Referral Form – Maternal Fetal Medicine

Women's and Children's Health Network
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Government of South Australia
SA Health

Dr Chris Wilkinson	Prof Jodie Dodd	Assoc Prof John Svigos AM
Dr Peter Muller	Dr Rosalie Grivell	Dr Mark Morton

Dear _____

This referral has been discussed with (midwife/doctor) _____ at WCH

PATIENT DETAILS

Name: _____

Address: _____

Date of Birth: _____

Phone: _____ Mobile: _____

Medicare Number: _____ Medicare Expiry: _____

Support person: _____ Phone: _____

Interpreter required: ☐ No ☐ Yes Language: _____

ATSI Status: ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal & Torres Strait Islander

Other considerations & patient requirements: _____

REFERRING PRACTITIONER DETAILS

Referring Doctor: _____

Provider Number: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

CLINICAL INFORMATION

The following information must be provided with this referral request.

EDD	
Current GA	
Gravidity	
Parity	
Blood Group + Abs, blood tests	
Previous obstetric history	
Relevant medical/surgical history	
Most recent ultrasound scan report	Date: Location:
Maternal Serum Screening	☐ Declined ☐ No ☐ Yes. Result:
Nuchal Translucency Scan	☐ Declined ☐ No ☐ Yes. Result:
Additional clinical information	

REASON FOR REFERRAL (Please X reason for referral below)

FETAL ANOMALY (MFM1)

- ☐ Fetal congenital malformation requiring surveillance +/- intervention
- ☐ Fetal 'hospice' care
- ☐ Fetal cardiac arrhythmias
- ☐ Fetal hydrops
- ☐ Inherited fetal endocrine anomalies requiring transplacental therapy
- ☐ Referral based on ADACS involvement
- ☐ Fetal congenital malformations requiring multi-speciality input and birth at WCH

CURRENT/PREVIOUS PREGNANCY COMPLICATION (MFM2)

- ☐ Severe early IUGR requiring extended fetal doppler / cardiac function / biophysical assessment
- ☐ Anti-Ro and/or Anti-La antibodies
- ☐ Rhesus and other blood group incompatibilities (titre ≥ 1:16 or previously affected fetus/neonate)
- ☐ Platelet incompatibilities (previously affected fetus/neonate)
- ☐ Primary infection or seroconversion with toxoplasmosis, cytomegalovirus, parvovirus, listeriosis
- ☐ Previous ≥ 2 spontaneous (non-iatrogenic) pre-term births < 32 weeks gestation
- ☐ Previous ≥ 2 Perinatal deaths (IUFD, NND)

COMPLEX MULTIPLE PREGNANCY (MFM3)

- ☐ Monochorionic / Monoamniotic Twin Pregnancy
- ☐ Monochorionic / Diamniotic (MC/DA) Twin Pregnancy with Twin-Twin Transfusion Syndrome (TTTS) or
- ☐ discordant growth/nuchal translucency
- ☐ Triplet and Higher order multiple pregnancy
- ☐ Delayed interval deliveries

ADACS FOLLOW UP (MFM4)

- ☐ Stillbirth
- ☐ IUFD
- ☐ Fetal anomaly

SEVERE MATERNAL MEDICAL CONDITIONS (MFM5)

- ☐ Antiphospholipid syndrome
- ☐ Sickle Cell Anaemia or G6PD deficiency
- ☐ Ehler – Danlos Disease
- ☐ Cardiac disease (New York Heart Association Classification Grade III or IV)
- ☐ Maternal transplant
- ☐ Renal failure with dialysis
- ☐ Maternal current malignancy
- ☐ HIV

PRE-PREGNANCY COUNSELLING (MFM6)

- ☐ Pre-conception women with conditions listed in MFM5
- ☐ Pre-conception women with previous fetal anomaly and possible recurrence

EARLY PREGNANCY CARE COORDINATION (MFM7)

- ☐ Women already known to MFM unit who require coordinated early / tertiary pregnancy care including focused morphology scanning

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