CRITERIA FOR REFERRAL/TRANSFER TO CHRISTCHURCH WOMEN'S HOSPITAL FROM WEST COAST

INTRODUCTION

On occasions there is a need to transfer or refer antenatal women to Christchurch Women's Hospital (CWH) for review and/or ongoing care. The following document outlines the criteria for referral or transfer. Individual decisions will also need to take into account other factors such as availability of a safe and timely transfer method.

LABOURING WOMEN

- < 37 weeks gestation (transfer as early as possible if in threatened or early preterm labour)
- ≥ 37 weeks with conditions which carry increased risk which include conditions listed below or other acute situations should be informed to SMO covering Paediatrics (who may in turn discuss with Neonatologist on call)

If it is not an acute 'fetal concern' in labour but an issue to be dealt with after birth then either follow the Fetal Anomaly Advice Committee plan if available. If there is no plan then call the Neonatologist on call.

CRITERIA FOR TRANSFER DURING PREGNANCY

- Congenital antenatal abnormalities – follow the Fetal Anomaly Advice Committee plan.
- Multiple births – all MCDA twins irrespective of gestation.
  – DCDA twins if, discrepant growth identified.
- Large for dates > 90% on a GROW chart confirmed by US scan and associated with anomalies.
- < 2500g estimated weight on GROW by scan. This will equate to < 9th% for babies 38 weeks and less.
- Abnormal dopplers (with absent EDF and reversed EDF).
- Oligohydramnios with < 10% percentile when plotted on GROW following scan.
- Women with pregnancies complicated by moderate – to severe polyhydramnios should labour and birth at CWH (AFI > 30.1 cm and single pocket > 12) – any poly is important as the baby could have undiagnosed issues that would necessitate postnatal retrieval.
- Risk of Neonatal Abstinence syndrome – from opiates (methadone, morphine codeine) and benzodiazepines. Follow Ngā Taonga Pēpi programme.
- Poorly controlled diabetes where blood sugars are persistently high, ie. > 8 and not able maintain stable glucose levels with insulin.

BMI

Due to anaesthetic risks it is recommended that those women with a high BMI are referred to CWH:

- **> 45** at booking
- **40-45 with co-morbidities identified after anaesthetic and obstetric review**

See also WCDHB Criteria for Local Referral of Women with High BMI (Feb 2017)

A fundal height is difficult and often unreliable in women with high BMI's, therefore the West Coast DHB recommends the following care pathway for these women to reduce the risk of small for gestational age babies.

PATHWAY

- Women with BMI > 40 are recommended to have 3 growth scans at 28, 32, 36 weeks and **to be seen by O&G by 22 weeks after anatomy scan and Anaesthetic review by 28-30 weeks.**
- Women with BMI of 35- 40 are recommended to have 2 growth scans in third trimester at around 30-32 weeks and at 34-36 weeks, unless there is a problem with fundal height before.
- If there is sudden increase in foetal growth or polyhydramnios the woman needs review by SMO as soon as possible. If foetal growth has an upward trend there is no need to change the frequency of growth scans.

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