Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Operational Framework**

Non-urgent referral for antenatal care

Queensland Government

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Disclaimer

This operational framework is intended as a guide and provided for information purposes only. The information has been prepared using a multidisciplinary approach with reference to the best information and evidence available at the time of preparation. No assurance is given that the information is entirely complete, current, or accurate in every respect.

The operational framework is not a substitute for clinical judgement, knowledge and expertise, or medical advice. Variation from the operational framework, taking into account individual circumstances, may be appropriate.

This operational framework does not address all elements of standard practice and accepts that individual clinicians are responsible for:

- Providing care within the context of locally available resources, expertise, and scope of practice
- Supporting consumer rights and informed decision making in partnership with healthcare practitioners, including the right to decline intervention or ongoing management
- Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion. This includes the use of interpreter services where necessary
- Ensuring informed consent is obtained prior to delivering care
- Meeting all legislative requirements and professional standards
- Applying standard precautions, and additional precautions as necessary, when delivering care
- Documenting all care in accordance with mandatory and local requirements

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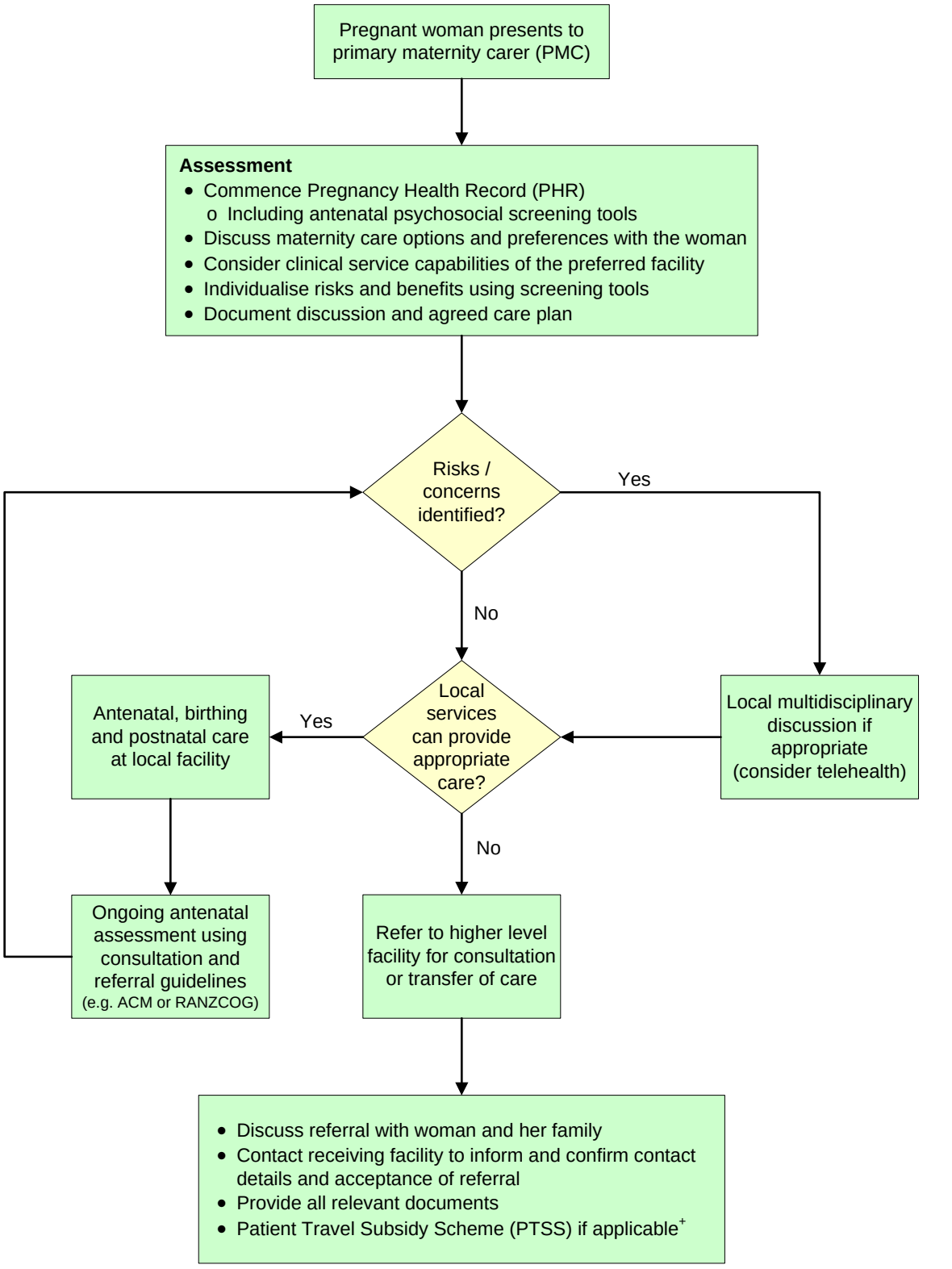
Flow Chart Non-urgent antenatal transfer



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

Queensland Clinical Guideline: MN16.28-V3-R21 Non-urgent referral for antenatal care

ACM: Australian College of Midwives
PHR: pregnancy health record
PMC: primary maternity carer
PTSS: Patient Travel Subsidy Scheme
RANZCOG: Royal Australian College of Obstetricians & Gynaecologists

Abbreviations

GP	General Practitioner
PHR	Pregnancy Health Record
PMC	Primary Maternity Carer
PTSS	Patient Travel Subsidy Scheme

Definition

Clinician	A health care professional working in a clinical role. Can be medical, midwifery, nursing or allied health.
Consultation	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.
Primary Maternity Carer	The health care professional, chosen by the woman, who provides and coordinates the majority of the woman's maternity care.
Referral	Communication, preferably in writing from the health care professional making the referral: for consultation (e.g. request for an opinion or specialised service where responsibility for the maternity care remains with the PMC) or 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) Referrals should be accompanied by relevant personal and clinical information to enable an informed consultation or safe and timely transfer of care.
Specialist	Expert clinician working in a specific area,(e.g. maternal fetal medicine specialist, obstetrician, neonatologist, diabetes nurse, geneticist, genetic counsellor).
Transfer of care	In this document: The transfer of professional responsibility and accountability for some or all aspects of a woman's antenatal care to another person or professional group on a temporary or permanent basis.[1]

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1 Introduction

Antenatal referral for consultation or transfer of care is a form of 'clinical handover'. There are a number of tools recognised nationally[1,2] and internationally[3] for clinical handover but none are entirely suitable for consultation or transfer in the antenatal period. Inconsistent, inadequate or inaccurate exchange of information between health care professionals is not only clinically unsafe, but can also lead to distrust, increased distress and a sense of lack of control for the woman and her family.

1.1 Purpose

This operational framework complements existing consultation and referral guidelines[4,5] 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 is relevant to:

- All health care professionals involved in antenatal care (private and public) who refer care to another clinician or service including:
  - Clinician referring to a specialist for a consultation
  - Specialist referring to sub-specialist or tertiary specialist
  - 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

1.2 Documentation

The pregnancy health record (PHR) is the recommended mechanism for facilitating information exchange between service providers.

- The PHR is the substantive record of the woman's pregnancy
- Refer to Queensland *Maternity shared care operational framework*[6]

2 Assessment

The primary maternity carer is the health care professional, chosen by the woman, who provides and coordinates the majority of the woman's maternity care.

Table 1. Assessment

Aspect	Considerations
Initial assessment	• At the first opportunity, discuss with the woman her options for pregnancy and birth • Use screening tools to aid identification of risk factors that impact on the woman's choice of maternity service or model of care o Refer to the PHR o Refer to Queensland clinical guidelines o Refer to Appendix A: Relevant documents
Ongoing assessment	• Conduct ongoing health assessments to facilitate optimal care at the appropriate level of service throughout pregnancy and after birth[7]
If concerns identified	• Discuss identified risk factors and concerns with the woman, including: o The possible effect the risk may have on her pregnancy, labour, birth or postnatal care (or baby) o The need for further consultation or referral as required

3 Approach to collaborative care

A collaborate team approach is required from all health care professionals involved in the woman's care. Collaborative care is facilitated when all partners respect and value each other's roles and expertise.

3.1 Telehealth

Where feasible and appropriate, use telehealth services (video or teleconferencing) to facilitate care provision and enable comprehensive discussion and planning.

3.2 Multidisciplinary discussion

A multidisciplinary discussion may be indicated if:

- Concerns are identified that may require contribution from a specialist
- Complex care coordination is required

Table 2. Multidisciplinary discussions

Aspect	Consideration
Health care participants	• Involvement of health care professionals and service providers depends on the concerns identified and may include (but is not limited to): o Midwives o GPs o Obstetricians o Physicians o Anaesthetists o Allied health practitioners • Specialists may be included in the discussion, but this does not infer transfer of care to that specialist
Case management	• Case management meetings are the preferred mechanism • If face-to-face meetings are not feasible, consider video or teleconferencing to enable comprehensive discussions • The PMC is usually the designated coordinator (or a health care professional associated with the PMC) • Where feasible and appropriate, include the woman and her family in the discussions • Document in the PHR o The reason for the consultation o Responsibilities, actions and outcomes of the meeting
Possible outcomes	• 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

3.3 Referral for consultation

Table 3. Referral for consultation

Aspect	Considerations
Indications	• May include but are not limited to: o At the woman's request o If resources beyond the facility's service capability are required o To obtain clinical advice regarding care/treatment o Inform decision-making about the most suitable services for the care of the woman and her baby o The need for tertiary level ultrasound or second opinion o Prenatal screening or invasive testing not available locally o Management of maternal health issues such as gestational diabetes/morbid obesity, complex medical conditions (e.g. cardiac disease) o Complex social support requirements [refer to section 4 Psychosocial considerations] o Consultation with neonatal or paediatric services about the care of a baby expected to be at high risk following birth
Consultation	• The specialist advises on clinical care and treatment as indicated • The specialist, PMC and woman discuss the outcome and actions arising from the consultation • Responsibility for ongoing care is agreed • Decisions include consideration of the: o Woman's clinical circumstances o Local service capabilities o Choice and social situation of the woman
Possible outcomes	• The PMC maintains overall responsibility for maternity care within the professional scope of practice and collaborates 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

3.4 Referral for transfer of care

A referral for transfer of care may be indicated 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

Management and coordination of the woman's maternity care then becomes the responsibility of the specialist or designated health care professional at the receiving facility.

3.5 Communication responsibilities

Table 4. Responsibilities of health care professionals

Care provider	Responsibilities
PMC	• 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 o Refer to Appendix A: Relevant documents for details of the Queensland Health, Patient Travel Subsidy Scheme (PTSS) • Identify a named contact (person or position) at the receiving facility to assist with tracking of the referral and improve 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 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 or 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, provide a copy of the discharge summary/referral within five days of birth: o To the PMC, and the GP (if GP not the PMC) o With the woman's consent, to others who provided antenatal care or who may provide postnatal care (e.g. community child health or GP)

4 Psychosocial considerations

Psychosocial factors influence the health and wellbeing of the woman, her family and social network.

Table 5. Psychosocial considerations

Aspect	Considerations
If referral is required	• Consider: o The availability of transport, accommodation, and social supports for the woman if she is referred to a facility away from where she lives o The impact on the woman's family, including other children in her care o The woman's ability to attend appointments, including the financial implications o Cultural safety (e.g. female health care providers if appropriate) o Using teleconferencing or telehealth facilities o 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) o Access to the PTSS if appropriate [refer to Appendix A: Relevant documents
Informed decision making	• Offer recommendations and options for care in a manner that supports informed decision making • Provide information about the benefits, risks, alternatives and potential outcomes of all options for care, including the option to' wait and see'
When recommended care is declined	• A woman has the right to decline any or all recommended care (e.g. visits, screening tests, investigations, interventions, advice) • If the woman chooses a course of action that is outside the clinical advice, scope of practice or organisational policy of the PMC: o The woman's right to autonomy is upheld and she is treated respectfully irrespective of her choices o Document the woman's informed choice • Seek guidance from professional organisations about ensuring adequate care provision (if required)

References

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6. Queensland Clinical Guidelines. Maternity shared care: operational framework. 2016 [cited 2016, June 27]. Available from: www.health.qld.gov.au/qcg.
7. Queensland Health. Clinical services capability framework v3.2. 2014 [cited 2016, April 15]. Available from: https://www.health.qld.gov.au/system-governance/licences/private-health/cscf/default.asp

Appendix A: Relevant documents

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

Document/Tool	Availability
Queensland Health *Pregnancy Health Record (Form number SW071)*	Contact the local birthing facility for ordering details
Australian College of Midwives (ACM) *National midwifery guidelines for consultation & referral (3rd edition Issue 2, 2015)*	www.issuu.com/austcollegemidwives/docs/guidelines2013/1
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG): *Maternal suitability for models of care, and indications for referral within and between models of care* (2009) *Collaborative maternity care (2010)*	www.ranzcog.edu.au/college-statements-guidelines.html
Queensland Clinical Guidelines (QCG)	www.health.qld.gov.au/qcg
National Health and Medical Research Council (NHMRC). *National guidance on collaborative maternity care.* (2010)	www.nhmrc.gov.au/publications/synopses/cp124syn.htm
Australian Health Ministers' Advisory Council *Clinical Practice Guidelines: Antenatal Care* (2012)	www.health.gov.au/antenatal
Rural and Remote Clinical Support Unit (RRCSU) *Primary Clinical Care Manual 8th edition online*	www.health.qld.gov.au/rrcsu/
Queensland Health *Clinical Services Capabilities Framework v3.2*	www.health.qld.gov.au/system-governance/licences/private-health/cscf/default.asp
Queensland Health *Patient Travel Subsidy Scheme*	www.health.qld.gov.au/ptss/

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