Supplement: Non-urgent referral for antenatal care
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1 Introduction
This document is a supplement to the Maternity and Neonatal Clinical Guideline Non-Urgent Referral for Antenatal Care. It provides supplementary information regarding guideline development, makes summary recommendations, suggests measures to assist implementation and quality activities and summarises changes (if any) to the guideline since original publication. Refer to the guideline for abbreviations, acronyms, flow charts and acknowledgements.

1.1 Funding
The development of this guideline was funded by Queensland Health. The GP and consumer participants of the working group were paid for their contributions. All other working party members participated on a voluntary basis.

1.2 Conflict of interest
No conflict of interest was identified

1.3 Guideline review
The Maternity and Neonatal Clinical Guidelines are reviewed every 5 years or earlier if significant new evidence emerges. Table 1 provides a summary of changes made to the guidelines since original publication.

<table>
<thead>
<tr>
<th>Publication date</th>
<th>Identifier</th>
<th>Summary of major change</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2011</td>
<td>MN11.28-V1-R16</td>
<td>First publication</td>
</tr>
<tr>
<td>August 2012</td>
<td>MN11.28-V2-R16</td>
<td>Deleted: Appendix A: Obstetric risk score tool. Deleted: Appendix B: Antenatal referral and checklist form Updated: Section 3.2 with additional screening tools Updated: References</td>
</tr>
</tbody>
</table>

2 Methodology
The Maternity and Neonatal Clinical Guideline Program (the Program) follows a rigorous process of guideline development. This process was endorsed by the Queensland Health Patient Safety and Quality Executive Committee in December 2009. The guidelines are best described as "evidence informed consensus guidelines" and draw from the evidence base of existing national and international guidelines and the expert opinion of the working party.

2.1 Topic identification

2.2 Scope
The scope of the guideline was determined using the PICO Framework (Population, Intervention, Comparison, Outcome) as outlined in Table 2.

<table>
<thead>
<tr>
<th>PICO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Pregnant women who need a referral to a higher level service</td>
</tr>
<tr>
<td>Intervention</td>
<td>Standardised assessment and referral pathways for pregnant women</td>
</tr>
<tr>
<td>Comparison</td>
<td>Women without standardised maternity care</td>
</tr>
<tr>
<td>Outcome</td>
<td>Better coordination of care and improved communication between care providers.</td>
</tr>
</tbody>
</table>
2.3 Questions
The following questions were generated to inform the guideline scope and purpose:
- How is the need for consultation/referral identified?
- What are the mechanisms for consultation/referral?
- What is the process for communication?
- What are the psychosocial factors to consider?

2.4 Exclusions
- The guidelines are confined to non–urgent referral and transfer of care for pregnant women and will not replace existing protocols for emergency transfer and retrieval.
- Emergency retrieval and transport of obstetric, neonatal and paediatric patients in Queensland and Northern New South Wales are dealt with by Retrieval Services Queensland (RSQ) Guidelines for the Transfer of Pregnant Women.
- This guideline does not cover back transfer to referring facility.

2.5 Search strategy
A search of the literature was conducted during June 2010 using multiple techniques including search and review of:
- Known guideline sites (e.g. Royal Australian and New Zealand College of Obstetricians and Gynaecologists, National Guideline Clearing House, Royal College of Obstetrician and Gynaecologists, Society of Obstetricians and Gynaecologists of Canada, American Academy of Pediatrics)
- Synthesised evidence (e.g. UpToDate, Cochrane reviews)
- Summaries of relevant literature (e.g. identified using Cinahl, PubMed)
- Individual case reports, studies and trials identified in the literature
- Relevant reference lists

2.6 Consultation
Major consultative and development processes occurred between January 2010 and October 2010. These are outlined in Table 3.

Table 3. Major guideline development processes

<table>
<thead>
<tr>
<th>Process</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical lead</td>
<td>• The nominated Clinical Lead was approved by the Maternity Unit, Primary, community and Extended Care Branch</td>
</tr>
<tr>
<td>Consumer participation</td>
<td>• Consumer participation was invited from a range of consumer focused organisations</td>
</tr>
<tr>
<td>Working party</td>
<td>• An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders (~1000) in December 2009</td>
</tr>
<tr>
<td></td>
<td>• The working party was recruited from responses received</td>
</tr>
<tr>
<td></td>
<td>• Working party members who participated in the working party consultation processes are acknowledged in the guideline</td>
</tr>
<tr>
<td></td>
<td>• Working party consultation occurred in face-to-face meetings once a month from January to July 2010 and then by email.</td>
</tr>
<tr>
<td>Statewide consultation</td>
<td>• Consultation was invited from Queensland clinicians and stakeholders (~1000) during October 2010</td>
</tr>
<tr>
<td></td>
<td>• Feedback was received primarily via email</td>
</tr>
<tr>
<td></td>
<td>• All feedback was compiled and provided to the clinical lead and working party members for review and comment</td>
</tr>
</tbody>
</table>
2.7 Endorsement
The guideline was endorsed by:
- Queensland Maternity and Neonatal Clinical Guidelines Program Steering Committee in April 2011
- Statewide Maternity and Neonatal Clinical Network in July 2011
- Queensland Health Patient Safety and Quality Executive Committee in September 2011

2.8 Publication
The guideline and guideline supplement were published on the Program website in September 2011.

The guideline can be cited as:

The guideline supplement can be cited as:

3 Levels of evidence
The recommendations outlined in Table 4 are the consensus opinion of the working party.

3.1 Summary recommendations
Summary recommendations and levels of evidence are outlined in Table 5.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Grading of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Consider the clinical service capabilities of the facility in determining care provision for pregnant women</td>
<td>Consensus</td>
</tr>
<tr>
<td>2 A multidisciplinary team approach is recommended for the care of pregnant women</td>
<td>Consensus</td>
</tr>
<tr>
<td>3 Reasons for referral should be discussed with the woman and any possible issues with transport discussed</td>
<td>Consensus</td>
</tr>
<tr>
<td>4 Written referrals should accompany all women referred for consultation or transfer of on-going care during pregnancy.</td>
<td>Consensus</td>
</tr>
<tr>
<td>5 Facilities referred to should ensure written communication is provided back to the referring Primary Maternity Carer</td>
<td>Consensus</td>
</tr>
</tbody>
</table>
4 Implementation
This guideline is applicable to all Queensland public and private maternity facilities. It can be downloaded in Portable Document Format (PDF) from www.health.qld.gov.au/qcg

4.1 Guideline resources
The following guideline components are provided on the website as separate resources:
- Flowchart: Non-urgent assessment and referral for antenatal care

4.2 Implementation measures
Suggested activities to assist implementation of the guideline are outlined below.

4.2.1 Program measures
- Notify Chief Executive Officer and relevant stakeholders
- Monitor emerging new evidence to ensure guideline reflects contemporaneous practice
- Capture user feedback
- Record and manage change requests
- Review guideline in 2016

4.2.2 District Health Service measures
- Table the guideline at the local Patient Safety and Quality Committee meeting
- Replace all other guidelines on this topic with the current version of this guideline
- Promote the introduction of the guideline to relevant health care professionals (e.g. at staff forums, clinical handovers, incorporate into orientation packages)

4.3 Quality measures
The following quality measures are suggested:
- Proportion of QH facilities using the guideline