



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Review at another hospital:

Consultation request for obstetrics and gynaecology review of inpatient at other tertiary hospital

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	WA adult tertiary hospitals
This document should be read in conjunction with this Disclaimer	

Aim

To provide guidance to both KEMH and external staff in the event an alternate tertiary hospital requests review for an obstetric or gynaecology patient

Process

1. If a request for review of obstetrics and gynaecology patients at sites other than WNHS is received, the requesting site should contact their own Health Service Provider's (HSP) maternity / gynaecology services in the first instance (both medical and midwifery).
2. **Requests from an adult tertiary hospital for review, of either an obstetric or gynaecology patient, MUST be made by the referring Consultant or Senior Registrar (SR) to the On Call:**
 - **Obstetric Consultant OR Gynaecology Consultant**
via KEMH switchboard 6458 2222
3. The On Call KEMH Obstetrics/Gynaecology Consultant is responsible for assessment and clinical management and planning decisions in relation to this patient.
4. In the event of high acuity, the referring medical staff may be put through to the On Call SR, who MUST liaise with the On Call Consultant for decision-making with the following information from the referring hospital:
 - name of patient, date of birth and UMRN
 - condition of patient
 - location of patient
 - gestation (if pregnant)
 - name and contact details of referring doctor responsible for the patient



Review at another hospital: Consultation request for O&G review of inpatient at other tertiary hospital

5. Following initial telephone contact the requesting hospital must document the request for consultation on eReferral and liaise with the On Call SR/Consultant Obstetrics or Gynaecology, KEMH Labour and Birth Suite.
6. The On Call SR/Consultant Obstetrics or Gynaecology will record the telephone conversation and clinical management plan within the patient's digital medical record (DMR). Complete details on the eReferral for the review at another hospital'. In the event of no existing clinical record for the woman then one will be created.
7. The obstetric / gynaecology patient becomes an outlier of the team of the Consultant on duty for Labour and Birth Suite unless it is felt, in consultation with sub-specialist colleagues that care is best taken over by another team.
 - Obstetric patients continue as an outlier on the MFAU board while pregnant
 - Postnatal and non-obstetric patients are on EBM if they need transfer back / to KEMH- monitored by the HCMs
8. If the request is for the transfer of a patient to KEMH, see WNHS Clinical Guideline: Obstetrics and Gynaecology: [External Calls: Obstetric and Gynaecology Registrars Receiving](#).

See [flowchart](#)

Documentation

- **All treatment and advice are to be documented in the patient medical records at the referring site to ensure a complete set of records are maintained**
- In addition to documenting in the site's notes, Visiting Midwifery Service (VMS) staff also complete the 'Visiting Midwifery Service Follow-up' (MR 255) (VMS progress notes) which are kept by VMS and taken to the VMS office.

Equipment

Available from Labour and Birth Suite / KEMH

Midwifery review of antenatal patient

- Equipment as required- available at KEMH
- If performing a CTG- take CTG sticker x2, CTG envelope, MR250 Integrated Progress Note

Caesarean section (equipment available at KEMH to take for patient having CS):

- Balfour retractor
- Green Armitage clamps
- Post-partum haemorrhage management items (B lynch suture, Bakri balloon)
- Medications including oxytocin, carboprost, ergometrine; consider tranexamic acid

Gynaecology review

- Equipment as required- available at KEMH

Available on-site at adult tertiary hospitals

- Equipment for unplanned birth and equipment for initial management of post-partum haemorrhage PPH should be on site at all adult tertiary hospitals
- Ideally equipment should be available in readily identifiable boxes in Emergency Departments (ED) at other adult tertiary hospitals, principally for use by their own staff in preliminary assessment of the obstetric / gynaecological patient
- A cardiotocography (CTG) machine is available at SCGH Emergency Department- request SCGH staff to arrange prior to attending

Handover

Patients reviewed intermittently at another site require a form of handover between clinicians referred to as 'non-continuous' handover (e.g. day-shift to day-shift handover or weekend/public holidays). At WNHS this is facilitated by:

- Pregnant patients being recorded on the MFAU Phillips IntelliSpace Perinatal (PIP) board as an outlier (see process point 8 above). They are included in midwifery and medical handovers. The Obstetric Consultant plan should be documented on DMR. The plan should include the review required:
 - if medical only (e.g. ultrasound required)
 - if midwifery care required, identify type of fetal monitoring – if intermittent auscultation (IA) then VMS attends woman; If CTG required a midwife who is FSEP Level 3 attends the woman
 - On occasion both medical and midwifery review occurs simultaneously
- Gynaecology and postnatal patients- recorded on ASCU board

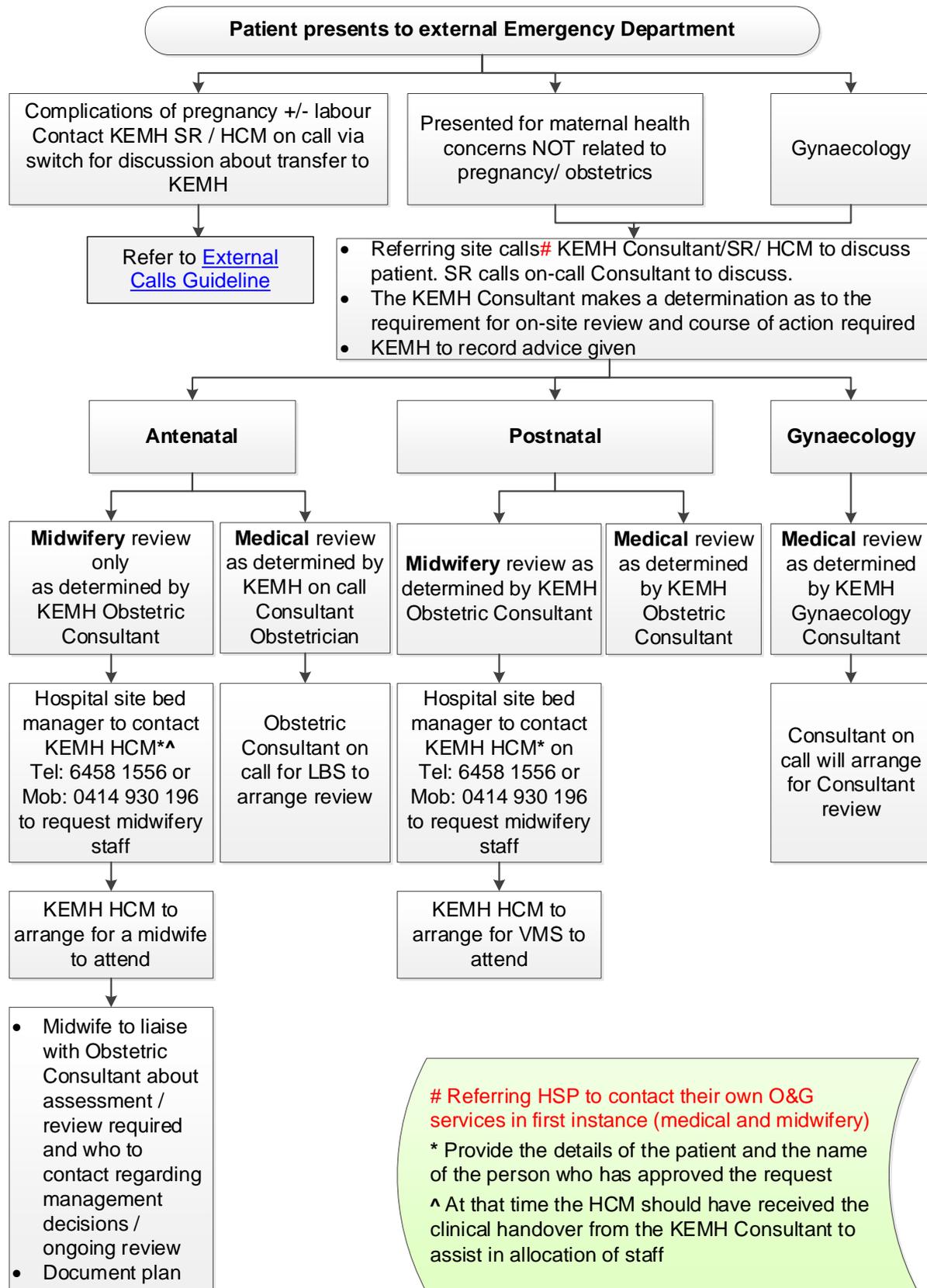
Staff management

- Staff are provided with return taxi Cab Charge etickets (x2)
- Midwives performing an off-site CTG need to be Fetal Surveillance Education Program (FSEP) Level 3. These are generally midwives from LBS but can be from any area of hospital as able.
- The HCMs are kept aware when a staff member is off site and returns

Fetal heart rate monitoring

- When performing IA – documentation required is within guidelines provided for review. Escalate concerns to LBS medical team (SR/ Consultant).
- Escalation of CTG abnormalities is as per WNHS Fetal Surveillance guidelines (Fetal Heart Rate Monitoring) and WA Health requirements. Contact the Obstetric Consultant directly if any concerns and HCM if required.
- On completion of CTG:
 - CTG sticker x1 in requesting hospital notes, with supporting documentation (note- this sticker will have only one signature on it (the person who performed the CTG))
 - CTG sticker x 1 placed on MR250 Progress notes and paper CTG placed in CTG envelope. These return to KEMH with midwife, reviewed by medical staff, second signature attained and then sent for scanning into DMR.
 - Document outcomes in the patient's medical record.

Review of a patient in another hospital flowchart



Abbreviations- CTG- cardiotocography; HCM- Hospital Clinical Manager; LBS- Labour and Birth Suite; SR- Senior Registrar; VMS- Visiting Midwifery Service

Related WNHS policies, procedures and guidelines

WNHS Clinical Guidelines, [Obstetrics and Gynaecology](#):

- External Calls: Registrars Receiving
- Patient Movement: Transfer of a Critically Unwell Patient to an ICU at another Hospital

Useful resources

Keywords:	Obstetric review, gynaecological review, review at another hospital, SCGH, RPH		
Document owner:	Obstetrics and Gynaecology Directorate		
Author / Reviewer:	Medical and Midwifery Co-directors OGD		
Date first issued:	March 2011	Version:	4
Reviewed dates:	Jan 2015, Mar 2020; Oct 2023	Next review date:	Oct 2026
Endorsed by:	Obstetrics and Gynaecology Directorate Management Committee	Date:	04/10/2023
NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  4: Medication Safety	<input checked="" type="checkbox"/>  5: Comprehensive Care <input checked="" type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration	
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Version history

Version number	Date	Summary
1	Mar 2011	First version. Previously titled as 'A2.14 Requests to Review Obstetric And Gynaecology Patients At Fremantle, SCGH Or Royal Perth Hospitals'
2	Jan 2015	Routine review. Title amended 'Review at Another Hospital: Obstetrics & Gynaecology Review at Fremantle, SCGH & Royal Perth Hospitals'
3	Mar 2020	<ul style="list-style-type: none"> • Updated and clarified process, with new flowchart added • Documentation section added- for call details and review • Updated equipment lists

4	Oct 2023	<ul style="list-style-type: none">• Title amended to “Review at another hospital: Consultation request for obstetrics and gynaecology review of inpatient at other tertiary hospital”• Request for review of obstetrics and gynaecology patients at sites other than WNHS: Should contact their Health Service Provider’s (HSP) maternity / gynaecology services in the first instance (both medical and midwifery)• The On Call KEMH Obstetrics / Gynaecology Consultant is responsible for assessment and clinical management and planning decisions in relation to this patient• Following initial telephone contact the requesting hospital must document the request for consultation and forward to the On Call SR/Consultant Obstetrics or Gynaecology, KEMH Labour and Birth Suite• The On Call SR/Consultant Obstetrics or Gynaecology will record the telephone conversation and plan on Consultation Request Form• Obstetric patients continue as an outlier on the MFAU board while pregnant. Postnatal and non-obstetric patients are on EBM if they need transfer back / to KEMH- monitored by the HCMs.• Added sub-headings for handover (non-continuous) and escalation of abnormalities
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