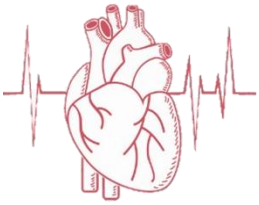
Referral Criteria for Specialist Maternal Medical Clinics

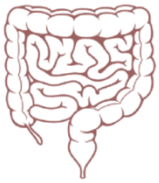
Referral criteria for Antenatal Cardiology Clinic:



Midwife or Obstetric Registrar should discuss all referrals with a Consultant Obstetrician.

- Women who have had previous cardiac surgery – NB mechanical heart valves should be referred by email/direct telephone contact within 24h
- Women known to have congenital heart disease
- Women with ischaemic heart disease
- Women with cardiomyopathy
- Women with heart failure or a history of heart failure in a previous pregnancy
- Women with aortopathy or aortopathy associated conditions eg Marfan's or Loeys Dietz syndrome
- Women with valvular heart disease (excluding isolated mitral valve prolapse)
- Women with breathlessness and abnormal **echo** or abnormal **ECG** findings
- Women with previous sustained arrhythmia or arrhythmia with symptoms.

Referral criteria for Antenatal Gastroenterology Clinic:



- Inflammatory bowel disease (ulcerative colitis, Crohn's disease, indeterminate colitis)
- Cholestasis of pregnancy if diagnosed **before** 34 weeks and BA **above** 40
- Other GI conditions under regular follow-up (1 appointment and then determination of whether further appointments are needed)
- Significantly abnormal liver function tests (AST or ALT more than 2x the upper limit of normal not due to pre-eclampsia)
- Dysphagia

Please do not book:

- **Hepatitis B and C (these patients should be seen in the joint clinic with Dr Ewing – screening co-ordinator clinics)**
- **Irritable Bowel Syndrome**
- **Uncomplicated coeliac disease**
- **Uncomplicated gastro oesophageal reflux disease**
- **Resolved cholecystitis/gall bladder removal**

Referral criteria for Antenatal Haematology Clinic:



- Immune thrombocytopenia (ITP)
- Thrombocytosis not related to iron deficiency or infection (high platelets)
- Known haematological malignancies
- Known thrombophilia
- Bleeding disorders

Please do not book:

Iron, B12 and folate deficiency

Sickle cell and thalassaemia and other haemoglobinopathy should be referred to the Thursday morning antenatal clinic with Miss Kingman.

Haemophilia should be referred to the Maternal Medicine Centre for management (via louise.bowles@nhs.net)

Referral criteria for Antenatal Hypertension Clinic with Dr Abrams:



<u>Consultant Obstetrician referral only</u>

- BP above of ≥ 140 systolic or ≥ 90 diastolic at booking, not know to be hypertensive previously
- Known chronic hypertension not controlled on 2 anti-hypertensives (not pre-eclampsia)
- Previous preterm delivery before 34 weeks secondary to pre-eclampsia
- Hypertension with previous stillbirth
- Hypertension secondary to hyperaldosteronism (Conn's disease)

Please do not book:

Idiopathic intracranial hypertension into this clinic (see Neurology referral criteria).

Referral criteria for Antenatal Neurology Clinic

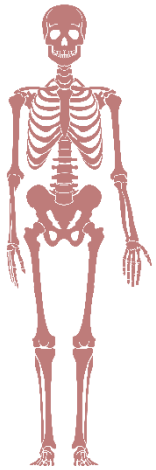


- Epilepsy on medication
- Myotonic dystrophy
- Myasthenia Gravis
- Guillian-Barre
- Motor neurone disease
- Neurosurgical conditions: Vascular malformations/V-P shunts
- Cerebral Palsy
- Multiple Sclerosis
- Cluster Headaches
- Idiopathic Intracranial Hypertension on medication, or confirmed diagnosis with symptoms

Acute stroke should be managed via the HASU with obstetric input as required.

Neurological conditions requiring neurosurgical input should be referred to the Maternal Medicine Centre (Royal London)

Referral criteria for Rheumatology Clinic



- Rheumatoid arthritis
- Psoriatic arthritis or psoriasis with new joint pain
- Ankylosing spondylitis
- Lupus (SLE) – request ANA, ENA, dsDNA, C3, C4, creatinine and uPCR and book to be seen first on clinic list
- Mixed connective tissue disease - request ANA, ENA, dsDNA, C3, C4, creatinine and uPCR and book to be seen first on clinic list
- Sjogren's syndrome
- Scleroderma
- Polymyositis/dermatomyositis – please request CK
- Vasculitis – request ANCA, ANA, ENA, dsDNA, C3, C4, creatinine and UPCR and book to be seen first on clinic list
- Symptomatic Raynaud's syndrome
- Ehlers-Danlos: type IV only (not type III or Ehlers Danlos with POTs)

Women with any of the following new symptoms:

- Prolonged joint stiffness > 30 minutes and tenderness in 2 or more joints
- Joint swelling in 2 or more joints
- Inflammatory back pain (spinal morning stiffness >30mins, back or buttock pain worse with rest and improved with activity, night back pain, alternating buttock pain)
- Any of: butterfly facial rash, recurrent oral or genital ulcers, photosensitive rash, hair loss, uveitis

Referral criteria for Joint Obstetric Medicine Clinic and Obstetric Physician Clinic



- Known Chronic Kidney Disease: Reflux nephropathy, Polycystic kidney disease, Glomerulonephritis, IgA, FSGS, minimal change, hypertensive kidney disease, membranous kidney disease
- Creatinine > 80 in pregnancy (not due to pre-eclampsia)
- Nephrotic range proteinuria uPCR > 300mg/mmol or uACR > 250mg/mmol before 20 weeks or later than 20 weeks and not due to pre-eclampsia
- Hypertension with persistent haematuria or proteinuria (uPCR >30)
- Complex asthma, defined as: 3 or more presentations for asthma in pregnancy or the year prior to pregnancy/ asthma on biologics/asthma on long term steroids.
- Other lung disease: interstitial lung disease, bronchiectasis, fibrotic lung disease (cystic fibrosis should be cared for jointly by Homerton and CF centre to which the patient is known with referral for delivery at RLH if required. Previous PE and sickle lung disease should be referred to haematology)
- Recurrent Pancreatitis or pancreatitis secondary to hypertrigylceridaemia
- Familial hypercholesterolaemia
- Any medical condition that requires secondary care input that does not have a current referral pathway and requires consideration for referral to the maternal medicine centre
- Skin disease on biologic treatment

Diabetic kidney disease should be referred to the diabetic antenatal clinic and joint care will be coordinated from there.