

## Maternal Fetal Medicine Referral Criteria

The following represents common indications for a consultation request with maternal fetal medicine although may not encompass all possible indications for consultation. A maternal fetal medicine nurse and physician review all requests for consultation to determine the need and urgency for maternal fetal medicine consultation. Referrals with missing information cannot be appropriately processed and therefore may result in a delay for patient care.

1. Pre-pregnancy planning
2. Prenatal diagnosis consultation
  - a. Amniocentesis
  - b. Nuchal translucency for any multiple pregnancy and maternal age > 35
  - c. Soft marker of aneuploidy on detailed ultrasound (utilizing PSBC prenatal genetic screening guidelines)
  - d. Maternal serum screen: SCREEN POSITIVE” after dating ultrasound has been done
  - e. NIPT high risk for aneuploidy
3. Maternal Medical Complications
  - a. Severe hypertensive disorders < 34 weeks (see SOGC 2022 definition)
  - b. Diabetes with maternal end organ disease or fetal complications
  - c. Significant maternal disease including:
    - i. Renal disease < 34 weeks with impaired renal function and/or hypertension
    - ii. Cardiac diseases at any gestational age
    - iii. Gastrointestinal disease unresponsive to treatment < 34 weeks
    - iv. History of solid organ transplant at any gestation age
    - v. Significant neurological disorder
    - vi. Psychiatric disorder requiring hospital admission
    - vii. Significant respiratory disorders
    - viii. Connective tissue disorders
    - ix. Endocrine disorders other than diabetes
    - x. Pre-pregnancy BMI >40
    - xi. Rheumatological diagnosis with SSA antibody positivity
  - d. Antiphospholipid antibody syndrome < 34 weeks
  - e. Antenatal infectious disease exposure
  - f. Rh or other RBC antigen alloimmunization or history of NAIT
4. Obstetrical Complication in Prior Pregnancy – Prenatal diagnosis and care planning with management in conjunction with referring Physician/ Midwife or Obstetrician, as deemed clinically appropriate
  - a. Previous or current history of shortened/incompetent cervix or significant uterine anomaly
  - b. PPROM or preterm birth < 34 weeks
  - c. Severe IUGR
  - d. Second trimester severe hypertensive disorder requiring delivery <34 weeks
  - e. Poor perinatal outcome or stillbirth (dependent on etiology)

5. Complications arising in current pregnancy
- a. PPROM or preterm labour < 34 weeks
  - b. Any complicated multiple pregnancy (uncomplicated dichorionic twins are currently excluded due to limited resources)
  - c. Severe IUGR (AC < 5 percentile)
  - d. Oligohydramnios (DVP < 2 cm)
  - e. Polyhydramnios (DVP > 8 cm or AFI > 25 cm)
  - f. Antepartum hemorrhage < 34 weeks with associated PTL or IUGR
  - g. Fetal arrhythmia at any gestational age
  - h. Placental concerns (Examples include vasa previa, placenta accreta spectrum, bilobed placenta)

**Major fetal anomalies detected on ultrasound should be referred directly to Fetal Diagnostics Service (FDS) and BCWH. Ph: 604-875-2848 Fax: 604-875-3484**