

Clinical Guideline for Referral when a Fetal Abnormality is detected

For Use in:	Maternity Services
By:	Obstetricians, Neonatal Specialists
For:	Women when a fetal abnormality is detected in pregnancy
Division responsible for document:	Women and Children
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Version and Document Control:

Version Number	Date of Update	Change Description	Author
7	26/11/2021	Change of key people, rare cases requiring tertiary section added	Mr Richard Smith Charlotte Aldous

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Quick reference guideline/s

A system of clear referral pathways should be established so that pregnant women in whom a fetal abnormality is detected are managed and treated by the appropriate specialist teams, when problems are identified.

Referral to the in-house fetal medicine team is by contacting the fetal medicine secretary on 2790, or the fetal medicine midwife on bleep 0850.

Once referred, the fetal medicine team is responsible for the subsequent management and for referral to other tertiary neonatal/specialist services, where appropriate.

Rationale for the recommendations

The need for specialist neonatal care for a sick newborn can often be anticipated antenatally. In addition, in some cases the expertise of multiple specialist services will be needed. Good lines of communication between professionals responsible for the care of the mother and the newborn will ensure that these women and babies are cared for in the most appropriate environment.

Objective of Guideline

This guideline aims to simplify the referral care pathway for all women when a fetal abnormality is detected. The fetal medicine team and neonatal specialist services are then responsible for providing the necessary facilities and expertise to ensure best possible for mother and baby and, where appropriate, for arranging for referral to tertiary neonatal/specialist services.

Broad recommendations

When a fetal abnormality is detected on a scan performed in the ultrasound department, the findings (actual or suspected) will be documented in the ultrasound report which remains in the maternity hand held records.

Referral should be made to the in-house fetal medicine team by contacting the fetal medicine secretary on 2790, or the fetal medicine midwife on bleep 0850. The referral may be made by the sonographer or obstetrician reviewing the patient following the scan. The patient will be offered a local fetal medicine review within 3 working days. Where there is a suspected cardiac abnormality the sonographer can follow the "Direct GOSH referral Pathway" and inform the fetal medicine team – see Fetal Anomaly Guideline for the pathway and direct referral form.

In the rare cases requiring tertiary referral following that appointment, the fetal medicine team will telephone the appropriate hospital (e.g. Great Ormond Street for cardiac abnormalities). The patient will be offered a review at a tertiary unit within 5 working days. A copy of the fetal medicine report will be fixed in the maternity handheld records and also communicated to the relevant specialist centre.

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In cases requiring communication with neonatal/specialist services, the fetal medicine team will telephone the appropriate service (eg neonatology, paediatric surgery) and arrange an appointment. The appropriate service will be sent a copy of the fetal medicine report. A "NICU Alert" form will be sent to NICU as well as an E3 alert being generated

During this process, the patient and her family will be kept informed throughout by:

1. verbal communication during the consultation
2. access to the ultrasound report in her handheld notes
3. letter from the neonatal/specialist service (where relevant)
4. telephone (e.g. giving urgent results)

Ongoing communication between obstetric, neonatal and specialist staff in the antenatal period will include:

1. sending copies of further fetal medicine reports to the appropriate services
2. sending copies of communication from neonatal/specialist service to the appropriate fetal medicine consultant
3. attendance at monthly regional videoconference by the fetal medicine team (Third Thursday in the month, 3pm – minutes taken at the Rosie Maternity Hospital are disseminated by email).

Copies of all written communication will be placed in the hospital notes, and all verbal communication will be also documented in the hospital notes.

Monitoring of compliance, review of results and action plans will take place at the subsequent visits to the fetal medicine department.

Clinical Audit Standards derived from guideline

The Maternity Services are committed to the philosophy of clinical audit, as part of its Clinical Governance programme. This standards contained in this clinical guideline will be subject to continuous audit, with multidisciplinary review of the audit results at one of the monthly departmental Clinical Governance meetings. The results will also be summarised and a list of recommendations formed into an action plan, with a commitment to re-audit within three years, resources permitting.

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Auditable standards derived from this guideline should include:

1. The fetal abnormality (actual or suspected) is documented on the ultrasound report
2. Newly suspected/diagnosed major fetal abnormality or other life-threatening fetal condition seen within 3 working days
3. In cases requiring tertiary referral a copy of the fetal medicine report is communicated to the relevant centre
4. In cases requiring communication with neonatal/specialist services, the appropriate service will be sent copies of the fetal medicine report.

Summary of development and consultation process undertaken before registration and dissemination

During the development of this guideline advice has been sought from both Neonatologists and Paediatric Surgeons. The author listed above on behalf of the O&G clinical guidelines committee has agreed to the final content.

Distribution list/ dissemination method

Available via the Trust Intranet.

References

- National Institute for Clinical Excellence. (March 2008). Antenatal care: Routine care for the healthy pregnant woman. Clinical Guideline 62. RCOG Press: London.
- RCOG, RCM, RCoA and RCPCH. (June 2008). Standards for Maternity Care. Report of a Working Party. RCOG Press: London.