Non-urgent referral for antenatal care
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Queensland Maternity and Neonatal Clinical Guidelines Program

Health professionals in Queensland public and private maternity services

Statewide Maternity and Neonatal Clinical Network

Queensland Maternity and Neonatal Clinical Guidelines Program

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Endorsed by:

Statewide Maternity and Neonatal Clinical Network

QH Patient Safety and Quality Executive Committee

Queensland Maternity and Neonatal Clinical Guidelines Program

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Clinical care carried out in accordance with this document should be provided within the context of locally available resources and expertise.

This document does not address all elements of standard practice and assumes that individual clinicians are responsible to:

- Discuss care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes the use of interpreter services where necessary
- Advise consumers of their choice and ensure informed consent is obtained
- Provide care within scope of practice, meet all legislative requirements and maintain standards of professional conduct
- Apply standard precautions and additional precautions as necessary, when delivering care
- Document all care in accordance with mandatory and local requirements

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Flow Chart: Non-urgent assessment and referral for antenatal care

Pregnant woman presents to Primary Maternity Carer

**Assessment**
- Commence Pregnancy Health Record (including antenatal psychosocial screening tools)
- Discuss maternity care options and preferences with the woman
- Consider clinical service capabilities of the preferred facility
- Individualise risks and benefits utilising screening tools
- Document discussion and agreed care plan

Risks / concerns identified?

- Yes
  - Arrange local multidisciplinary discussion
- No
  - Antenatal, birthing and postnatal care at local facility

Antenatal, birthing and postnatal care at local facility

- Yes
  - Local services can provide appropriate care?
- No
  - Ongoing assessment during pregnancy using relevant consultation and referral guidelines (e.g. ACM or RANZCOG)

Ongoing assessment during pregnancy using relevant consultation and referral guidelines (e.g. ACM or RANZCOG)

- Yes
  - Refer to higher level facility for consultation or transfer of care
- No
  - Discuss referral with woman and her family
  - Contact receiving facility to inform and confirm contact details and acceptance of referral
  - Provide all relevant documents
  - Patient Travel Subsidy Scheme (PTSS) if applicable

N.B. All women and their families should be offered referral to relevant support services (e.g. Aboriginal and Torres Strait Islander Liaison Officer, Multiple Birth Association, Disability Services, Refugee Health, Young Parents Program)

+ Patient completes Form A and referring PNC completes Form B

Queensland Maternity and Neonatal Clinical Guidelines MN11.28/V2.16: Non-urgent referral for antenatal care
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACM</td>
<td>Australian College of Midwives</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>PHR</td>
<td>Pregnancy Health Record</td>
</tr>
<tr>
<td>PMC</td>
<td>Primary Maternity Carer</td>
</tr>
<tr>
<td>PTSS</td>
<td>Patient Travel Subsidy Scheme</td>
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<tr>
<td>RANZCOG</td>
<td>Royal Australian and New Zealand College of Obstetricians and Gynaecologists</td>
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## Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Clinician</td>
<td>A health care professional working in a clinical role. Can be medical, midwifery, nursing or allied health.</td>
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<tr>
<td>Consultation</td>
<td>A discussion between clinicians or a clinician and the woman for the purpose of providing clinical care. Consultation can occur by secure email, telephone, videoconference or face to face.</td>
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<tr>
<td>Primary Maternity Carer</td>
<td>The health care professional, chosen by the woman, who provides and coordinates the majority of the woman’s maternity care.</td>
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<tr>
<td>Referral</td>
<td>Communication, preferably in writing from the health care professional making the referral:</td>
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<tr>
<td></td>
<td>- for consultation (e.g. request for an opinion or specialised service where responsibility for the maternity care remains with the PMC)</td>
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<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>- for transfer of care (e.g. responsibility for maternity care is transferred from the PMC to an obstetrician. The PMC may continue to provide care within their scope of practice, in collaboration with the obstetrician)</td>
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<tr>
<td></td>
<td>Referrals should be accompanied by relevant personal and clinical information to enable an informed consultation or safe and timely transfer of care.</td>
</tr>
<tr>
<td>Specialist</td>
<td>Expert clinician working in a specific area, (e.g. maternal fetal medicine specialist, obstetrician, neonatologist, diabetes nurse, geneticist, genetic counsellor).</td>
</tr>
<tr>
<td>Transfer of care</td>
<td>The transfer of professional responsibility and accountability for some or all aspects of care for a woman to another person or professional group on a temporary or permanent basis.¹</td>
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1 Introduction

This operational framework complements existing consultation and referral guidelines\textsuperscript{2,3} by describing the process required to facilitate effective communication and continuity of collaborative care. It aims to provide a standardised approach to the clinical coordination of non-urgent antenatal referral for consultation and/or transfer of care to a higher level facility.

The framework and associated tools are relevant to:

- All health care professionals involved in antenatal care, whether they are a general practitioner (GP), public health clinician, Queensland Health midwife or private practice midwife referring to a specialist for a consultation, a specialist referring to sub-specialist or tertiary specialist, or a Primary Maternity Carer (PMC) referring to a higher level facility for other services (e.g. anaesthetics/Intensive Care Unit)
- Maternity facilities referring to a higher level facility for antenatal, postnatal or birthing services
- Areas where women receive antenatal and postnatal care in the local community but may not birth locally

To assist in improving the reciprocal communication process an antenatal referral for consultation or transfer of care should be considered a form of ‘clinical handover’. There are a number of tools recognised nationally\textsuperscript{1,4} and internationally\textsuperscript{5} for clinical handover but none are entirely suitable for consultation or transfer in the antenatal period.

In many situations a standard referral letter is provided in order to share care with a GP or other hospital, however, some services rely on a telephone call between consultants. This can lead to inadequate or inaccurate information being provided. Receiving conflicting information from health care professionals can lead to distrust, increased distress and a sense of lack of control for the woman and her family. This can potentially result in poor uptake of care.

2 Documentation

The Pregnancy Health Record (PHR) is the current Queensland Health endorsed document for effective information sharing between service providers, including GPs. It is an evidenced based tool designed to empower the woman to be involved in and informed of her antenatal care with all providers she accesses.

Private practice midwives may also use Queensland Health Midwifery Notes to document care from early pregnancy to six weeks postpartum. The Midwifery Notes feature a triplicate process, so a copy can be provided to the woman, the hospital, and the original maintained by the midwife.

These documents and the Queensland Health Maternity Shared Care Operational Framework complement this Framework and the associated referral form and check list.
3 Assessment
When a woman first presents to a health care professional seeking maternity care, a discussion regarding her pregnancy and birthing care options should occur.

3.1 Initial assessment
At the initial consultation with the PMC screening tools should be utilised to assist in determining the most suitable maternity service and/or model of care for the woman during pregnancy and birth [refer to section 3.2].

3.2 Ongoing assessment
Ongoing health assessment of the woman will ensure she is cared for by the right maternity personnel, at the right time in the right level of service. If concerns are identified the PMC should discuss with the woman:
- Any risk factors that have been identified
- The possible effect the risk may have on the pregnancy, labour, birth or postnatal care (or the baby) and
- The need for further consultation or referral as required

A number of tools are available that may assist with ongoing assessment and management including, but not limited to:
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Guideline: Suitability Criteria for Models of Care and Indications for Referral within & between Models of Care (2009)
- The State of Queensland (Queensland Health) and the Royal Flying Doctor Service (Queensland Section), Primary Clinical Care Manual. 7th edition (2011). Cairns
- Edinburgh Postnatal Depression Scale
- Psychosocial screening tool - including domestic violence (e.g. Safe Start)
- Tobacco Screening Tool
- Alcohol and Drug Screening Tool
4 Multidisciplinary discussion

Multidisciplinary discussion occurs when:
- Concerns are identified that may require contribution from a specialist and/or
- Coordination of the care of a woman with complex needs is required

Health care professional and service provider involvement will depend on the concerns identified and may include:
- Midwives
- GPs
- Obstetricians
- Physicians
- Anaesthetists
- Allied health practitioners
- Other relevant care providers

Consideration should be given to:
- The health care professionals involved in the woman’s care working collaboratively in a team approach
- Including the woman and her family in the discussions
- Case management meetings as the preferred mechanism
  - If face-to-face meetings are not feasible video or teleconferencing should be considered to enable comprehensive discussion
- The inclusion of specialists in the discussion, although this does not infer transfer of care to that specialist

Any multidisciplinary discussion should:
- Have a designated coordinator, usually the PMC or a health care professional associated with the PMC
- Include documentation in the medical record and PHR of the reason for the consultation, responsibilities, actions and outcomes and with the woman’s consent, copies provided to all health care professionals involved in the woman’s maternity care

Outcomes of the discussion may include:
- Continuation of the woman’s care locally by the PMC with ongoing consultation when required
- Continuation of the woman’s care locally by the PMC with specialist monitoring and advice on a needs basis
- Recommendation for transfer of care to a specialist or service with a higher clinical capability or to a locale where appropriate support services are available for the woman
5 Referral for consultation

Referral for consultation may occur:
- Due to the need for resources beyond the facility’s service capability
- At the woman’s request

Reasons for referral for consultation may include, but are not limited to:
- The need for tertiary level ultrasound or second opinion
- Prenatal screening or invasive testing not available locally
- Management of maternal health issues such as gestational diabetes/morbid obesity, complex medical conditions (e.g. cardiac disease)
- Social support [refer to section 8]
- Consultation with neonatal or paediatric services about care of a neonate expected to be at high risk

The aim of the consultation is to obtain clinical advice regarding care/treatment to support informed decision making regarding the most suitable services required for the care of the woman and her baby.

The specialist should discuss the outcome and actions arising from the consultation with the woman and the PMC. The discussion should include:
- Agreeing responsibility for ongoing care
- Decisions based on the clinical situation, local service capabilities, and the choice and social situation of the woman

The options may include:
- The PMC maintaining overall responsibility for maternity care within the professional scope of practice and collaborating with the specialist regarding specific areas of the woman’s care
- Transfer of care to the specialist (secondary care), with continuing communication to the PMC

6 Referral for transfer of care

A referral for transfer of care may be requested if:
- The PMC identifies a concern that requires ongoing specialist care or a higher level of clinical service
- The woman chooses to transfer to another facility for antenatal care or birth. This would occur most commonly when the woman relocates

Management and coordination of the woman’s maternity care will become the responsibility of the specialist or designated health care professional at the receiving facility.
### Table 1. Responsibilities of health care professionals

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<thead>
<tr>
<th>Health care professional</th>
<th>Responsibilities</th>
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| Primary Maternity Carer  | • Discuss the recommendation for the referral with the woman and her family  
                          | • Discuss with the woman support, transport and accommodation requirements to attend the appointments. Refer to the Patient Travel Subsidy Scheme (PTSS) and complete Form B if required  
                          | • Identify a named contact (person or position) at the receiving facility to assist with tracking of the referral and improved coordination and continuation of care  
                          | • Coordinate the referral and communicate clearly in writing to the specialist:  
                          | o The reason for the referral and any expectations the PMC or the woman have from the consultation  
                          | o Relevant background information  
                          | o The contact details of other service providers who require copies of correspondence and any test results  
                          | • With the woman’s consent, forward all relevant documentation to the receiving health care professional or facility  
                          | • Document care in the PHR |
| Specialist/facility      | • Communicate in writing the outcome of the consultation to the PMC and the woman  
                          | • Advise the PMC of the proposed care plan and pathway (e.g. if it is recommended that care will be transferred to secondary care or remain with the PMC)  
                          | • Provide copies of the communication to other health care professionals involved in the woman’s care  
                          | • Document care in the PHR  
                          | • If care has been transferred: After the woman has given birth, provide a copy of the discharge summary/referral to the PMC, the GP if not the PMC and with the woman’s consent, to others who provided antenatal care or who may provide postnatal care (e.g. community child health or GP)  
                          | o This advice should be provided within 5 days of birth to enable prompt and appropriate follow up |
8 Psychosocial factors

Psychosocial factors can influence the health and wellbeing of the woman, her family and social network and should be discussed with the woman and her family.

When making a referral, consideration should be given to:
- The availability of transport, accommodation, and social supports for the woman if she is referred to a facility many kilometres away from where she lives
- The impact on the woman’s family, including other children in her care
- The woman’s ability to attend appointments, including the financial implications
- Cultural safety (e.g. female health care providers if appropriate)

Strategies to assist the woman to access appropriate care can include:
- Teleconferencing or telehealth clinics
- Referral to or provision of relevant support services and networks (e.g. social worker, Australian Multiple Birth Association, interpreters, liaison officers for Aboriginal and Torres Strait Islander women and women from culturally and linguistically diverse backgrounds)
- Access to the PTSS if appropriate

9 Informed decision making

The PMC and the birthing facility staff are responsible for involving the woman in all decisions about her care and ensuring all recommendations and options for care are offered in a manner that enables her to make informed decisions. These discussions should include objective information about the benefits, risks, alternatives and potential outcomes of all options, including if the woman chooses to “await events” at a particular point in time.

A woman has the right to decline any or all recommended visits, screening tests, investigations, interventions or advice. If a woman chooses a course of action that is outside the clinical advice, scope of practice or organisational policy of the PMC:
- The woman’s right to autonomy is upheld at all time and she is treated respectfully irrespective of her choices
- The woman’s choice should not impact on the quality of care offered to her within the capabilities of the service/health care professional
- This needs to be documented as the woman’s choice
- Clear and detailed records of all conversations should be made in the health record
- Facilities are advised to conduct an individual risk assessment and formulate a management plan in consultation with the woman
- Professional organisations can provide guidance to care providers to ensure the woman still receives adequate care
References


### Appendix A: Relevant documents

The documents listed below can be used in conjunction with this Framework:

<table>
<thead>
<tr>
<th>Document/Tool</th>
<th>Availability</th>
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<tr>
<td>Pregnancy Health Record (Form number SW071)</td>
<td>Please contact the local Queensland Health birthing facility for ordering details</td>
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<tr>
<td>Maternity Booking In Referral</td>
<td>Queensland Health Pregnancy Health Record</td>
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Acknowledgements
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