

REFERRAL GUIDELINES: MATERNITY SERVICE – PERINATAL MEDICINE

In order for us to be able to accept your patient for antenatal care, referring GPs/medical specialists are required to provide:

Demographics	Clinical		Investigations and results
<ul style="list-style-type: none"> • Full name • Address and phone numbers • Date of birth • Indigenous status • Referring GP details • Health insurance details • Preferred language and interpreter requirements • Medicare eligibility and number • Mobility needs 	<p>Current history</p> <ul style="list-style-type: none"> • LNMP • Multiple pregnancies • BMI • EDD • Height and weight • Female circumcision • Parity and gravida • Pap smear <p>Past History</p> <ul style="list-style-type: none"> • Pre-eclampsia • Small baby <2500g at term • Preterm birth • Previous caesareans • Rhesus isoimmunisation • Mid-trimester loss or miscarriage • Gestational diabetes • Miscarriages >3 	<p>Medical history</p> <ul style="list-style-type: none"> • Diabetes • Epilepsy • Thalassemia/haemoglobinopathy • Hypertension • Thyroid disease • Current smoker • Asthma • Anaemia • DVT or pulmonary • Previous cone biopsy • High blood pressure • Psychiatric disorders • Heart disease • Illicit drug use • Allergies • Alcohol and other drugs 	<p>Required</p> <ul style="list-style-type: none"> • FBE • Syphilis serology • MSU/urinalysis • Hepatitis B and C • Blood group and Antibodies • Vitamin D • Dating ultrasound • HIV serology • Rubella • Varicella • Morphology 20-week ultrasound • Ferritin • Thalassemia testing (if indicated by MCV \leq80) • Screening for Down syndrome if requested by the patient



**Essential
Referral
Content**

Populate required information on the Perinatal referral form, then print and fax to the relevant outpatient department on **03 8458 4205**.

REFERRAL GUIDELINES: MATERNITY SERVICE – Perinatal Medicine

Referral Process: **Maternity Service – PERINATAL MEDICINE**

Fax to the Mercy Hospital for Women Outpatient Department on **03 8458 4205**

 **STEP 1**

Essential referral content will be checked. You will be contacted if further information is required.

Please indicate the patient's preferred model of care on the referral form.

If requesting an urgent review please include relevant detail and results.

Acknowledgment of referral receipt will occur within **eight** working days.

 **STEP 2**

The referral will be triaged by the specialist unit according to clinical criteria and patient preference.

This determines how long the patient will have to wait for their first antenatal appointment.

 **STEP 3**

Patients with urgent conditions are scheduled to be seen within 14 days.

Patients are allocated an antenatal clinic appointment.

The date for the appointment will depend on the model of care and clinical acuity.

Both the referrer and patient are notified.

If you wish to speak to a doctor to determine urgency, call Mercy Hospital for Women on **03 8458 4444** and ask to speak to the Perinatal Medicine Registrar.

REFERRAL GUIDELINES: MATERNITY SERVICE – Perinatal Medicine

REFERRAL PRIORITY: MATERNITY SERVICE – PERINATAL MEDICINE

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

Referral priority	Appointment timeframe
Urgent	Within 14 days depending on clinical need
Routine	Longer than 14 days depending on clinical need

OTHER INFORMATION: MATERNITY SERVICE

Outpatient bookings for maternity care at Mercy Hospital for Women and Werribee Mercy Hospital provide the first step in initiating maternity care for women. The content and detail in your referral are crucial to enable risk assessment, timely bookings of appointments and to support subsequent communications to enhance continuity of care.

Accurate and up-to-date information will enable us to match patient and GP data for inclusion within hospital computer systems and will support communication at key points of care.

Missing information (such as estimated date of birth or elevated BMI) will result in delays in processing your patient's referral. Please include accurate clinical information to avoid this occurring.

USEFUL RESOURCES: MATERNITY SERVICE

Mercy Hospital for Women

Tests	<u>Bookings visit checklist</u>
GP and Primary Care Liaison	<u>Information</u>
Maternity services	<u>Details</u>
Referrals	<u>Forms and guidelines</u>

For queries please contact the Maternity Service:

Mercy Hospital for Women Maternity

163 Studley Road

Heidelberg Vic 3084

Phone: 03 8458 4100

Fax: 03 8458 4205

INTERPRETING SERVICES

A proportion of our patients have limited or no proficiency in English. In these cases, we engage professional interpreters for communication with our clinicians. To enable access to appropriate interpreting service, please ensure that your referral includes information on the preferred language spoken by the patient and their need for an interpreter.