Referral to High-Risk	Referral Guide:	Women's Care
OB Clinic	Page 1 of 2	

Diagnosis/Definition:

Several medical and obstetrical conditions pose increased risks during pregnancy. Prenatal care and outcomes can be optimized by the evaluation and, in some cases, the management of such pregnancies by a high-risk, or perinatal specialist. These criteria provide guidance for appropriate referral to the high-risk obstetrical clinics at Women's Care Clinic (WCC).

Initial Diagnosis and Management:

Pregnancy verification and the obstetrical intake evaluation and physical should be completed with appropriate baseline laboratory. This includes the following:

Baseline laboratory-

Hematocrit, blood type and Rh; antibody screen; rubella; RPR; HbsAG; HIV, noting patient's consent; urine analysis and culture if indicated; evaluation for vaginitis, if indicated (bacterial vaginosis, trichomonas vaginitis); PAP; GC, chlamydia and Hb Electrophoresis.

If appropriate, based on gestational age: Triple screen, glucose screen, GTT and ultrasound.

Once a medical or obstetrical condition that places the pregnancy at high risk is identified, then the guidelines assist the provider in appropriate referral of the patient.

Ongoing Management and Objectives:

The patient will be evaluated and counseled as to the impact of the underlying conditions on her pregnancy. The goal is patient education regarding the conditions and to optimize her treatment in order to minimize the impact on her pregnancy or her own health.

Indications for Specialty Care Referral:

Medical conditions warranting referral and transfer of care to OB medical clinic at WCC.

Hypertension: BP = 140/90 or higher unaccompanied by proteinuria or sign/symptoms of preeclampsia Severe hypertension (> 150/100) or known chronic hypertension requiring antihypertensive therapy Pregnancy-induced hypertension (PIH) or preeclampsia: Elevated BP (over BP at 20 weeks of gestation) with proteinuria or edema or other signs/symptoms of preeclampsia (e.g., headaches, RUQ pain). If appropriate, patient should be sent to the OB screening room for immediate evaluation or an OB staff member consulted for further recommendations.

Diabetes (Diabetic Clinic) -Pre-existing diabetes

-Abnormal GTT

Cardiac disease: Class II-IV

Neurologic Disease: Seizure disorder or chronic neurologic condition (demyelinating lower motor neuron)

Pulmonary Disease: Asthma, severe or poorly controlled

Renal Disease: Includes persistent proteinuria (2+ or greater on urine dipstick)

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

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Indications for Specialty Care Referral:

Thromboembolism

- -Current: Referral for immediate evaluation
- -Personal History: Initial consultation with OB specialist, with referral as directed

Thyroid Disorders

- -Hyperthyroidism: Referral to OB high risk at WCC
- -Hypothyroidism: Initial consultation with OB specialist, with referral as directed

Collagen/autoimmune disorders (e.g. systemic supus – SLE, antiphospholipid syndrome)

- +HIV (patient will be followed in conjunction with DHMC HIV clinic)
- +RPR

Severe anemia (<30%)

Any other chronic disease possibly effecting the fetus or pregnancy Obstetrical conditions warranting referral to OB high-risk clinic at WCC

- -Multiple gestation
- -Rh or other isoimmunization
- -Previous 2nd trimester pregnancy loss
- -Previous intrauterine fetal demise (IUFD) in 3rd trimester
- -Previous preterm birth (<35 weeks of gestation)
- -Abnormal (premature) cervical dilation or effacement
- -Uterine malformation/pelvic mass
- -Placenta previa: requiring hospitalization or present in third trimester
- -Polyhydramnios/Oligohydramnios
- -Rh or other isoimmunization

Obstetrical conditions appropriate for OB consultation or, alternatively, phone consultation with OB faculty with recommended disposition:

- -Postdates pregnancy
- -Suspected IUGR
- -Breech or other malposition at 37+ weeks of gestation
- -Previous cesarian section. Counseling for possible VBAC or repeat cesarian may be performed at primary clinic. However, OB attending faculty should be contacted for patients planned for repeat C-section or VBAC for guidance regarding referral and scheduling.

Further clarification and elucidation is available on Denver Health Pulse – Internal Subsites – OB/GYN – OB Guidelines – Referral for Obstetrical consultation.

Test(s) to Prepare for Consult:	Test(s) Consultant May Need To Do:
See above	See above
Contact OB faculty for further guidance	Contact OB faculty for further guidance

Criteria for Return to Primary Care:

In select cases the patient's underlying medical or obstetrical condition may be sufficiently stable to allow reference back to her primary care provider for ongoing obstetrical care. This will be determined on a case-by-case basis.

Revision History: Created Revised

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