



fraserhealth

ANTEPARTUM CARE AT HOME REFERRAL



MSXX102405C

Rev: Feb 05/16

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RCH - 330 East Columbia Street
New Westminster, BC. V3L 3W7
Phone: (604) 520-4182 Fax: (604) 520-4183

PLEASE COMPLETE IN FULL AND PRINT CLEARLY

Patient's Full Legal Name: _____
Last First Middle

Other Name(s) (if applicable): _____

Personal Health Number: _____ **Date of Birth:** ____/____/____
(DD, MM, YYYY)

Address: _____
Street City Province Postal Code

Home Phone No. _____ Okay to Call **Message Phone No.** _____

Insurance Type MSP WCB Out-of-Province Self-Pay Other: _____ **RCMP or Armed Forces #:** _____

Interpreter Required: No Yes **Language:** _____

Age at referral:		Age at EDC:		Pre-registered at: SMH <input type="checkbox"/> RCH <input type="checkbox"/> Other: _____	
LMP: (DD/MM/YY)		Circle which is the final EDC		Date of earliest ultrasound: (DD/MM/YY)	
Regular cycle?		EDC by LMP: (DD/MM/YY)		Gestational age at earliest ultrasound	
EDC by U/S: (DD/MM/YY)				Multiple gestation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
G	T	P	SA	TA	<input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Other
Reason for Referral to Antepartum Care at Home. (Please see reverse side for criteria details)				Additional Health/Pregnancy Concerns:	
<input type="checkbox"/> Hypertension <input type="checkbox"/> Intrauterine Growth Restriction <input type="checkbox"/> PPROM <input type="checkbox"/> Variance (provide explanation in comment section) <input type="checkbox"/> PTL					
<input type="checkbox"/> Meets the criteria for selected risk condition (see reverse)					
<input type="checkbox"/> Lives 30 minutes from : SMH <input type="checkbox"/> LMH <input type="checkbox"/> PAH <input type="checkbox"/> RCH <input type="checkbox"/>					

Care Requirements: as per protocol for condition

Additional Comments/Directives:

THE FOLLOWING RECORDS MUST BE RECEIVED TO PROCESS THIS REFERRAL

- Antenatal Record Part I and Part II (if started)
- Reports of all ultrasounds done in this pregnancy
- All available lab results; including serum integrated prenatal screen results, blood group and screen, CBC, prenatal screen, PAP smear results, FBS 2 hour OGTT (where indicated), A1C (within 3 months), electrolytes (if applicable, i.e. NVP), vaginal swabs
- All consultation reports and investigational records related to maternal diagnosis
- To ensure eligibility, verbal report must be given to ACAH referral site before discharging patient home from office or hospital

Family Physician (if different from referring source)

Name: _____

MSP #: _____

Phone: _____ Fax: _____

Patient has no GP/NP

Referring Health Care Provider:

Name: _____

MSP #: _____

Phone: _____ Fax: _____

GP Specialist NP Hospitalist ER Other

Referring Physician Signature: _____

Printshop # 252589

Criteria for Selected Risk Conditions

Hypertensive Disorders in Pregnancy (Gestational hypertension or Pre-existing (chronic) hypertension, with comorbid condition(s) or evidence of preeclampsia)

- ❖ *Gestational Age at diagnoses*
- ◆ Systolic blood pressure ≥ 140 mmHg and < 160 mmHg systolic and/or diastolic blood pressure ≥ 90 mmHg and ≤ 100 mmHg diastolic (pre-existing hypertension diastolic ≤ 110 mmHg). Confirmed by three BP measurements taken in a sitting position using the same arm at heart level: the first BP value is disregarded; at least one minute should elapse before the second measurement is taken; the third measurement is taken 15 minutes later; the average of the second and third readings documented.
- ◆ Recent growth ultrasound or to be arranged asap if not done in last 2 weeks
- ◆ Absence of significant headache, visual disturbance, or epigastric pain
- ◆ Platelets $\geq 100,000/L$: Liver enzymes: AST/ALT < 70 U/L: LD < 300 U/L, Creatinine < 90 umol/L,
- ◆ Normal NST, amniotic fluid volume and Dopplers (intermittent absent end diastolic flow accepted)

Intrauterine Growth Restriction

- ❖ *Gestational age between 24^o-38^o weeks*
- ◆ Confirmation by ultrasound:
 - < Abdominal circumference $\leq 5^{\text{th}}$ percentile for gestational age or
 - < Rate of growth less than expected
 - < Oligohydramnios (MVP/DVP ≤ 2.0 cm or AFI ≤ 5.0 cm)
 - < U/S Doppler diastolic flow present
- ◆ Normal NST

Preterm Labour

- ❖ *Gestational age of 20^o-34^o weeks*
- ◆ Increased uterine activity with ≥ 2.5 cm cervical length and positive fetal fibronectin for 7 days of bridging to the community
- ◆ Cervical dilation ≤ 3 cm
- ◆ Cervical length ≤ 2.5 cm by endovaginal ultrasound with or without uterine activity
- ◆ Post-operative cervical cerclage for seven days of bridging to the community

Previable or Preterm Prelabour Rupture of Membranes (PPROM)

- ❖ *Gestational age < 37 weeks (may admit before viability if woman wishes to continue pregnancy)*
- ◆ Clinical confirmation of rupture of membranes, i.e. positive fern test or nitrazine test on speculum exam or visualized amniotic fluid pooling in vagina or positive bedside immunochromatographic test (ex. AmniSure® test)
- ◆ Patient has been stable in hospital for a minimum of 72 hours following rupture
- ◆ Not in labour and no evidence of cervical dilation on sterile speculum exam
- ◆ Vaginal and cervical cultures, urine culture and sensitivity
- ◆ Reassuring fetal status (e.g. growth ultrasound, NST normal if viable)
- ◆ Longitudinal lie (except footling breech)
- ◆ Absence of signs and symptoms of chorioamnionitis:
 - < No abdominal tenderness, malodorous vaginal discharge or flu-like symptoms
 - < Normal CBC and differential (> 34 weeks baseline normal C-Reactive Protein)
 - < Temperature < 37.5 °C and no maternal tachycardia (pulse < 100 bpm)
- ◆ No evidence of frank blood in vaginal discharge. Pink tinged fluid to be assessed by ACAHP RN for acceptance on program

Multiple Gestation

- ◆ Multiple gestation with complications of pre-term labour, intrauterine growth restriction, oligohydramnios, hypertension, previable or preterm prelabor rupture of membranes
- ◆ Special circumstances where close surveillance is required (i.e. triplets, monoamniotic twins)
- ◆ No evidence of twin to twin transfusion syndrome (severe polyhydramnios in one sac, with severe oligohydramnios in other sac)
- ◆ NST normal (if viable) and Doppler diastolic flow present

Women with certain additional complications and/or variance to the above conditions will be individually reviewed by the Medical Program Director before admission to the program.