

ADHB local guidance on the National Referral Guidelines (Maternity)

Code	Condition	Description	Referral Category	Point of First Referral	Timing of Referral
1000-2000 Pre-existing and/or co-existing medical conditions					
Anaesthetics					
1001	Anaesthetic difficulties	Previous failure or complication (e.g. difficult intubation, failed epidural, severe needle phobia)	Consultation	Anaesthetist	1st trimester
1002	Malignant hyperthermia or neuromuscular disease		Consultation	Anaesthetist	1st trimester
Autoimmune/rheumatology					
1003	SLE/connective tissue disorder	Active, major organ involvement, on medication	Transfer	Ob Physician Obstetrician	ASAP ASAP
1004		Inactive, no renal involvement, no hypertension, or only skin/joint problems	Consultation	Ob Physician Obstetrician	If not on Aspirin refer ASAP. If on Aspirin refer after 20/40 scan.
1005	Thrombophilia including antiphospholipid syndrome	On warfarin, previous obstetric complications or maternal thrombosis	Transfer	Ob Physician Obstetrician	ASAP
1006		No previous obstetric complications or maternal thrombosis	Consultation	Ob Physician Obstetrician	1 st trimester
Cardiac					
1007	Arrhythmia/palpitations ; murmurs	Recurrent, persistent or associated with other symptoms	Primary	GP	When identified
1008	Cardiac valve disease	Mitral/aortic regurgitation (and other valve lesions)	Consultation	Ob Physician	1st trimester 1st trimester
1009		Mitral/aortic stenosis	Transfer	Ob Physician	1 st trimester
1011	Cardiac valve replacement		Transfer	Ob Physician	1 st trimester 1 st trimester
1012	Cardiomyopathy		Transfer	Ob Physician	When identified
1013	Congenital cardiac disease	Not further defined (unspecified)	Consultation	Ob Physician + Obstetrician	1 st trimester
1014	Hypertension	>140/90 or on antihypertensive medication	Consultation	Ob Physician Obstetrician	When identified
1015		>150/100	Transfer	Obstetrician Obstetric Physician	Immediate
1016	Ischaemic heart disease		Transfer	Ob Physician	1 st trimester
1017	Pulmonary hypertension		Transfer	MFM team Auckland	1 st trimester
Endocrine					
1019	Diabetes	Pre-existing (insulin dependent or non-insulin dependent)	Transfer	Local Diabetes clinic	
1020		Gestational, well controlled on diet	Consultation	Local Diabetes clinic	
1021		Gestational, requiring insulin	Transfer	Local Diabetes clinic	
1022	Thyroid disease	Hypothyroidism	Primary (Consultation)	GP (consult if levels outside range) (Ob Physician +Obstetrician)	1 st trimester
		(Hypothyroidism due to treated Graves' disease requires referral)	Consultation	Ob Physician Obstetrician	1 st trimester
		Hyperthyroidism	Consultation	Ob Physician Obstetrician	1 st trimester
1023	Hypopituitarism		Consultation	Ob Physician	1 st trimester
1024	Prolactinoma	Microprolactinoma not on medication	Consultation	Ob Physician	<28/40
		All others			1 st trimester
	Other endocrine	Eg. Addison's disease, Cushing's disease	Consultation	Ob Physician	1 st trimester

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	disorder significant in pregnancy				
Gastroenterology					
1025	Cholelithiasis	Symptomatic	Primary		
1026	Cholestasis of pregnancy		Transfer	Obstetrician	On diagnosis
	Previous fatty liver in pregnancy		Consultation	Obstetrician + Obstetric Physician	When identified
1027	Inflammatory bowel disease	Active or on medication	Consultation	Obstetrician Ob Physician	When identified
1028		Inactive	Primary	GP	<36/40
		When past surgery: referral recommended	Consultation	Obstetrician	
1029	Hepatitis	Acute	Consultation	Obstetrician + Obstetric Physician	On diagnosis
1030		Chronic active	Consultation	Ob Physician Obstetrician	<28/40
1081		Active chronic on immune-suppressants	Transfer	Ob Physician	
1031	Oesophageal varices		Transfer	MFM team Auckland	1 st trimester
Genetic					
1033	Marfan's		Transfer	MFM team Auckland	1 st trimester
1032	Any genetic condition significant in pregnancy		Transfer	MFM	1 st trimester
Haematological					
1034	Anaemia	Hb < 90 g/l, not responding to treatment Iron in Pregnancy ADHB Pathway on website	Consultation	Obstetrician	When identified
1035	Haemolytic anaemia		Transfer	Obstetrician Obstetric Physician (who refer to Haematology)	Immediate
1036	Bleeding disorders	Including Von Willebrands	Consultation	Ob Physician Obstetrician	When identified
1037	Thalassaemia		Consultation	Obstetrician (for Minor) MFM (for those requiring transfusion)	When identified
1038	Thrombocytopenia	Pre-existing or 1 st trimester	Consultation	Ob Physician	1 st trimester
		2 nd or 3rd trimester (platelets < 150)	Consultation	Obstetrician	When identified
1039	Sickle cell disease	Confirmed	Transfer	MFM team Auckland	On diagnosis
1040	Thromboembolism	Suspected deep vein thrombosis, pulmonary embolism Acute VTE	Transfer	Emergency Dept.	Emergency
		Previous thromboembolism	Consultation	Ob Physician	1 st trimester
1041	Thrombophilia		Consultation	Obstetrician	1 st trimester
Infectious diseases					
1042	CMV/toxoplasmosis	Acute infection	Transfer	Obstetrician	On diagnosis
1044	HIV positive		Transfer	MFM team Auckland	On diagnosis
1045	Listeriosis		Transfer	Obstetrician	On diagnosis
1046	Rubella	If acute suspected	Consultation	Obstetrician	If acute infection suspected
1047	Syphilis		Consultation	MFM team Auckland	On diagnosis
1048	Tuberculosis	Active	Transfer	MFM Team Auckland	On diagnosis

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		Contact	Primary	GP	When identified
1049	Varicella	Active	Transfer	Obstetrician	On diagnosis
		Contact	Primary	GP	When identified
Neurological					
1050	Arteriovenous malformation, CVA, TIA		Consultation	Ob Physician Obstetrician	1 st trimester <20/40
1051	Epilepsy	Controlled	Primary	GP	1 st trimester
1052		Poor control or multiple medications	Transfer	Ob Physician Obstetrician	1 st trimester
1053	Multiple sclerosis		Consultation	Ob Physician Obstetrician	When identified
1054	Myasthenia gravis		Transfer	Ob Physician Obstetrician	When identified
1055	Spinal cord lesion		Transfer	Ob Physician Obstetrician	When identified
Mental health					
1058	Current alcohol or drug misuse/ dependency		Primary	CADS Pregnancy & parenting service	When identified
	Depression and anxiety disorders		Primary	GP	When identified
1059	Other mental health condition	Stable and/or on medication e.g. bipolar disorder	Consultation	Obstetrician Maternal Mental health	<36/40
		Acute unstable psychosis	Transfer	Maternal Mental Health services	Immediate
1061	Glomerulonephritis	Acute onset	Transfer	Ob Physician Obstetrician	<20/40
		Chronic	Consult		
1062	Proteinuria	Chronic	Consultation	Ob Physician Obstetrician	<20/40
1063	Pyelonephritis	History of recurrent pyelonephritis	Consultation	Obstetrician	>20/40
		Acute	Consultation	Obstetrician	Immediate
1064	Renal failure		Transfer	MFM	Immediate
1065	Renal abnormality or vesico-ureteric reflux		Consultation	Ob Physician Obstetrician	1 st trimester <20/40
1066	Asthma	Mild or moderate	Primary	GP	1 st trimester
1067		Severe (continuous or near continuous oral steroids, or any ICU admission)	Consultation	Ob Physician Obstetrician Anaesthetist	1 st trimester <28/40 2 nd trimester
1068					
1069	Acute respiratory condition		Primary	GP	When identified
1070	Cystic fibrosis bronchiectasis		Transfer	MFM MFM	
1080	Organ transplant (excl renal transplant)		Transfer	MFM team Auckland	1 st trimester
	Renal transplant		Transfer	MFM, Ob Physician Obstetrician	1 st trimester
2001	Cervical surgery including cone biopsy, (LLETZ)	Without subsequent term vaginal birth	Consultation#	Obstetrician	1 st trimester
2003	Congenital abnormalities of the uterus	Without previous normal pregnancy outcome	Consultation	Obstetrician	Early second trimester
2007	Myomectomy		Consultation	Obstetrician	<28/40
2008	Previous uterine		Consultation	Obstetrician	<28/40

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	perforation				
2009	Prolapse	Previous surgery	Consultation	Obstetrician	32/40
2010	Vaginal abnormality	E.g. septum	Consultation	Obstetrician	<28/40
2011	Female genital mutilation		Consultation	Female Obstetrician	<28/40
3001	Previous placental abruption		Consultation	Obstetrician	<28/40
3002	Alloimmune thrombocytopenia	Risk to fetus of thrombocytopenia	Transfer	MFM team Auckland	When identified
3003	Caesarean section		Consultation	Obstetrician	For PBAC clinic in early 2 nd trimester, Form triage
3004	Cervical incompetence		Transfer	Obstetrician	13/40
3005	Trophoblastic disease	Hydatidiform mole or vesicular mole, within last 12 months	Consultation	Obstetrician	1 st trimester
3008	Hypertensive disease	Pre-eclampsia with significant intrauterine growth restriction (IUGR) or requiring delivery < 34 weeks or with multi-organ involvement	Consultation	Obstetrician	When identified
3009	Large for gestational age	Birth weight > 97th percentile on customized growth chart	Consultation	Obstetrician	After GDM screening
3010	Suspected Intra-uterine growth restriction (IUGR) /Small for gestational age (SGA)	Birth weight < 5th percentile on population chart; 10th percentile if a customized growth chart is used	Consultation	Obstetrician	Discretionary
3011	Manual removal	With adherent placenta; consider previous management of third stage	Consultation	Obstetrician	Prior to 32/40
3012	Perinatal death		Consultation	Obstetrician	After MSS1
3013	Postpartum haemorrhage	> 1000 ml	Consultation	Obstetrician	On admission
3014	Preterm birth	Previous < 35 weeks	Consultation	Obstetrician	>24 /40
		Previous <28 weeks	Consultation	Obstetrician	13/40
3015	Recurrent miscarriage	Three or more consecutive	Consultation	Obstetrician	<20/40
3016	Shoulder dystocia		Consultation	Obstetrician	<36/40
3017	Termination of pregnancy	Previous complications of termination and or three or more surgical terminations	Consultation	Obstetrician	<20/40
3018	SUDI (Sudden unexplained death of an infant)		Primary	Te Aka Ora	<20 weeks
3019	Fetal congenital abnormality		Consultation	Discretionary	Discretionary
3020	Third or fourth degree tear	Compromised bowel function	Consultation	Obstetrician	<36/40
4001	Acute abdominal pain		Consultation	Obstetrician	When identified
4002	Abdominal trauma		Consultation	ED or Obstetrician	When identified
4003	Abnormal CTG		Consultation	Obstetrician	When identified
4004	Antepartum haemorrhage		Consultation	Obstetrician	When identified
4005	Blood group antibodies	Determine if antibodies implicated for HDN	Consultation	Obstetrician	On identification
4006	Eclampsia		Emergency	Emergency team	Immediate
4007	Fetal abnormality		Consultation	Obstetrician	When identified
4008	Gestational proteinuria	> 0.3 g / 24 hours proteinuria protein/creatinine ratio ≥ 30mg/mmol or	Consultation	Obstetrician	When identified

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		2+ protein on random dipstick testing			
4009	Gestational hypertension	New hypertension presenting after 20 weeks with no significant proteinuria	Consultation	Obstetrician	When identified
4010	Intrauterine death		Consultation	Obstetrician	When identified
4011	IUGR/small for gestational age (SGA)	Estimated fetal weight (EFW) < 10th percentile on customized growth chart, or abdominal circumference (AC) < 5th percentile on ultrasound, or discordancy of AC with other growth parameters, normal liquor (if abnormal liquor see poly/oligo hydramnios section) SGA pathway	Consultation	Obstetrician	When identified
4012	IUGR/small for gestational age (SGA)	EFW < 10th percentile on customized growth chart, or AC < 5th percentile on ultrasound, OR discordancy of AC with other growth parameters, reduced liquor or abnormal umbilical Doppler	Transfer	Obstetrician	Immediate
4013	Large for gestational age	EFW on a customized growth chart > 90 th /97th percentile	Consultation	Obstetrician	After GTT result
4015	Malignancy		Consultation	Obstetrician	When identified
4016	Malpresentation	> 35 weeks; breech, transverse, oblique or unstable lie	Consultation	Obstetrician	for ECV starting from 35/40 (primip), 36/40 (multip)
4017	Morbid obesity	Body mass index (BMI) > 40; may include an anaesthetic consultation	Transfer	Obstetrician Anaesthetist	Early 2 nd trimester 2 nd trimester
4017	Obesity	BMI > 35 And/or weight >135kg at time of birth *For all referrals see the Anaesthetic pathway	Consultation	Anaesthetist	30/40 Early 3 rd trimester
4018	Multiple pregnancy	Twins and higher order multiples - DCDA (may stay with LMC)	Transfer - Consult	Obstetrician	After anatomy scan
		Twins and higher order multiples - MCDA (may stay with LMC)	Transfer	Obstetrician	16/40
		Triplets and higher multiples	Transfer	MFM team Auckland	When identified
4019	Oligohydramnios	No pool depth equal or greater than 2 cm on scan or amniotic fluid index < 7*	Consultation	Obstetrician	Immediate
4020	Placenta praevia; vasa praevia	Complete praevia on scan, at or > 32 weeks	Transfer	Obstetrician Anaesthetist	After follow-up scan (no bleeding)
4021	Polyhydramnios	Scan pools > 10 cm	Transfer	Obstetrician	After second scan to confirm
4022	Pre-eclampsia	BP of ≥ 140/90 and/or relative rise of > 30/15 mmHg from booking BP and any of: 1. proteinuria > 0.3g / 24 hours; or protein/creatinine ratio ≥30mg/mmol or 2+ protein on dipstick testing 2. platelets < 150 x 10 ⁹ /l 3. abnormal renal or liver function 4. imminent eclampsia	Transfer	Obstetrician	When identified
4023	Preterm rupture of membranes	< 37 weeks and not in labour	Consultation	Obstetrician	When identified
4024	Prolonged pregnancy	Refer in a timely manner for planned induction by 42 weeks	Consultation	Obstetrician	Virtual clinic at 41.1/40
4025	Premature labour	34 – 37 weeks	Consultation	Obstetrician	When identified
4026	Premature labour	< 34 weeks	Transfer	Obstetrician	When identified
4027	Pre labour rupture of membranes at term	If Low risk (see policy) can wait 18 – 24 hours	Consultation	Obstetrician	18 hours post SROM
4028	Confirmed reduced fetal movements	Following normal cardiotocograph but still concern – may require liquor/ growth asst	Consultation	Obstetrician	When identified

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4029	Herpes genitalis	Active lesions	Consultation	Obstetrician	When identified, immediate if in labour
4031	Uterine fibroids		Consultation	Obstetrician	Virtual triage >20/40
4032	Urinary tract infection (UTI)	Recurrent	Consultation	Obstetrician	>20/40
4033	Influenza-like illness		Primary	GP	