ELIGIBLE PRIVATELY PRACTICING MIDWIVES: REFERRAL TO KEMH

PURPOSE
To describe the process to be followed by Eligible Private Practice Midwives (EPPM) when they book a patient to KEMH.

PROTOCOL

- Women under the care of an EPPM who meet the criteria for referral to KEMH and wish to birth there may be booked at KEMH.

- Only midwives who have been credentialed by KEMH and have an access agreement enabling them to admit private patients may book patients at KEMH.

- The woman must be booked and admitted as a private patient.

- The EPPM is responsible for completing and faxing an antenatal clinic referral form to 9340 1031 with all the relevant details completed and a copy of all the paperwork listed below.
  - A photocopy of the handheld record history page and first visit page
  - Copies of all the booking pathology results
  - Copies of the reports of any ultrasound scans.
  - A copy of the completed First Midwifery Assessment form (appendix 1)
  - Any other relevant documentation.

- The referral must be faxed at 18 weeks gestation to enable a booking visit to occur around 32 weeks gestation.

- The EPPM may accompany the woman to her appointment(s).

OPTIONS FOR BOOKING

- The woman may be booked with the EPPM having a formal collaborative arrangement with a named obstetrician.

- The woman may be booked under the care of an EPPM with a collaborative arrangement with a KEMH team.
• The woman may be booked under the care of an EPPM without a formal collaborative arrangement with a named obstetrician or the KEMH team. In this instance the woman must be reviewed at KEMH at booking (20 weeks) and again at 32 weeks.

REFERENCES (STANDARDS)

| National Standards – 1 Managers and the Clinical Workforce have the right qualifications, skills and approach to provide safe, high quality health care. |
| Legislation - Nil |

Related Guidelines / Policies – KEMH EPPM Guidelines
Other related documents – Nil

RESPONSIBILITY

| Policy Sponsor | Nursing and Midwifery Director OGCCU |
| Initial Endorsement | November 2015 |
| Last Reviewed |
| Last Amended |
| Review date | November 2018 |

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website
Appendix 1: First Midwifery Assessment Form

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Given Name:</th>
<th>URN:</th>
</tr>
</thead>
</table>

**Midwifery Assessment:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Health Records Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perinatal Edinburgh Depression Scale / Score &gt;12 or positive response to Q10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial Safe Start &amp; Domestic Violence screen completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information given on option and choices for care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work referral offered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social work accepted &amp; consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social worker notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral sent &amp; practitioner/dates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Midwifery Management Plan for Identified Risks**

<table>
<thead>
<tr>
<th>Number</th>
<th>Name of condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Model of care eligibility & preferences**

- Wishes to be cared for in GP Shared Care model (GP Lead Carer)
- Eligible Midwives Clinic
- Eligible for midwifery led continuity of care model (ATSI/Young Women)
- Wishes to be cared for in MGP/EPPM Model of Care
- Lead Carer: MGP / EPPM Midwife
- Lead Carer: Medical Team

Note: Lead Carer provides care in partnership with woman, EPPM, MGP midwife, GP etc.

<table>
<thead>
<tr>
<th>Wishes to be cared for in GP Shared Care model (GP Lead Carer)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Midwives Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for midwifery led continuity of care model (ATSI/Young Women)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wishes to be cared for in MGP/EPPM Model of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Carer: MGP / EPPM Midwife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Carer: Medical Team</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Midwife’s Name (print):** ____________________________  **Designation (print):** ____________________________

**Signature:** ____________________________  **Date:** __________/________/________
### First Midwifery Assessment

**Midwives Clinic/GP Shared Care**

**Midwifery Group Practice (MGP)**

**Eligible Private Practice Midwifery (EPPM)**

**Facility: ____________________________**

(Affix identification label here)

<table>
<thead>
<tr>
<th>No.</th>
<th>Code</th>
<th>Condition</th>
<th>Code</th>
<th>N/A</th>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>6.3.4</td>
<td>Pre-eclampsia in previous pregnancy</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.11</td>
<td>6.3.5</td>
<td>Eclampsia</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.12</td>
<td>6.3.8</td>
<td>Resurgent miscarriage</td>
<td>A/B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.13</td>
<td>6.3.7</td>
<td>Pre-term birth (&lt;37 weeks)</td>
<td>A/B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.14</td>
<td>6.3.9</td>
<td>Drug dependence or misuse (include tobacco)</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.15</td>
<td>6.3.10</td>
<td>Gastrointestinal A/ Hep C/ Bowel disease</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.16</td>
<td>6.3.11</td>
<td>Genetic – any condition</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.17</td>
<td>6.3.12</td>
<td>Haematological</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.18</td>
<td>6.3.13</td>
<td>Infectious diseases</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.19</td>
<td>6.3.14</td>
<td>Maternal age &lt;14 or &gt;45</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>6.3.15</td>
<td>Maternal weight &gt;100kg or BMI &gt;17 or &gt;36</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.21</td>
<td>6.3.16</td>
<td>Renal function disorders</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.22</td>
<td>6.3.17</td>
<td>Respiratory disease</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.23</td>
<td>6.3.18</td>
<td>System/connective tissue diseases</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.24</td>
<td>6.3.21</td>
<td>Pre-existing gynaecological disorders (Page 21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.25</td>
<td>6.3.22</td>
<td>Pelvic floor reconstruction</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.26</td>
<td>6.3.23</td>
<td>Cervical abnormalities</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.27</td>
<td>6.3.24</td>
<td>Uterine abnormalities</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.28</td>
<td>6.3.25</td>
<td>Infertility treatment</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.29</td>
<td>6.3.26</td>
<td>Pelvic deformities</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.30</td>
<td>6.3.27</td>
<td>Previous Obstetric History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.31</td>
<td>6.3.28</td>
<td>Active blood group incompatibility</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.32</td>
<td>6.3.29</td>
<td>ABO incompatibility</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.33</td>
<td>6.7.18</td>
<td>Hypertension in previous pregnancy</td>
<td>A/B</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please consult with the National Midwifery Guidelines for Consultation and Referral 2nd Edition for a complete explanation of each listed criteria. All criteria listed under ‘Booking In’ have been included, and criteria that may be relevant to a woman, and circle the code if the woman has a particular health condition.

Please provide summary in the space provided over the page.

**Code:**

- **A** = Discuss situation with a colleague ie. Midwife, medical officer or health care provider
- **B** = Consult with a medical team
- **C** = Transfer of lead carer to medical team

---

2015

All guidelines should be read in conjunction with the Disclaimer at the beginning of this manual