

Standard on Consultation and Transfer of Care from the CMO

HISTORY & PHYSICAL EXAMINATION

Consultation:

- Significant current medical conditions that may affect pregnancy or are exacerbated due to pregnancy
- Significant use of drugs, alcohol or other substances with known or suspected teratogenicity or of associated complications
- Previous uterine surgery other than one documented previous low segment caesarean section
- History of cervical cerclage
- History of more than one second-trimester spontaneous abortion
- History of three or more consecutive first-trimester spontaneous abortions
- History of more than one preterm birth, or preterm birth less than 34+0 weeks in most recent pregnancy
- History of more than one small for gestational age infant
- History of severe hypertension or pre-eclampsia, eclampsia, or HELLP syndrome
- Previous neonatal mortality or stillbirth which likely impacts current pregnancy

Transfer of Care:

- Cardiac disease
- Renal disease
- Insulin dependent diabetes mellitus
- HIV positive status

PRENATAL CARE

Consultation:

- Significant mental health concerns presenting or worsening during pregnancy
- Persistent or severe anemia unresponsive to therapy
- Severe hyper-emesis unresponsive to pharmacologic therapy
- Abnormal cervical cytology requiring further evaluation
- Significant non-obstetrical or obstetrical conditions arising during prenatal care
- Sexually transmitted infection requiring treatment
- Gestational diabetes unresponsive to dietary treatment
- Urinary tract infection unresponsive to pharmacological treatment
- Fetal anomaly that may require immediate postpartum management
- Evidence of intrauterine growth restriction
- Oligohydramnios or polyhydramnios
- Twin pregnancy
- Isoimmunization
- Persistent thrombocytopenia
- Thrombosis or suspected thromboembolism
- Gestational hypertension
- Vasa previa
- Asymptomatic placenta previa persistent into the third trimester
- Presentation other than cephalic, unresponsive to therapy, at or near 38+0 weeks

- Intrauterine fetal demise
- Evidence of utero-placental insufficiency
- Uterine malformation or significant fibroids with potential impact on pregnancy

Transfer of Care:

- Molar pregnancy
- Multiple pregnancy (other than twins)
- Severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome
- Cardiac or renal disease
- Placental abruption or symptomatic previa
- Gestational diabetes requiring pharmacological treatment

LABOUR, BIRTH AND IMMEDIATE POST PARTUM

Consultation:

- Preterm pre-labour rupture of membranes (PPROM) between 34 +0 – 36+6 weeks
- Twin pregnancy
- Breech or other malpresentation presentation with potential to be delivered vaginally
- Hypertension presenting during the course of labour
- Abnormal fetal heart rate pattern
- Suspected intra-amniotic infection
- Labour dystocia unresponsive to therapy
- Intrauterine fetal demise
- Retained placenta
- Third or fourth degree lacerations
- Peri-urethral laceration requiring repair

Transfer of Care

- Active genital herpes at time of labour or rupture of membranes
- HIV positive status
- Pre-term labour or PPRM less than 34 +0 weeks
- Fetal presentation that cannot be delivered vaginally
- Multiple pregnancy (other than twins)
- Prolapse or cord presentation
- Placenta abruption, placental previa or vasa previa
- Severe hypertension or pre-eclampsia, eclampsia or HELLP syndrome
- Suspected embolus
- Uterine rupture
- Uterine inversion
- Hemorrhage unresponsive to therapy

POST PARTUM

Consultation:

- Breast or urinary tract infection unresponsive to pharmacological therapy
- Suspected endometritis
- Abdominal or perineal wound infection unresponsive to non-pharmacologic treatment
- Persistent or new onset hypertension
- Significant post-anesthetic consultation
- Thrombophlebitis or suspected thromboembolism

- Significant mental health concerns including postpartum depression and signs or symptoms of postpartum psychosis
- Persistent bladder or rectal dysfunction
- Secondary postpartum hemorrhage
- Uterine prolapse
- Abnormal cervical cytology requiring treatment

Transfer of Care:

- Postpartum eclampsia
- Postpartum psychosis

INFANT

Consultation:

- 34+0 – 36+6 weeks gestational age
- Suspected neonatal infection
- In-utero exposure to significant drugs, alcohol or other substances with known or suspected teratogenicity or of associated complications
- Findings on prenatal ultrasound that warrant postpartum follow up
- Prolonged PPV or significant resuscitation
- Failure to pass urine or meconium within 36 hours of birth
- Suspected clinical dehydration
- Feeding difficulties not resolved with usual midwifery interventions
- Significant weight loss unresponsive to interventions or adaptation in feeding plan
- Failure to regain birth weight by three weeks of age
- Infant at less than 5th percentile in weight for gestational age
- Single umbilical artery not consulted for prenatally
- Congenital anomalies or suspected syndromes
- Worsening cephalohematoma
- Excessive bruising, abrasion, unusual pigmentation and / or lesions
- Significant birth trauma
- Abnormal heart rate, pattern or significant murmur
- Hypoglycemia unresponsive to initial treatment
- hyperglycemia
- Suspected neurological abnormality
- Persistent respiratory distress
- Persistent cyanosis or pallor
- Fever, hypothermia or temperature instability
- Vomiting or diarrhea
- Evidence of localized or systemic infection
- Hyperbilirubinemia requiring medical treatment or any jaundice within the first 24 hours
- Suspected seizure activity

Transfer of Care:

- Major congenital anomaly requiring immediate intervention