

Monash Health Referral Guidelines

MATERNITY (OBSTETRICS)

EXCLUSIONS

Services not offered by Monash Health

- Anaesthetic reviews for pregnant women booked at other health services
- Fetal surveillance for pregnant women booked at other health services
- External cephalic version (ECV) for women booked at a health service where this can be performed

CONDITIONS

[Pregnancy booking](#)
[Previous severe adverse pregnancy outcome](#)
[Significant maternal / medical / surgical history](#)
[Breech presentation](#)

PERINATAL SERVICES

[Fetal Diagnostic](#)
[Maternal Fetal Medicine](#)
[Fetal Surveillance](#)
[External cephalic version clinic \(ECV\)](#)

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral**

EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency Department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of Unit

Dr John Regan (Monash Medical Centre)
Dr Mark Teoh (Fetal Diagnostic)
Dr Alice Robinson (Fetal Surveillance)
Dr Mark Tarrant (Casey and Dandenong)

Service Director:

A/Prof Ryan Hodges

Last updated:

04/12/2020

Monash Health Referral Guidelines

MATERNITY (OBSTETRICS)

REFERRAL

How to refer to Monash Health

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring practitioner details including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Reason for referral
Estimated due date (EDD)
Height / weight / BMI
Past medical history
Current medications and response to treatment
Functional status if relevant
Psychosocial history
Dietary status if relevant
Relevant family history
Pathology and Diagnostics as per guidelines



Maternity service referral form:

[Click here](#) to download the Maternity Booking referral form



Perinatal service referral forms:

[Click here](#) for Fetal Surveillance request form

[Click here](#) for the External Cephalic Version clinic request form

Note: [Fetal Diagnostic](#) do not have a specific form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals contact the On-Call Obstetric Registrar Monash Medical Centre via switchboard
P: 9594 6666

Transfer during pregnancy for ongoing tertiary level care

- Email : Maternity Bookings maternity.bookings@monashhealth.org
Subject line: 'Urgent tertiary referral'
- **P:** 9594 2457 Midwife Manager
Maternity Clinic

Maternity bookings- submit a fax referral

Maternity Booking Intake Service (MBIC):

- Fax: 9594 6298
- Email: maternity.bookings@monashhealth.org

General GP enquiries

All non-urgent clinical and administration shared care queries contact the:

Maternity Share Care Coordinator

- Email : [here](#)
- **P:** 0466 412885

Maternity Services GP Liaison Unit

- Email: [here](#)

Dr John Regan (Monash Medical Centre)
Dr Mark Teoh (Fetal Diagnostic)
Dr Alice Robinson (Fetal Surveillance)
Dr Mark Tarrant (Casey and Dandenong)

Service Director:
A/Prof Ryan Hodges

Last updated:
27/03/2020

CONFIRMED PREGNANCY

Initial GP work up

- Confirm pregnancy
- [Initial investigations in pregnancy - confirmation and referral](#)
- Do not wait for results of initial screening tests to refer your patient to Monash Health to book for ongoing pregnancy care and /or birth.
- First trimester screening for aneuploidy
 - First trimester combined screening
 - Non-invasive prenatal screening
- First trimester early anatomy scan (irrespective of aneuploidy screening)
- Second trimester morphology scan.

Discuss:

- Local maternity hospital locations
- Monash Health [options for care in pregnancy](#)
- Services available to support women with teenage pregnancy, multiple pregnancy, previous caesarean section, morbid obesity, diabetes, alcohol and drug abuse, refugees

Management options for GP

- Medicare ineligible women seeking maternity care see [here](#)
- For the list of Monash Health Specialist Obstetricians see [here](#)
- If the woman resides outside of the Monash Health community area please indicate the reason for requesting tertiary care on the referral (see: [Ensuring access to maternity care](#) Victorian Government)

Note: If the woman has already been receiving pregnancy care with another service, transfer of care must be initiated by their managing obstetric team.

WHEN TO REFER?

Urgent

- Initiate a referral for a hospital maternity booking at the first contact with a pregnant woman.
- It is recommended women commence pregnancy care by 10-12 weeks gestation in order to access tests that are most effective early in pregnancy^{1,2}. Late access to pregnancy care is associated with poorer outcomes.

Booking into the hospital early (<12 weeks) will enable:

- timely and equitable access to the woman's preferred care/r and place of birth
- coordination and linkages with other health care professionals for women with complex health or pregnancy needs.

References:

1. [Australian Pregnancy Care Clinical Guidelines 2018](#)
2. Victorian Government Perinatal Performance indicator

[BACK](#)

PERINATAL SERVICES

FETAL DIAGNOSTIC

WHEN TO REFER?

Initial GP work up

Complete a referral including:

- Patient contact details.
- Estimated due date (EDD)
- Previous pregnancy details, including miscarriages, terminations of pregnancy, known fetal anomalies.
- Family history of fetal anomalies
- Results of all previous scans and screening tests (e.g. NIPS, 1st or 2nd trimester aneuploidy screening, pre-eclampsia screening, serology).
- Blood group and antibodies screen.

Management options for GP

See panel on the right of this page for details as to when and how to refer to the Fetal Diagnostic Unit.

Urgent

- For diagnostic procedures in pregnancies identified as being 'at increased risk' following screening tests, and to detect fetal abnormalities.
- To assist in management of pregnancies in which there are known or suspected fetal abnormalities.
- Advice about fetal risk related to medication, chemical and radiation exposure.
- Advice and management regarding fetal complications following maternal infection.
- To arrange genetic counselling if required.
- For intrauterine fetal treatments.
- Complicated monochorionic twin pregnancies.
- FDU referrals are triaged regularly and prioritised according to individual need.
- The woman will be contacted within 24 hours to confirm receipt of the referral.

Fetal Diagnostic Level 5 Monash Medical Centre.

- T : 95942343
- F: 95946226

[BACK](#)

PERINATAL SERVICES (cont'd)

MATERNAL FETAL MEDICINE (MFM)

WHEN TO REFER?

Initial GP work up

- As early as possible, refer directly on a [Maternity booking referral form](#) marked 'to the attention of the MFM midwives.
- Initial visit to confirm pregnancy procedure [here](#)
- Estimate due date (EDD) preferably by early ultrasound
- Pathology reports – recommended pregnancy screening
- Letters from other specialists (e.g. Cardiologist or Infectious Diseases)
- Contact details in-hours /mobile phone numbers.

Urgent

- Presentation: medical or surgical maternal conditions that is likely to have a significant adverse impact on the pregnancy and its outcome for example: HIV positive, transplant patients, paraplegia/quadriplegia, cystic and pulmonary fibrosis, pulmonary embolism, rare syndromes
- Multiple pregnancies – triplets or greater

Management options for GP

- Maternal Fetal Medicine (MFM) Amber Team inclusion criteria [here](#)

[BACK](#)

PRE-PREGNANCY COUNSELLING – MATERNAL FETAL MEDICINE

WHEN TO REFER?

Initial GP work up

- Letters from relevant specialists regarding current medical or surgical conditions.
- Previous discharge summary or letter.
- Relevant pathology or imaging.

Urgent

- Women with a medical or surgical condition that is likely to have an adverse impact on a pregnancy.
- Women who have had a serious adverse pregnancy outcome e.g. stillbirth, severe early onset preeclampsia.

Pre-pregnancy counselling - refer direct to:

Maternal Fetal Medicine

- T: 9594 5276 OR
- F: 9594 6272 OR
- E : [here](#)

Management options for GP

- N/A

[BACK](#)

PERINATAL SERVICES (cont'd)

FETAL SURVEILLANCE

This service is only for women currently booked for pregnancy care at Monash Health

Initial GP work up:

- Explain the indication for fetal monitoring and what this involves

Management options for GP

See page 2 of **Perinatal Service Fetal Surveillance Request form** for guidance on requesting investigations in Perinatal Services - [here](#)

WHEN TO REFER?

Urgent

Pregnancy complications e.g.

- decreased movements
- hypertension
- post- term fetal surveillance
- other complications

See: clinical guidelines - [here](#)

Fetal Surveillance - Clayton

Monash Medical Centre, Level 5

- T: 9594 5240
- F: 9594 6272

For women booked at Monash Health ONLY, as per clinical guidelines.

- Provide the woman with a completed Perinatal Services Fetal Surveillance request form – [here](#)

Fetal Surveillance - Dandenong

Monash Women's Clinic, 135 David Street

- T: 97927610

For women booked at Dandenong Hospital ONLY

Inclusion criteria restricted to planned fetal surveillance (e.g. prolonged pregnancy or diabetes in pregnancy)

- Provide the woman with a completed Perinatal Service Fetal Surveillance Request form – [here](#)

[BACK](#)

EXTERNAL CEPHALIC VERSION (ECV) CLINIC

This service is only for women currently booked at **Monash Health** or at a health service that does not perform this service

Initial GP work up:

Complete referral including all mandatory patient and clinical information as well as:

- Blood group
- Allergies

ECV request form – [here](#)

ECV clinical guidelines – [here](#)

Urgent

- Uncomplicated breech presentation from 37 weeks gestation.
- In nulliparous women, on ECV may be offered from 36+0 weeks of gestation.

As per [clinical guidelines](#), refer using [ECV request form](#):

Fetal Surveillance - Clayton

Monash Medical Centre, Level 5

- T: 9594 5240
- F: 9594 6272

[BACK](#)

PERINATAL SERVICES (cont'd)

First Trimester Anatomy and Nuchal Translucency Ultrasound

This service is only for women who are currently booked or who are planning to book for pregnancy care at Monash Health

Initial GP work up

Complete referral including all mandatory patient and clinical information as well as outcome of counselling regarding formal aneuploidy screening options:

- NIPT
- Combined Screening

If Combined Screening is chosen, the blood request form should be provided to the patient.

First Trimester Anatomy and Nuchal Translucency Ultrasound request form – [here](#)

Clinical guideline for aneuploidy and screening for high risk pregnancy – [here](#)

Urgent

- Singletons 11+3 – 13+6 weeks of gestation.
- Twins 11+2 – 13+6 weeks of gestation.

Fetal Surveillance - Clayton

Monash Medical Centre, Level 5

- T: 9594 5240
- F: 9594 6272

[BACK](#)