

Maternal Fetal Medicine Referral Indications

This document represents common indications for a consultation request with the Fraser Health Maternal Fetal Medicine service. This list is not comprehensive and may not encompass all indications for referral. A maternal fetal medicine nurse and physician will review all requests for consultation to determine the need and urgency for assessment. Not all conditions listed below require a consultation, depending on the specific clinical circumstances. Please do not refer to multiple Maternal Fetal Medicine centres simultaneously as this may result in duplication of care and misutilization of scarce resources. We may be unable to process referrals with missing critical information resulting in a delay in patient care.

If you are uncertain regarding the need for referral, please contact our clinic to be directed to an individual that can discuss your specific case: 604-582-4558 ext. 763995

Fetal Diagnosis Service:

Fraser Health Maternal Fetal Medicine service now also offers Fetal Diagnosis Services (FDS) for major fetal anomalies. The referral process is centralized to ensure expedited patient care. Please refer to the following website for referral indications and process:

<http://www.bcwomens.ca/our-services/pregnancy-prenatal-care/complications-in-pregnancy/fetal-diagnosis-service>

Maternal Fetal Medicine Services:

Indications for Referral:

1. Pre-pregnancy planning (please note that these consultations are typically scheduled within 3-12 months based on urgency and capacity. In some instances, referral to Obstetrics Internal Medicine and/or Medical Genetics may be recommended as an alternative)
 - a. Prior significant obstetrical complication
 - b. Major medical comorbidity

2. Prenatal diagnosis consultation
 - a. Amniocentesis
 - b. Nuchal translucency for any multiple pregnancy or maternal age > 35 (capacity permitting)
 - c. Soft marker of aneuploidy on detailed ultrasound requiring further assessment (please refer to the PSBC soft marker algorithm to determine if MFM referral is recommended¹)
 - d. SIPS, IPS, or quad screen result "SCREEN POSITIVE" after dating ultrasound has been completed and patient is eligible for and requesting amniocentesis in lieu of cfDNA (NIPT)
 - e. cfDNA (NIPT) result high-risk for aneuploidy
 - f. Fetal anomalies not meeting Fetal Diagnosis Service referral criteria²
 - g. Indication for screening fetal echocardiography³

3. Maternal Medical Complications
 - a. Significant maternal disease including:
 - i. Renal disease with impaired renal function and/or hypertension
 - ii. Cardiac disease
 - iii. Gastrointestinal disease require medical therapy
 - iv. History of solid organ transplant

- v. Significant neurological disorder
- vi. Significant respiratory disorders
- vii. Connective tissue disorders
- viii. Rheumatological diagnoses
- ix. Pre-gestational diabetes and other endocrine disorders
- x. Rheumatological diagnosis with SSA antibody positivity
- b. Antiphospholipid antibody syndrome
- c. Antenatal infectious disease exposure
- d. Rh or other RBC antigen alloimmunization with critical titre ≥ 16 , any titre if anti-Kell positive, or prior history of perinatal alloimmunization-related complications
- e. History of neonatal alloimmune thrombocytopenia (NAIT)

4. Obstetrical Complication in Prior Pregnancy

- a. Prior history of cervical insufficiency requiring ultrasound indicated cerclage or resulting in preterm birth <32 weeks' gestation
- b. Preterm prelabour rupture of membranes (PPROM) or preterm birth < 32 weeks
- c. Severe fetal growth restriction requiring birth <34 weeks' gestation or with significant placental pathology
- d. Hypertensive disorder of pregnancy requiring birth <34 weeks' gestation
- e. Prior pregnancy with congenital anomaly
- f. Poor perinatal outcome or stillbirth

5. Complications arising in current pregnancy

- a. Preeclampsia < 34 weeks
- b. PPRM or preterm labour < 32 weeks
- c. Premature cervical change prior to 28 weeks gestation
- d. Multiple gestation:
 - i. Dichorionic twin pregnancy with complication (uncomplicated dichorionic twin pregnancies do not require referral to MFM)
 - ii. Monochorionic twin pregnancies
 - 1. Monochorionic diamniotic twin pregnancies
 - 2. Monochorionic monoamniotic twin pregnancies
 - iii. Higher order multiples (triplets etc)
- e. Fetal growth restriction (BC Provincial Small Fetus Protocol⁴)
 - i. AC or EFW<10%ile by WHO growth curve < 32 weeks' gestation
 - ii. AC or EFW<3%ile by WHO growth curve at any gestational age
 - iii. Abnormal fetal Doppler studies at any gestational age
- f. Oligohydramnios: single deepest pocket (SDP) < 2 cm
- g. Polyhydramnios: amniotic fluid index (AFI) >25 cm, if AFI not completed, SDP>10 cm
- h. Persistent fetal arrhythmia at any gestational age
 - i. Sustained bradycardia (<110 bpm) or tachycardia (>180 bpm) noted at any gestational age following obstetrical assessment at an acute perinatal site
 - ii. Irregular fetal heart rate with >10 skipped beats per minute
- i. Placental abnormalities (Examples include vasa previa, placenta accreta spectrum⁵)

Resources:

- 1) https://cms.psbchealthhub.ca/sites/default/files/2023-09/PGSOBGuideline_App5SoftMarkers.pdf
- 2) <http://www.bcwomens.ca/our-services/pregnancy-prenatal-care/complications-in-pregnancy/fetal-diagnosis-service>
- 3) <http://www.bcwomens.ca/Pregnancy-Prenatal-Care-Site/Documents/BCWH%20indications%20for%20fetal%20echo%20and%20extended%20heart%20views%20Nov%202020.pdf>
- 4) <http://www.bcwomens.ca/Pregnancy-Prenatal-Care-Site/Documents/Provincial%20Small%20fetus%20Protocol%2030.08.2021.pdf>
- 5) <https://www.pasclinic.ca/>