fraserhealth

Regional

OUTPATIENT FETAL MONITORING REFERRAL

Name: _____ Phone: _____ PHN: _____

EDD _____ **Interpreter needed?** ❑ Yes ❑ No **Language** _____

Please see guidelines on reverse for indication and frequency (indicate condition)

- ❑ Advanced maternal age
- ❑ Abruption
- ❑ Cholestasis of pregnancy
- ❑ Decreased fetal movement - **please notify by telephone**

Diabetes, requiring insulin
- ❑ Well controlled (≥ 34 wks)
- ❑ Poorly controlled (≥ 32 wks)

Hypertension
- ❑ Well controlled pre-existing hypertension
- ❑ Gestational hypertension and pre-eclampsia

- ❑ Isolated polyhydramnios
- ❑ Isolated severe oligohydramnios

Intrauterine Growth Restriction
- ❑ Mild
- ❑ Moderate
- ❑ Severe

- ❑ Obesity
- ❑ Postdates
- ❑ Previous stillbirth
- ❑ Substance use

Twins (with no other complications or IUGR)
- ❑ Dichorionic
- ❑ Monochorionic

❑ Other _____

Additional comments: _____

Frequency if different than guideline _____ Please explain: _____

Next U/S booked? Date _____ Location _____

Referred by: _____ Date: _____

Primary Care Provider (if different from referring physician/midwife): _____

Phone Number: _____ Fax Number: _____

Please fax completed referral to the Outpatient Fetal Monitoring Clinic <u>with</u>:

- **Antenatal Part 1 and 2**
- **<u>All</u> ultrasound reports in this pregnancy**
- **Consultations & lab work related to maternal diagnosis**

Hospital	Phone	Fax	Hospital	Phone	Fax
Abbotsford (ARH)	604-851-4817	**604-851-4813**	White Rock (PAH)	604-541-5826	**604-535-4570**
Burnaby (BH)	604-412-6293	**604-412-6237**	New West (RCH)	604-520-4182	**604-520-4183**
Chilliwack (CGH)	604-795-4107	**604-795-4155**	Maple Ridge (RMH)	604-463-1818	**604-463-1886**
Langley (LMH)	604-514-6034	**604-533-6447**	Surrey (JPOCSC)	604-582-4559	**604-582-3775**

Printshop 263091

Regional

OUTPATIENT FETAL MONITORING REFERRAL Cont'd

Back of Page 1

Guidelines for Frequency of Outpatient Fetal Monitoring

Indication	Frequency	Gestational Age
Advanced maternal age (≥ 40 years at EDD)	2X /week	40 weeks
Abruption (chronic)	Weekly	At diagnosis*
Cholestasis of pregnancy (bile acids and liver function tests ordered)	Weekly	28 weeks
Decreased fetal movement (< 6 distinct movements in 2 hours)	Once	At diagnosis*
Diabetes		
• Well-controlled type 1 or type 2 (normal growth) or gestational diabetes on insulin	Weekly	34 weeks
• Poorly controlled type 1 or type 2 or poorly controlled gestational (suboptimal blood glucose control and/or asymmetrical macrosomia)	2X /week	32 weeks
• Falling insulin requirements (OB/MFM consultation recommended)	2X /week	At diagnosis*
Hypertension		
• Well controlled pre-existing hypertension (sBP ≥140 &/or dBP ≥90 before 20 weeks)	Weekly	35 weeks
• Gestational hypertension (sBP ≥140 &/or dBP ≥90) and pre-eclampsia	2X /week	At diagnosis*
Isolated polyhydramnios (DVP > 8 cm with no other complications)	Weekly	At diagnosis*
Isolated severe oligohydramnios - intact membranes and DVP < 2 cm	2X /week	At diagnosis*
IUGR with normal fluid and Doppler		
• Mild (Abdominal circumference 5th to 9th centile)	Weekly	At diagnosis*
• Moderate (Abdominal circumference 1st to 4th centile)	2X /week	
• Severe (Abdominal circumference < 1st centile)	3X /week	
Obesity (pre-pregnant BMI ≥ 40 kg/m^2)	Weekly	35 weeks
Postdates (no other risk factors)	2X /week	41 weeks
Previous stillbirth of unknown etiology in 2nd or 3rd trimester	Weekly	32 weeks or 1-2 weeks before previous stillbirth
Substance use/ methadone stabilization (NST should be completed prior to or ≥ 8 hours post methadone dose)	After first dose methadone	28 weeks
Twins (with no other complications or IUGR)		
• Dichorionic twins	2X /week	37 weeks
• Monochorionic diamniotic twins		36 weeks

At diagnosis* - fetuse(es) at gestational age and estimated weight compatible with option for intervention

≥ - greater than or equal to
< - less than
X - times
cm - centimetre
BMI - body mass index
dBP - diastolic blood pressure
DVP - deepest vertical pocket
IUGR - intrauterine growth restriction
kg/m^2 - kilograms per metre squared
OB - Obstetrical
MFM - Maternal Fetal Medicine
sBP - systolic blood pressure