

# 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:

20.09.2021

# 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:

Maternity referrals can now be completed. [Click here](#) for more information. via **eReferrals**  
[Or](#) download the Maternity Booking referral form [here](#)



##### 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](mailto:maternity.bookings@monashhealth.org)  
Subject line: 'Urgent tertiary referral'
- **P:** 9594 2457 Midwife Manager  
Maternity Clinic

#### Maternity bookings- submit an eReferral or fax referral

Maternity Booking Intake Service (MBIC):

- [HealthLink GP eReferral](#)

or

- Fax: 9594 6298

Email: [maternity.bookings@monashhealth.org](mailto: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:**  
13.01/2021

## 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<sup>1,2</sup>. 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/quadruplegia, 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 5645 OR
- E : [MFM@monashhealth.org](mailto:MFM@monashhealth.org)

#### 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 5275
- 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 52475
- 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 46221
- E: [PCC@monashhealth.org](mailto:PCC@monashhealth.org)

[BACK](#)