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History and Risk Factors for which Consultation with an Obstetrician is Recommended

Early referral is recommended when:

- 1 There are early pregnancy complications e.g. vaginal bleeding or pain for which the diagnosis cannot be readily determined by immediate recourse to ultrasound.
- 2 There has been assisted conception or a past history of ectopic pregnancy
- 3 The patient is seeking advice or services for the prenatal diagnosis of fetal abnormalities including Down's syndrome.
- 4 There is a history of previous poor obstetric outcome including previous Caesarean section or difficult vaginal delivery, pre eclampsia with onset before 34 weeks or severe pre eclampsia requiring intensive care or caesarean section, stillbirth, neonatal death or infant requiring neonatal intensive care, mid trimester abortion or recurrent first trimester abortion (more than 3 pregnancies lost or two successive pregnancies with no liveborn infants).
- 5 There is a major medical or psychiatric condition for which the patient is being monitored by a physician or psychiatrist and including diabetes mellitus, essential hypertension requiring medication, renal disease with hypertension or any degree of renal failure, cardiac disease with altered function, epilepsy, severe asthma requiring systemic corticosteroids, autoimmune disease of any type or severity, unstable thyroid disease including any patients on antithyroid medication, current malignant disease
- 6 There is possible cervical incompetence e.g. known uterine abnormality, previous cervical surgery (excluding treatment of CIN by laser, diathermy, loop excision or cryotherapy) or premature labour (<36 completed weeks) with or without premature rupture of membranes
- 7 Possible genetic disease e.g. Thalassaemia
- 8 There is morbid obesity i.e. BMI>35
- 9 There is a history of thromboembolism



Consultation during Pregnancy is Recommended

- 1 Necessity for support services with social worker, dietician or physiotherapist. e.g. Teenage pregnancy, past history of sexual or other abuse, recent bereavement, past history of mental disease including postnatal depression, children removed from care, housing or financial problems, ethnic issues or language difficulties, relationship stress, eating disorders, musculoskeletal disorders etc

Not all patients with the above problems require referral but consideration may be given to the use of a hospital's paramedical services.

- 2 Detection of a sexually transmitted disease, i.e. positive HIV or syphilis serology, Neisseria, Chlamydia, genital Herpes, or positive hepatitis serology.
- 3 Significant blood group antibodies are detected
- 4 Multiple pregnancy is diagnosed. Referral prior to 14w is recommended so that chorionicity can be determined.
- 5 The routine morphology scan reveals any abnormality other than one minor abnormality and the patient requires no further counselling or follow up.
- 6 A major degree of placenta previa is diagnosed i.e. placenta within 2 cm of the internal os diagnosed by any means
- 7 Illicit drug abuse or continuing alcohol abuse is discovered
- 8 Significant hypertension is detected, i.e. two readings >140/90 or a rise of >30 mm systolic and 15 mm diastolic from earlier recordings.
- 9 Uterine growth is unusually large or small, e.g. Symphysis-fundal height in centimetres exceeds or is less than the weeks of gestation by a numeral of three (3) or greater.
- 10 There is unusual or symptomatic oedema, e.g. carpal tunnel syndrome.
- 11 Anaemia - haemoglobin <9.5 G% is diagnosed
- 12 Abnormal 75g GTT or gestational diabetes diagnosed by any means
- 13 The occurrence of significant proteinuria (> one plus) in a clear catch specimen of urine. Any degree of proteinuria with hypertension requires admission to hospital.
- 14 Increased uterine activity is noted or reported.
- 15 Antepartum haemorrhage occurs (any degree of bleeding after 20 weeks gestation).
- 16 Breech presentation, unstable lie or uncertain presentation is detected after 36 weeks
- 17 At the patient's request



Assessment in hospital is desirable whenever the following occurs:

- 1 Intractable vomiting with dehydration and ketosis.
- 2 Undiagnosed severe abdominal pain or backache
- 3 Antepartum haemorrhage of more than "one pad" particularly if associated with abdominal pain.
- 4 Suspicion of death in utero or markedly reduced fetal movements
- 5 Hypertension (see definition above) with any degree of proteinuria greater than one plus.
- 6 Unusual migraines, visual disturbances or severe backache.
- 7 Dyspnoea on mild-moderate exertion, orthopnoea or nocturnal dyspnoea.
- 8 Symptoms or signs suggestive of deep vein thrombosis or pulmonary embolism.
- 9 Pyelonephritis or urinary tract infections not responding to outpatient treatment within 24 hours.
- 10 Severe depressions or psychosis.
- 11 Seizures or "faints" in which seizure activity may have occurred.
- 12 Motor vehicle accident with deceleration type injury or seat belt bruising.

Intrapartum consultation is recommended for:

- 1 Suspected premature labour or premature rupture of membranes i.e. before 37 completed weeks
- 2 Pre-labour rupture of membranes >12 hours
- 3 Induction of labour
- 4 Meconium liquor or no liquor at amniotomy
- 5 Non reassuring CTG i.e. baseline <110 or >160, baseline variability <5 bpm for >40 min, any decelerations
- 6 Fever i.e. >37.5
- 7 Vaginal bleeding that is not just "a show"
- 8 Epidural anaesthesia is required or requested
- 9 Problems in the latent phase of labour i.e. measures other than simple analgesia required



- 10 Slow progress in the first stage of labour i.e. <1 cm per hour and >3 cm dilated
- 11 Slow progress in the second stage of labour i.e. failure to descend or deliver despite active pushing
- 12 Shoulder difficulty is possible e.g. suspected fetal macrosomia, maternal BMI >35, past history of shoulder dystocia
- 13 Maternal collapse or shock or persistent tachycardia (>110 bpm)
- 14 Retained placenta i.e. avulsion of the cord, placenta not delivered within 30 min
- 15 Postpartum haemorrhage i.e. estimated loss of >500 ml and continuing
- 16 Third and 4th degree obstetric trauma (RCOG classification)
- 17 Suspected vaginal laceration or haematoma

Postpartum Consultation is recommended for:

- 1 Secondary PPH
- 2 Hypertension i.e. systolic >150 or diastolic >90
- 3 Urinary retention requiring catheterisation
- 4 Episiotomy or abdominal wound breakdown or infection
- 5 Suspected deep vein thrombosis or embolism or superficial thrombophlebitis not responding to simple measures
- 6 Maternal psychosis or severe depression
- 7 Pyrexia i.e. >37.5 degrees C on more than one occasion
- 8 Breast infection
- 9 Antenatal problem requiring postnatal follow up e.g. proteinuric pre eclampsia, hypertension requiring medication, gestational diabetes etc
- 10 Urinary or incontinence of flatus >6 weeks post partum

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