeks.	14-20 weeks	Yes
Previous Caesarean section		Booking MW	28-30 weeks	Yes
2 or more Caesarean sections		Booking MW	28-30 weeks	Yes
3rd-4th degree tear		Booking MW	14-20 weeks	Yes
Previous SGA baby <10th centile		Booking MW	14-20 weeks	Yes
Shoulder dystocia		Booking MW	32-36 weeks	Yes
Postpartum haemorrhage >1 litre	Ensure FBC / ferritin checked @28/40	Booking MW	32-36 weeks	Yes

Previous Obstetric History	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
Retained placenta on 2 occasions		Booking MW	32-36 weeks	Yes
Delivery complicated by HDU /ITU admission		Booking MW	14-20 weeks	Yes
Previous neonatal death		Booking MW	Within 2-3 weeks of booking and by 16 weeks	Yes
Previous neonatal GBS sepsis (not prev GBS positive)		Booking MW	14-20 weeks	Yes

5.0 Previous Gynaecological Complications

Previous Gynaecological Complications	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
Myomectomy or other uterine surgery (hysteroscopy or surgical management of miscarriage do NOT require a review)		Booking MW	14-20 weeks	Yes
Fibroids (>5cm or cervical / lower segment) – Small fibroids do NOT require a review.		Booking MW	32-36 weeks	Yes
Uterine malformation		Booking MW	14-20 weeks	Yes

Recurrent miscarriage WITH thrombophilia identified and on aspirin/LWMH		Booking MW	14-20 weeks	Yes

6.0 Preterm Birth Pathway

Preterm Birth Pathway	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
Previous treatment to cervix **(Abnormal smears, colposcopy or cervical biopsy do NOT need a review).** **Uterine anomaly**	LLETZ Cone biopsy Known uterine variant (unicornuate uterus, uterine didelphys) Ashermann's syndrome	Booking MW to highlight need for cervical length at anomaly scan within management plan on Badgernet.	Cervix< 20 mm same day review in DAU Cervix 20-25mm sonographer to refer to next preterm birth clinic via maternity reception	If cervix less than 25mm Needs review in person If 25mm or more no review needed
	Trachelectomy	MW to refer to Preterm Clinic via BadgerNet at booking (referral to be sent to DAU email)	14 weeks	No

Previous caesarean section at full dilation		Booking MW to highlight need for cervical length at anomaly scan within management plan on Badgernet.	Cervix< 20 mm same day review in DAU Cervix 20-25mm sonographer to email Preterm birth clinic via BadgerNet	If cervix less than 25mm Needs review in person If 25mm or more no review needed
Preterm birth (spontaneous onset) or SROM <34 weeks or miscarriage 14-24 weeks	Preterm birth team to review referrals	MW to refer to Preterm Clinic via BadgerNet at booking (referral to be sent to DAU email)	Individual plan for cervical lengths and infection screen	No
Previous cervical cerclage or current short cervix (<25mm)	Preterm birth team to review referrals	MW to refer to Preterm Clinic via BadgerNet at booking (referral to be sent to DAU email)	Individual plan for cervical lengths and infection screen	No

6.0 Other Risk Factors

Other Risk Factors	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
Multiple pregnancy	Refer to multiple births clinic	Booking MW or sonographer at 12 week scan	Within 1-2 weeks of booking or diagnosis	No
Maternal age 40yo at booking		Booking MW	28 -36 weeks	Yes
Low BMI <18 WITH eating disorders identified		MW to refer to perinatal mental health via BadgerNet	14-20 weeks	Yes - Perinatal Mental Health midwives to triage

Other Risk Factors	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
High BMI >35	If BMI >40 also need anaesthetic referral	Booking MW	14-20 weeks	Yes
Women declining blood products	Only women who would refuse lifesaving blood products (not those who would prefer to avoid but would accept)	Booking MW	14-20 weeks	No
Women with mental health disorder		Booking MW to refer to perinatal mental health via BadgerNet	14-20 weeks	Yes - Perinatal Mental Health midwives to triage
Women using illegal drugs or alcohol more than 5 units per week	Refer to Willows continuity team	MW to complete RSF as per guideline	Within 1-2 weeks of booking	No
Women requesting maternal Caesarean section - no medical reason		Community midwife Also Refer to Birth Reflections (telephone review)	14-20 weeks	Yes
Previous Anaesthetic complications or 1st degree relative serious anaesthetic complication	Obstetric Anaesthetic referral via Badgernet	Booking MW	20-32 weeks	Yes – individual plan to see if airway assessment needed in person

7.0 Referrals Arising During Pregnancy

Referrals arising during pregnancy	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review

Fetal abnormalities	Refer to screening team via Badgernet	Sonographer	Fetal medicine scan / clinic as per ultrasound guideline	No
Fetal growth concerns - small for gestational age	AC or EFW<10th centile	Sonographer Follow growth scan flowchart	Individual plan, check BP and urine	No
Large for gestational age (Ac or EFW>95th centile)	If <36 weeks – arrange GTT If>36 weeks, manage as GDM	Sonographer Follow growth scan flowchart	ANC at 36 weeks if GTT normal	Yes Offer IOL 38-39 weeks
Atypical antibodies	Refer to screening team when diagnosed	Community midwife	From diagnosis	Individual plan by screening team and Consultant
Low placenta after 36 weeks (no previous uterine surgery)	If placenta more than 20mm from the os discharge and continue care pathway	If placenta less than 20mm from os - Sonographer to refer via BadgerNet to AN Team Leader	ANC within 1 week of scan at 36 weeks	No
Abnormal fetal lie after 36 weeks (breech/transverse lie)	Confirm on scan first (community midwife to refer for scan on x2665)	Sonographer	After 36 weeks	Refer to DAU – same day review
Follow up after antenatal admission		Ward clerk to book appointment or Ward MW	Only if really needed	Yes
Gestational hypertension	Follow hypertension pathway	DAU MW to book ANC or refer via BadgerNet to AN Team Leader. Needs ongoing surveillance in DAU with Consultant ANC oversight	Within 1-2 weeks of diagnosis	No
Gestational Diabetes – new diagnosis	Follow diabetes guideline	Refer to Diabetes team via BadgerNet	Within 1-2 weeks of diagnosis	No
Genital Herpes		Booking MW	28-32 weeks	Yes

• Recurrent episodes secondary (primary managed acutely)				
Palpitations (where 24hr tape arranged, fu felt needed)	Arrange 24hr tape if needed Check FBC and TFT	Triage / Community Midwife	General ANC within 2-4 weeks to review result (only maternal medicine pathway if new arythmia identified)	Yes
Low Hb (<90) at 36 weeks	Manage as per anaemia in pregnancy guideline	Community midwife	General ANC within 1 week	No
Recurrent and ongoing RFM – no cause found on scan		Community midwife	General ANC within 1-2 weeks	No
Recurrent APH		Community midwife or ward team	General ANC within 1-2 weeks	No
Requesting 'Birth Outside Guidelines'	Refer to Consultant Midwife or ABC lead	Community Midwife	General ANC 28-34 weeks – Consultant review	Yes

8.0 Medical Risk Factors

Medical Risk Factors	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
Hypothyroidism	TFTs during each trimester Send at booking, 28 and 34 weeks	Booking MW	General ANC 14-20 weeks	Yes

Medical Risk Factors	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
Hyperthyroidism **Adrenal or Pituitary disorders**	Diabetic endocrine clinic	Booking MW refer via BadgerNet to Diabetic Team	14-20 weeks	Yes – individual plan
Pre-existing Diabetes • **Type 1 or 2**	Diabetic endocrine clinic	Booking MW refer via BadgerNet to Diabetic Team	Within 1-2 weeks of self-referral / booking	
Respiratory disease • **Asthma requiring hospital admission in last year or prior ITU admission** • **Cystic fibrosis** • **Pulmonary fibrosis**	Maternal medicine pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	14-20 weeks	Yes – individual plan
Hypertension • **On medication at booking or started prior to 20 weeks** • **Preeclampsia less than 34 weeks**	Maternal medicine pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	Within 2-3 weeks of booking and by 16 weeks	Yes – individual plan
Cardiac disease • **Not previous murmur and normal ECHO** • **Not prev palpitations with no ongoing cardiology input**	Maternal medicine pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	Within 2-3 weeks of booking and by 16 weeks	Yes
Gastro-intestinal • **Liver disease** • **Inflammatory bowel disease (Crohn's or Ulcerative colitis)** • **Not IBS**	Maternal medicine pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	14-20 weeks	Yes
Infection • **Hepatitis B and C** • **Other (CMV, toxoplasmosis etc)**	Screening team – follow Infectious	Booking MW refer via BadgerNet to screening team	From screening result 14-20 weeks	Yes

Medical Risk Factors	Details	Person Responsible for Referral	Obstetric Review Timing	Suitable for Telephone Review
	Diseases pathway			
• HIV diagnosis • Tuberculosis	Maternal medicine	Booking MW refer via BadgerNet	14-20 weeks	Yes – individual plan
Autoimmune disease • SLE, rheumatoid arthritis, scleroderma etc • NOT hypermobile joints, fibromyalgia or chronic fatigue / ME	Maternal medicine pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	Within 2-3 weeks of booking and by 16 weeks	Yes – individual plan
Haematological • Haemoglobinopathies (not traits) • ITP • Von Willebrands disease • Bleeding disorders	Maternal medicine pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	Within 2-3 weeks of booking and by 16 weeks	Yes – individual plan
Neurological • Epilepsy • Myasthenia gravis • Previous CVA • NOT migraines	Maternal medicine pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	Within 2-3 weeks of booking and by 16 weeks	Yes – individual plan
VTE: DVT or PE – not superficial thrombophlebitis • Personal history • FHx 1st degree relative	Follow VTE pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	Within 2-3 weeks of booking and by 16 weeks	Yes – ensure on LMWH as appropriate
Malignant disease	Maternal medicine pathway	Booking MW refer via BadgerNet to ANC Team Leader (referral to be sent to DAU email)	Within 2-3 weeks of booking and by 16 weeks	Yes

*If uncertainty exists about the need for review please email the antenatal clinic team leader and seek advice.

9.0 Patients Not Requiring Obstetric Referral

The following **DO NOT** need to be referred for obstetric review unless other risk factors identified, but may need a personalised care plan:

• Previous Postpartum haemorrhage 500-1000 mL
• Verbal history of fibroids not reported on the ultrasounds
• IVF pregnancy (even if on progesterone)
• Recurrent miscarriage unless thrombophilia identified and on aspirin/LWMH
• Past history of asthma not currently medicated *or* managed by GP and stable
• Gynaecological history of colposcopy, abnormal smear tests now normal, cervical biopsy
• Previous GBS positive but no neonatal sepsis or preterm birth
• Previous obstetric cholestasis – refer to DAU if symptoms develop
• PCOS or previous GDM – arrange GTT and follow pathway if abnormal
• Previous baby >4.5kg – arrange GTT, if normal midwifery led care
• Complex social vulnerability – refer to safeguarding team, individual case by case if obstetric input required
• Teenage pregnancy less than 19yo –Fetal growth surveillance pathway

Equality Impact Assessment Summary