

## 2011 SJGH/CMBC

### INDICATIONS FOR DISCUSSION, CONSULTATION AND TRANSFER OF CARE

#### INDICATIONS: Initial History and Physical Examination

##### Discussion:

- adverse socio-economic conditions
- age less than 17 years or over 40 years
- cigarette smoking
- grand multipara (5 or more previous births)
- history of one late miscarriage (after 14 weeks)
- history of serious psychological problems
- less than 12 months from last delivery to present due date
- obesity
- poor nutrition
- previous antepartum haemorrhage
- known uterine malformations or fibroids

##### Consultation

- history of infant over 4,500 g with complications
- history of repeated spontaneous abortions
- history of pre-term birth less than 34 wks gestation
- history of cervical cerclage or incompetent cervix
- history of baby with IUGR
- history of postpartum haemorrhage (greater than 500ml) with complications
- previous caesarean section, myomectomy or hysterotomy
- history of essential hypertension
- pregnancy-induced hypertension with complicating factors
- history of eclampsia
- previous neonatal mortality or stillbirth
- rubella during first trimester of pregnancy
- significant use of drugs, alcohol or other toxic substances
- age less than 14 years
- current medical conditions, for example: cardiovascular disease, pulmonary disease, endocrine disorders, hepatic disease, neurologic disorders, severe gastrointestinal disease
- history of significant medical illness

##### Transfer:

- any serious medical condition, for example: cardiac or renal disease with failure, or insulin-dependent diabetes mellitus
- previous caesarean other than one documented previous low-segment caesarean

#### INDICATIONS: Prenatal Care

##### Discussion:

- no prenatal care before 28 weeks gestation
- uncertain expected date of delivery

##### Consultation:

- presentation other than cephalic at 4 weeks prior to due date
- anaemia (unresponsive to therapy)
- induction plan at 40 wks for women age at or greater than 40 yrs old
- documented post-term pregnancy (following assessment guidelines at 41 completed weeks and for possible induction at 42 completed weeks)
- suspected or diagnosed foetal anomaly that may require physician

- management during or immediately after delivery
- inappropriate uterine growth
- medical conditions arising during prenatal care, for example: endocrine disorders, hypertension, renal disease, suspected or confirmed significant infection, including H1N1, hyperemesis
- placenta previa without bleeding
- polyhydramnios or oligohydramnios
- gestational hypertension
- serious psychological problems - \* *consultation may be with a physician, clinical psychologist, mental health worker, or nurse practitioner*
- sexually transmitted disease
- repeated vaginal bleeding other than transient spotting

### **Transfer:**

- isoimmunization, haemoglobinopathies, blood dyscrasia
- twins – shared care antepartum, intrapartum transfer of care required
- cardiac or renal disease with failure
- insulin-dependent diabetes
- multiple pregnancy
- pre-eclampsia or eclampsia
- symptomatic placental abruption

### **INDICATIONS: During Labour and Delivery**

#### **Discussion:**

- no prenatal care
- thin, non-particulate meconium

#### **Consultation:**

- pre-term labour (34-37 completed weeks)
- prolonged active phase (as defined in MORE OB guidelines – greater than 4 hours of less than 0.5cm per hour cervical dilation)
- prolonged rupture of membranes greater than 24 hrs with no labour and GBS negative
- rupture of membranes with no labour and GBS positive
- rupture of membranes greater than 18hrs in unscreened women
- prolonged second stage defined as 2 hours in a primip and without significant progress and 1 hour in a multip without significant progress
- suspected placenta abruption and/or previa
- retained placenta
- third or fourth degree tear
- unengaged head in active labour in primipara
- thick or particulate meconium

#### **Transfer:**

- temperature over 38°C on more than one occasion
- active genital herpes at time of labour
- pre-term labour (less than 34 weeks)
- abnormal presentation (including breech)
- multiple pregnancy (other than twins)
- pre-eclampsia or eclampsia
- prolapsed cord
- placenta abruption and/or previa
- severe hypertension
- abnormal foetal heart rate patterns unresponsive to therapy
- uterine rupture
- uterine inversion

- haemorrhage unresponsive to therapy
- obstetric shock
- twins

### **INDICATIONS: Postpartum (Maternal)**

#### **Consultation:**

- breast infection unresponsive to therapy
- wound infection
- uterine infection
- signs of urinary tract infection unresponsive to therapy
- temperature over 38°C on more than one occasion
- persistent hypertension
- serious psychological problems

#### **Transfer:**

- haemorrhage unresponsive to therapy
- eclampsia
- thrombophlebitis or thromboembolism
- uterine prolapse

### **INDICATIONS: Postpartum (Infant)**

#### **Discussion:**

- feeding problems

#### **Consultation:**

- suspicion of or significant risk of neonatal infection
- 34 to 37 weeks gestational age
- infant less than 2,500 g
- less than 3 vessels in umbilical cord
- excessive moulding and cephalohaematoma
- abnormal findings on physical exam
- excessive bruising, abrasions, unusual pigmentation and/or lesions
- birth injury requiring investigation
- congenital abnormalities, for example: cleft lip or palate, congenital dislocation of hip, ambiguous genitalia
- abnormal heart rate or pattern
- persistent poor suck, hypotonia or abnormal cry
- persistent abnormal respiratory rate and/or pattern
- persistent cyanosis, pallor or jitteriness
- jaundice in first 24 hours
- failure to pass urine or meconium within 24 hours of birth
- suspected pathological jaundice after 24 hours
- temperature less than 36°C unresponsive to therapy
- temperature more than 37.9°C unresponsive to therapy
- vomiting or diarrhoea
- infection of umbilical stump site
- significant weight loss (more than 10% of body weight)
- failure to regain birth weight in 3 weeks
- failure to thrive

#### **Transfer:**

- Apgar score lower than 7 at 10 minutes
- suspected seizure activity
- significant congenital anomaly requiring immediate medical intervention, for example: omphalocele, myelomeningocele

- temperature instability