Obstetrical Consultation, Indications

Site Applicability: St. Paul's Hospital

Skill Level:

Family practice physicians, Obstetricians, Registered Midwives, Registered Nurses

Policy:

The Maternity Centre strives to provide the highest level of care to mothers and their newborns. The provision of primary maternity care is available through a variety of primary care providers (PCP) including Family practice, Midwifery, and Obstetrics. Collaborative care is encouraged and Obstetrical consultation should be obtained for any of the indicators listed below. For consultations that occur in a hospital setting, the Consult Record should be completed in **full** to ensure all team members are aware of the plan of care and Most Responsible Provider (MRP) at all times.

Consultations are made from PCP to Obstetrician and must be documented in the patient's chart.

Expected Outcomes:

Delivery of a healthy newborn with the least amount of intervention to the mother.

Practice Guideline

Indications for consultation from midwifery/family practice to an obstetrician:

Antepartum

1. Maternal conditions:

   These may pre-date or arise during the pregnancy and increase the risk of adverse outcomes in the mother-infant pair. They include:

   - Any genetic, cardiac, respiratory, renal, endocrine, hematologic, neurologic, gastrointestinal, rheumatologic diseases
   - Systemic infections that may affect the pregnancy.
   - Jehovah's Witness
   - HIV positive status

Published by: Providence Health Care, Vancouver, BC
Questions, concerns, comments about PHC guidelines can be emailed to: nursingstds@providencehealth.bc.ca

- Pre-existing or Gestational hypertension +/- adverse features
- Pre-pregnant BMI of less than 20 or greater than 35
- Anemia (unresponsive to therapy)
- Thrombophlebitis or thromboembolism
- Age less than 14 years
- Any need for surgical interventions during pregnancy
- Any condition requiring antepartum admission
- Psychiatric and chemical dependency

2. Uterine conditions:
    - Previous myomectomy, hysterotomy, cervical surgery or cone biopsy
    - Mullerian anomalies
    - Large fibroids (with complications e.g. degeneration, causing malpresentation)

3. Placental conditions:
    - Placenta previa, margina previa, vasa previa
    - Antepartum hemorrhage (APH) not including vaginal spotting
    - Oligohydramnios or polyhydramnios

4. Fetal conditions:
    - Molar pregnancy
    - Congenital anomalies
    - Multiple gestation (transfer of care)
    - Isoimmunization
    - Intrauterine fetal demise
    - Breech or other abnormal presentation greater than 36 weeks
    - Macrosomia –estimated fetal weight greater than 5kg in non diabetic patient or 4.5kg in diabetic patient
    - Intrauterine Growth Restriction (abdominal circumference less than10%)
    - Preterm premature rupture of the membranes (PPROM) less than 37 weeks
    - Prolonged pregnancy great or equal to 42 weeks

5. Past Obstetrical history of:
    - Gestational hypertension or pre-eclampsia/eclampsia
    - More than one low-segment cesarean section or previous cesarean section (CS) with contraindications to labour,
    - Cervical incompetence
    - 2nd trimester loss
    - More than one preterm birth, or one preterm birth less than 34 weeks
    - Stillbirth or neonatal mortality
    - Postpartum hemorrhage requiring treatment
    - More than one small for gestational age infant
    - 4th degree tear

6. Request for elective CS

Intrapartum:

- Induction of labour (except uncomplicated post dates and term premature rupture of the membranes if PCP is Family Doctor)
- Multiple gestation (transfer of care)
- Preterm Labour less than 37 weeks
- Breech or other abnormal presentation
- Chorioamnionitis
- Unengaged head in active labour in nullipara
- Fever on greater than one occasion
- Atypical or abnormal fetal heart rate pattern, unresponsive to therapy
- Gestational hypertension +/- adverse features, pre-eclampsia, eclampsia, HELLP syndrome
- Active genital herpes
- Oxytocin augmentation

  *See “Guideline for Family Physician Oxytocin Augmentation of Labour”
- Labour dystocia
- Prolonged second stage of labour without evidence of fetal descent
- Uterine rupture
- Shoulder dystocia

- Suspected embolus
- Prolapsed cord
- Assisted vaginal delivery
- Placental abruption, placenta previa or vasa previa
- Vaginal birth after cesarean (VBAC)(See SOGC clinical Practice Guideline No. 155, February2005 “Guideline for Vaginal Birth after Previous Caesarean Birth” and “VBAC Guideline for St. Paul’s Hospital”)
- Retained placenta
- Jehovah witness
- Significant trauma

Postpartum:

- Postpartum hemorrhage (PPH) unresponsive to initial therapy or greater than 1000 mL
- 3rd and 4th degree tear, complex vaginal or cervical laceration
- Postpartum hypertensive disorder (Hypertension, elevated liver enzymes, low platelets (HELLP), Pre-eclampsia)
- Shock
- Uterine inversion
- Puerperal sepsis
- Vulval and perineal hematoma
- Persistent urinary retention
- DVT or suspected pulmonary embolus
- Psychiatric concerns in conjunction with psychiatric consult
- Fever on greater than one occasion

Documentation

Interprofessional **Progress notes (midwives, physicians)**

- Date and time consultation was made, clearly identify transfer of care and who will be **OR** is now the most responsible care provider.

Consultation form (Initiated by referring FP or RM to Obstetrician)

- Detail the nature of the consultation and plan and who the MRP will be

Fetal monitoring tracing (Nursing)

- Date and time all providers entered room and time of Vaginal exams and assessments

Partogram (Nursing/RM)

- Date and time all providers entered room and time of Vaginal exams and assessments

Nurses' notes (Nursing)

- Date and time all providers entered room and time of assessments

Postpartum Care Paths - Vaginal/Cesarean Section (Nursing)

- Variances leading up to consultation
- Notification of care provider
- Interventions and responses

Persons/Groups Consulted:

Assistant Head Dept Midwifery BC Women's and SPH

Obstetrician/Gynecologist, Chair Maternity Safety and Quality Committee SPH

Revised By:

Patient Care Manager, Maternity Services

Approved By:

Maternity Quality and Safety Committee

Professional Practice Standards Committee

Date of Creation/Review/Revision:

November 2009
Revised: December 2016