

MEDICAL STAFF POLICY

Title: OB Consultation Policy	Number: MSP006-1 BOT Approval: 09/15
Standard: Medical Staff (MS)	MEC Approval: 08/15 Responsible: Medical Staff Services Manager

POLICY

Obstetrical patients with certain risk factors should have consultation by an Obstetrician / Gynecologist or a Maternal-Fetal Medicine Specialist. Those risk factors and the required consult are tabulated in appendices A – C. Appendices B and C are from the Guidelines for Perinatal Care, 6th edition, ACOG and AAP 2007, modifications are noted in bold type.

When any of these risk factors are identified, a consultation will be requested by the Family Medicine physician or Certified Nurse Midwife attending the patient.

In response to a request for consultation, the consultant will evaluate the patient and document the recommendations made in the medical record. The consultant and the referring practitioner should confer and discuss who should manage subsequent care. When a Maternal-Fetal Medicine Specialist is not immediately available and consultation is required, consultation and development of a collaborative plan of care may occur by phone.

In additions to the items tabulated below, the privilege delineation form for family medicine physicians states that: Physicians with customary Family Medicine privileges “are expected to request consultation:

- a. When doubt exists as to the diagnosis following a complete diagnostic evaluation;
- b. In cases where improvement is not apparent;
- c. When specialized medical therapeutic or diagnostic techniques are indicated.”

APPENDIX A

Risk Identification for Consultation for patients seen at NMC

RISK FACTOR	REQUIRED CONSULTATION
Labor Abnormalities	
Arrest or protraction of Stage 1 - unresponsive to oxytocin	Obstetrician-Gynecologist / Family Medicine with C/S privileges
Vacuum extraction performed for arrest or protraction of 2 nd stage	Obstetrician-Gynecologist / Family Medicine with C/S privileges
Maternal temperature $\geq 100^4$ F while in labor or postpartum	Obstetrician-Gynecologist
Suspicion of macrosomia, including previous macrosomic infant, previous shoulder dystocia	Obstetrician-Gynecologist
Non-vertex vaginal delivery	Obstetrician-Gynecologist
Postpartum hemorrhage unresponsive to medical management	Obstetrician-Gynecologist
Medical History & Conditions	
History of Fetal demise	Obstetrician-Gynecologist
Active sexually transmitted diseases, syphilis, herpes, HSV, active hepatitis	Obstetrician-Gynecologist
Previous Cesarean section - for labor evaluation only	Obstetrician-Gynecologist / Family Medicine with C/S privileges

APPENDIX B

Early Pregnancy Risk Identification for Consultation for patients seen at NMC

RISK FACTOR	REQUIRED CONSULTATION
Medical History & Conditions	
Asthma	
<ul style="list-style-type: none"> • Symptomatic on medication 	Obstetrician-Gynecologist / Practitioner with expertise in care of asthmatic patients
<ul style="list-style-type: none"> • Severe (multiple hospitalizations) 	Maternal-Fetal Medicine Subspecialist
Cardiac disease	
<ul style="list-style-type: none"> • Cyanotic, prior MI, aortic stenosis, pulmonary hypertension, Marfan syndrome, prosthetic valve, AHA Class II or greater 	Maternal-Fetal Medicine Subspecialist or Cardiologist
<ul style="list-style-type: none"> • Other 	Obstetrician-Gynecologist
Diabetes mellitus	
<ul style="list-style-type: none"> • Class A2 or greater 	Obstetrician-Gynecologist
<ul style="list-style-type: none"> • Class D or greater 	Maternal-Fetal Medicine Specialist
Current drug and alcohol abuse	
Epilepsy (on medication)	Obstetrician-Gynecologist

RISK FACTOR	REQUIRED CONSULTATION
Family history of genetic problems (Down syndrome, Tay-Sachs disease, PKU)	Maternal-Fetal Medicine Specialist
Hemoglobinopathy (SS, SC, S-thal)	Maternal-Fetal Medicine Specialist
Hypertension	
• Chronic, with renal or heart disease	Maternal-Fetal Medicine Specialist
• Chronic, with renal or heart disease	Obstetrician-Gynecologist
Prior pulmonary embolus or deep vein thrombosis	Obstetrician-Gynecologist
Severe Psychiatric illness / psychosis	Obstetrician-Gynecologist
Pulmonary disease	
• Severe obstructive or restrictive	Maternal-Fetal Medicine Specialist
• Moderate	Obstetrician-Gynecologist
Renal disease	
• Chronic, creatinine ≥ 3 with or without hypertension	Maternal-Fetal Medicine Specialist
• Chronic, other	Obstetrician-Gynecologist
• Requirement for prolonged anticoagulation	Maternal-Fetal Medicine Specialist
• Severe systemic disease	Maternal-Fetal Medicine Specialist
Obstetric history and conditions	
Age ≥ 35 at delivery	Obstetrician-Gynecologist / Genetic Counseling
Cesarean delivery, prior classical or vertical incision	Obstetrician-Gynecologist / Family Medicine with C/S privileges
Incompetent cervix	Obstetrician-Gynecologist
Prior fetal structural or chromosomal abnormality	Maternal-Fetal Medicine Specialist
Prior neonatal death	Obstetrician-Gynecologist
Prior fetal death at/or greater than 20 weeks gestation	Obstetrician-Gynecologist
Prior preterm delivery or preterm PROM at/or less than 32 weeks	Obstetrician-Gynecologist
RISK FACTOR	REQUIRED CONSULTATION
Prior low birth weight (<2,500 g)	Obstetrician-Gynecologist
Recurrent Second-trimester pregnancy loss	Obstetrician-Gynecologist
Significant Uterine leiomyomata or malformation - greater than 4cm or obstructing lower uterine segment	Obstetrician-Gynecologist
Initial laboratory test	
HIV	
• Symptomatic or low CD4 count	Maternal-Fetal Medicine Specialist / Practitioner with expertise in management of HIV
• Other	Obstetrician-Gynecologist / Practitioner with expertise in management of HIV
CDE (Rh) or other blood group isoimmunization (excluding ABO, Lewis)	Maternal-Fetal Medicine Specialist
Initial examination-condylomata (extensive, covering vulva or vaginal opening)	Obstetrician-Gynecologist

APPENDIX C

Ongoing Pregnancy Risk Identification for Consultation for patients seen at NMC

RISK FACTOR	REQUIRED CONSULTATION
Medical History & Conditions	
Current drug/alcohol abuse	Obstetrician-Gynecologist
Proteinuria ($\geq 2+$ by catheter sample, unexplained by urinary tract infection)	Obstetrician-Gynecologist
Pyelonephritis	Obstetrician-Gynecologist
Severe systematic disease that adversely affects pregnancy	Maternal-Fetal Medicine Specialist
Obstetric history and conditions	
Blood pressure elevation (diastolic ≥ 90 mmHg), no proteinuria	Obstetrician-Gynecologist
Fetal growth restriction suspected	Obstetrician-Gynecologist
Significant fetal abnormality suspected by ultrasonography	Obstetrician-Gynecologist
• Anencephaly	Obstetrician-Gynecologist
• Other	Maternal-Fetal Medicine Specialist
Fetal demise	Obstetrician-Gynecologist
Gestational age 41 weeks (to be seen by 42 weeks)	Obstetrician-Gynecologist
Gestational diabetes mellitus A2 or greater	Obstetrician-Gynecologist
Herpes, active lesions 36 weeks	Obstetrician-Gynecologist
Hydramnios by ultrasonography greater than 25cm AFI	Obstetrician-Gynecologist
Hyperemesis, persisting beyond first trimester	Obstetrician-Gynecologist
Multiple gestation	Obstetrician-Gynecologist
Oligohydramnios by ultrasonography less than 5cm AFI	Obstetrician-Gynecologist
Preterm labor, threatened, <37 weeks	Obstetrician-Gynecologist
Premature rupture of membranes	Obstetrician-Gynecologist
Vaginal bleeding ≥ 14 weeks	Obstetrician-Gynecologist
Examination and laboratory findings	
Abnormal MSAFP 3 (low or high)	Obstetrician-Gynecologist
RISK FACTOR	REQUIRED CONSULTATION
Abnormal Pap test result	Obstetrician-Gynecologist / Practitioner with colposcopic privileges
Anemia (Hct <28%, unresponsive to iron therapy)	Obstetrician-Gynecologist
Condylomata (extensive, covering labia and vaginal opening)	Obstetrician-Gynecologist
HIV	
• Symptomatic or low CD4 count	Maternal-Fetal Medicine Specialist / Practitioner with expertise in management of HIV
• Other	Obstetrician-Gynecologist / Practitioner with expertise in management of HIV
CDE (Rh) or other blood group isoimmunization (excluding ABO, Lewis)	Maternal-Fetal Medicine Specialist