

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

