fraserhealth

OUTPATIENT FETAL MONITORING REFERRAL

From ID: OBXX104997C Rev: June 25, 2020 Page: 1 of 1

Name: _____ Contact Number(s): _____ PHN: _____

EDD _____ **Interpreter needed?** ❑ Yes ❑ No **Language** _____

Please see guidelines on reverse for indication and frequency (indicate condition)

- ❑ Advanced maternal age
- ❑ Antepartum Hemorrhage (chronic abruption)
- ❑ Antiphospholipid Syndrome
- ❑ Cholestasis of pregnancy

Diabetes:

- ❑ Pregestational or gestational requiring insulin
- ❑ Pregestational with microvascular end organ disease or comorbid condition
- ❑ Falling insulin requirements

Hypertension

- ❑ Well controlled pre-existing
- ❑ Gestational and pre-eclampsia
- ❑ Fetal Growth Restriction <10th percentile (see reverse):
- ❑ Isolated Oligohydramnios
- ❑ Isolated Polyhydramnios

Multiple Pregnancy (no other complications or IUGR):

- ❑ Di/Trichorionic ❑ Twins ❑ Triplets
- ❑ Mono/DiTriamniotic ❑ Twins ❑ Triplets
- ❑ Obesity
- ❑ Postdates
- ❑ Previous stillbirth (include gestational age at demise)

*Note: Patients with decreased fetal movement to have an assessment at an acute care site **ONLY***

❑ Other: _____

Additional comments: _____

Frequency if different than guideline _____ Please explain: _____

Next U/S booked? Date: _____ Location: _____

Referred by: _____ Date: _____

Primary Care Provider (if different from referring provider): _____

Obstetrician (if consulted): _____

Phone Number: _____ Fax Number: _____

Please fax completed referral to the Outpatient Fetal Monitoring Clinic with:

- **Antenatal Part 1 and 2**
- **All ultrasound reports in this pregnancy**
- **Consultations & lab work related to maternal diagnosis**

Hospital	Phone	**Fax**	Hospital	Phone	**Fax**
Abbotsford (ARH)	604-851-4817	**604-851-4813**	White Rock (PAH)	604-541-5826	**604-535-4570**
Burnaby (BH)	604-412-6293	**604-412-6237**	New West (RCH)	604-520-4182	**604-520-4183**
Chilliwack (CGH)	604-795-4107	**604-795-4155**	Maple Ridge (RMH)	604-463-1818	**604-463-1886**
Langley (LMH)	604-514-6034	**604-533-6447**	Surrey (JPOCSC)	604-582-4559	**604-582-3775**

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Guidelines for Frequency of Outpatient Fetal Monitoring

Indication	Frequency (COVID)	Gestational Age
Advanced maternal age (greater than or equal to 40 years at EDD)	2X /week(FMC)	39 weeks ‡
Antepartum Hemorrhage (chronic)	Weekly (FMC)	At diagnosis*
Antiphospholipid antibody syndrome MFM	Weekly (FMC)	37 weeks
Cholestasis of Pregnancy	Weekly (FMC)	At 37 weeks ‡
Decreased fetal movement - URGENT assessment at acute site only	Once (call ahead to unit)	At diagnosis*
Diabetes (OB/MFM consultation recommended)		
• Pre-gestational MFM or gestational diabetes on insulin	Weekly (FMC)	36 weeks
• Pre-gestational with microvascular end organ disease or comorbid condition MFM	2X /week (FMC)	32 weeks
• Falling insulin requirements MFM greater than or equal to 15% from peak total daily dose after 20 weeks	Weekly	At diagnosis*
Fetal Growth Restriction AC/EFW <10th percentile with:		
• Umbilical artery Doppler normal or increased resistance but with end-diastolic flow present	Weekly (FMC)	At diagnosis*
• Advanced abnormal fetal Doppler velocimetry (e.g. intermittent, absent umbilical artery end-diastolic flow or worse)	As per MFM	
Hypertension		
• Pre-existing (sBP greater than or equal to 140 &/or dBP greater than or equal to 90 before 20 weeks) MFM	Weekly (FMC)	35 weeks
• Gestational hypertension (sBP greater than or equal to 140 &/or dBP greater than or equal to 90 on 2 occaccsions ≥ 15 min apart) or pre-eclampsia WITHOUT adverse feto-placental conditions	Weekly	At diagnosis*
• Pre-eclampsia WITH abnormal fetal growth or fluid or umbilical artery Doppler MFM	2X /week	At diagnosis*
Isolated oligohydramnios - intact membranes (SDP less than 2 cm) MFM	2X /week (FMC)	At diagnosis*
Isolated polyhydramnios (AFI greater than or equal to 250 mm with no other complications) MFM	Weekly (FMC)	At diagnosis*
Multiple Pregnancy (with no other complications or IUGR)		
• Dichorionic twins	2X /week (FMC)	38 weeks
• Trichorionic triplets		36 weeks
• Monochorionic diamniotic twins MFM		36 weeks
Obesity (pre-pregnant BMI greater than or equal to 40 kg/m^2)	Weekly (FMC)	37 weeks
Postdates (no other risk factors)	2X /week (FMC)	41 weeks
Previous stillbirth of unknown etiology greater than or equal to 20 weeks or 500 gm	Weekly (FMC)	32 weeks or 1-2 weeks before previous stillbirth (if earlier than 32, start at 28 weeks)

* gestational age to begin: Minimum 26^{+0} weeks
‡ NST if not induced
MFM Maternal Fetal Medicine referral recommended

X - time; BMI - body mass index;EDD- estimated date of delivery; dBP - diastolic blood pressure;
sBP - systolic blood pressure; SDP - single deepest pocket; OB - obstetrical