Admission and Transfer Criteria for Pregnant Women Requiring Higher Level of Care Procedure

1. Purpose

This procedure relates to identifying women who can safely birth in WACHS Kimberley hospitals and has been developed with reference to Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), Australian College of Midwives (ACM) and the King Edward Memorial Hospital (KEMH) guidelines.

The Kimberley has three maternity units – Broome, Derby and Kununurra. Broome, as the Regional Resource Centre, has full-time specialist obstetric and paediatric services, which means the complexity of women able to have a planned birth in Broome is greater than that of Derby and Kununurra District hospitals.

In the Kimberley, there is a collaborative approach to person-centred care with midwives, district medical officers (obstetric and anaesthetic), obstetricians, physicians and paediatricians working together. Multi-disciplinary team (MDT) meetings occur at all birthing sites to discuss and confirm plans for safe antenatal and intrapartum care. This allows management plans to be individualised in consulation with the woman and her family in relation to the safest place for them to birth.

2. Procedure

All antenatal women need to be classified according the level of care required, using ACM National Midwifery Guidelines for Consultation and Referral (4th Ed). Furthermore, women in the Kimberley who fall into the high-risk categories must be considered for transfer to a tertiary unit for care and management.

Consultation should be undertaken with the regional obstetrician on call for all high-risk acute situations listed below; or where further clarification is required. If time permits, women should also be discussed at the local multi-disciplinary meeting where women-centred care plans should be developed regarding place of birth and timing of transfer.

The majority of Kimberley pregnant women requiring transfer are referred to KEMH. Women likely to require Intensive Care Unit (ICU) or other adult specialist medical services not readily available at KEMH, should be considered for referral to Fiona Stanley Hospital (FSH). All women requiring acute transfer to FSH must be accepted by the on-call obstetrics consultant at that hospital. Assistance with transfers can be obtained through the Midwifery and Obstetric Emergency Telehealth Service (MOETs) and for acute transfers, booked through Acute Patient Transfer Coordination (APTC).

2.1 Blood Transfusion Risk

As there is a limited blood supply in the Kimberley, women who are at risk of requiring a large volume of blood cannot birth in the Kimberley. This includes placenta praevia, placenta accreta, and women that have previously had a massive post-partum haemorrhage (PPH) thought to likely recur. These women must be transferred to tertiary

facilities except in time-critical emergency situations. With acute bleeding or for women who have had a previous large PPH (>1L) and are being considered for birth in the Kimberley, the case must be discussed with a regional specialist obstetrician and/or at a multi-disciplinary team meeting.

2.2 Intensive Care

The other major restricting factor for women to be cared for in the Kimberley is the absence of an adult ICU. This means women with severe cardiac, respiratory and neurological conditions and women who are likely to require ICU pre or post-birth are required to birth outside of the Kimberley region. These cases should be considered for transfer to FSH in late pregnancy, at a gestation determined by their primary high risk condition.

2.3 Body Mass Index (BMI) Guidelines

It is recognised that the BMI of women is generally increasing, however limits need to be applied to the BMI that can be safely managed in the Kimberley, primarily based on the anticipation of anaesthetic difficulty. Currently, all three hospitals will consider a Kimberley birth for women with a BMI up to 40. However, the woman's other risk factors must also be considered in determining the appropriate place for birth, including anticipated mode of birth, other relevant medical conditions and their obstetrics history.

The BMI is preferably measured in the first trimester. If the BMI in the first trimester is greater than 40, women are to be advised that it would be safer to birth outside of the Kimberley. Exceptions to this can only be made after the woman has been reviewed and cleared as a team by the specialist obstetrician and anaesthetic District Medical Officer (DMO). The woman is to be advised of the importance of restricting further weight gain, and that if there is excessive weight gain during the pregnancy, the clearance for birth in the Kimberley may be changed in the interest of her safety and the safety of the pregnancy.

Women with BMIs between 35 and 40 in the first trimester must also be reviewed by both the anaesthetic DMO and an obstetric doctor and discussed collaboratively at an MDT meeting. Decisions are not to be solely based on BMI, but also on her past history and other concurrent medical conditions.

The aim in all cases is to provide an early decision to give the woman consistent advice as to place of birth as early in the pregnancy as possible. An individual plan is also to be put into place for these women including referral to a dietician. A woman may need to be reviewed later in pregnancy if her BMI is borderline during the first trimester and her weight gain has been excessive.

2.4 Gestation

Broome Hospital

Broome Hospital has a Level 2a Special Care Nursery. The gestation cut off for birthing in Broome, with the exception of emergencies, is 34 weeks and greater than 1.8 kg. Consideration must also be given to other potential risk factors and the availability of beds in the nursery. For all borderline cases, a discussion with the paediatrician and midwifery

manager is required to ensure staff and resources are available to provide optimal post-birth care.

Derby and Kununurral Hospitals

The gestation cut-off for birthing in Derby and Kununurra is 37 weeks and greater than 2.5 kg estimated fetal weight. If a woman presents in labour between 36 and 37 weeks, the case must be discussed with the regional obstetrician, paediatrician and the local maternity team, The women may be permitted to birth at these sites if care for the preterm neonate can be adequately provided.

2.5 Remote Area Transfers

In general, pregnant women from remote areas with low-risk pregnancies are to be transferred to the birthing location late in pregnancy, most often at 37 weeks.

2.6 Twins

Twins are excluded from birthing at Derby and Kununurra hospitals, but every effort will be made to accommodate twin pregnancies in Broome Hospital without significant complication or risks. In general, women with twin pregnancies are to be transferred to the Broome Hospital at 34 weeks. Each woman will require an individual assessment and plan based on their circumstances.

2.7 Diabetes

Women who have well controlled gestation diabetes (GDM) on diet control or low dose oral hypoglycaemics and have no fetal concerns may be considered for birthing at Kununurra or Derby District Hospital. This decision can only be made after discussion at the multi-disciplinary team meetings.

Women with type one or type two diabetes, or GDM requiring insulin; or where the woman is experencing moderate or poor glycaemic control must be transferred to Broome by 35-36 weeks gestation. They may require early transfer based on the clinical situation.

If there are significant concerns that a baby of a mother with poorly controlled diabeties may have an increased risk of requiring higher level nursery care, the option of birthing in Perth must be discussed with the women. This reduces the risk of the mother and baby being separated, should the neonate require transfer and they can not be sent together.

2.8 Human Immunodeficiency Virus (HIV)

All women with HIV must be referred to a tertiary centre early in the pregnancy to develop an antenatal care plan. Shared care can then continue till transfer to Perth for the birth.

2.9 Previous Caesarean Sections

Broome Hospital

There are no restrictions for birthing at Broome Hospital for women who have had previous caesarean sections.

Derby and Kununurra Hospitals

Women who have had two (2) previous caesarean sections must have the notes of the previous surgery and the womnan's risk factors reviewed. The case must be discussed with the regional obstetrician and at the local multidisciplinary team meeting as to the most appropriate place for the woman's third caesarean section to be performed. Women who have had a difficult second caesarean section, significant other risk factors or have had three (3) or more previous caesarean sections should be transferred to Broome Hospital or a tertiary health service.

2.10 Adolescent Pregnancy / Substance Use in Pregnancy

While the specific programs for adolescent pregnancy and substance abuse in pregnancy at KEMH are excellent, neither young maternal age or substance use is a reason for automatic transfer from the Kimberley to a tertiary unit for antenatal care and/or birth. Reasons for transfer may include the woman is at increased risk of domestic violence or medical reasons.

For women using substances in pregnancy, the risk of withdrawal for the neonate must be discussed with the regional paediatrician, and a decision made regarding the most appropriate place for the birth, with access to the required level of neonatal care.

Obstetric Specialist Antenatal Clinic (OSAC) - Broome

An OSAC is conducted weekly at Broome Hospital with the Regional Obstetrician and OSAC midwife. Referrals should be undertaken for the following conditions and any other case deemed as high risk by the primary care team or as per level C or greater in the ACM National Midwifery Guidelines for Consultation and Referral.

Pre-existing medical conditions:

- cardiac disease
- diabetes
- thyroid disease
- connective tissue disease such as Systemic Lupus Erythematosus (SLE)
- pre-existing hypertension
- haematological disorders
- previous venous thromboembolism
- gastrointestinal disorders.
- pre-existing gynaecological or structural uterine abnormalities or uterine surgery apart from lower uterine segment caesarean section
- previous spontaneous pre-term birth. These referrals should be undertaken by 12 weeks to allow all treatment options.
- multiple pregnancy
- disorders arising during the pregnancy:
    - poorly controlled Gestational Diabetes
    - red blood cell antibodies
    - pre-eclampsia
    - abnormalities of fetal growth
    - intrahepatic cholestasis of pregnancy
- previous poor obstetric history including FDIU
- women with requests for non-standard management plans.

Some of these women, if very complex, will continue through the OSAC. Many will be reviewed through the clinic intermittently after a plan has been made and will continue to have their routine antenatal care provided at Broome Regional Aboriginal Medical Service (BRAMS),by the Midwifery Group Practice (MGP), or core antenatal clinics. Women identified as potentially high risk of complications in birth must have their labour actively overseen by the on-call regional obstetrician.

Outreach Gynaecological Clinics – Derby, Kununurra, Halls Creek, Fitzroy Crossing

Women living outside of Broome who have high risk pregnancies as per the National Midwifery Guidelines for Consultation and Referral or the OSAC referral guideline above, should have a referral to the visiting outreach gynaecology clinic to ensure an multi-disciplinary team approach to their care.

Women that are likely to birth in Broome should also be considered for a telehealth appointment with the OSAC clinic. This allows clinical notes to be recorded in Broome and the woman to meet part of the team likely to be involved in the birth.

3. Roles and Responsibilities

The **Regional Obstetrician** is to be available for consultation and an active member of the multidisciplinary team providing maternity care.

All **Obstetric District Medical Officers** are to refer to this procedure when considering ongoing care of high-risk antenatal women. All decisions regarding ongoing care at site are to be made in consultation with the multidisciplinary maternity care team and must include the regional obstetrician.

All **Midwives** are to refer to this procedure when caring for women in the antenatal period. When a variance from normal arises during a woman's care, it is recommended the midwife undertakes one or more of the following steps:

- discuss the situation with a senior colleague – clinical midwife, and / or with a medical colleague
- consult with a medical or other health care provider
- use the exclusion criteria listed in this procedure, in collaboration with the medical officer, to assist in determining whether there is a need for transfer to a secondary or tertiary unit.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

The Regional Medical Director retains responsibilty for compliance with this procedure and it is monitored through review of monthly STORK triggers for each maternity site, and at the three (3) monthly Kimberley Regional Obstetric Morbidity and Mortality Meeting.

4.2 Evaluation

Evaluation of this document is to be carried out by the head of obstetrics and gynaecology through audit and review of long term trends in incidents, complaints, staff feedback and/or performance dataset over time from the STORK triggers.

5. Compliance

This procedure is aligned with the *Health Services Act 2016*.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

Clinical Services Framework 2014-2024, WA Health, 2015.

King Edward Memorial Hospital (KEMH) Guidelines, Obstetrics and Gynaecology Guidelines.

National Midwifery Guidelines for Consultation and Referral, ACM, 4th edition, 2021.

The Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) Statements/ Guidelines

7. Definitions

Term	Definition
Midwife	A health professional who has successfully completed a course of study in midwifery and has acquired the necessary qualification to be registered with the Nursing and Midwifery Board of Australia.
Obstetric District Medical Officer	Doctor that holds an Advanced DRANZCOG or DRANZCOG qualification
Regional Obstetrician	Doctor that holds an FRANZCOG qualification

8. Document Summary

Coverage	WACHS - Kimberley
Audience	Maternity providers Kimberley including Regional Obstetricians, Obstetric District Medical Officers and Midwifes
Records Management	Clinical: Health Record Management Policy
Related Legislation	*Health Services Act 2016* (WA)
Related Mandatory Policies / Frameworks	• MP 0084/18 - Credentialing and Defining the Scope of Clinical Practice Policy • Clinical Governance, Safety and Quality Policy Framework
Related WACHS Policy Documents	• Maternity Body Mass Index Risk Management Policy
Other Related Documents	• ACM National Midwifery Guidelines for Consultation and Referral (4th Ed) • King Edward Memorial Hospital (KEMH) Guidelines • The Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) Statements/ Guidelines
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2662
National Safety and Quality Health Service (NSQHS) Standards	1.7, 5.5, 5.6, 6.4, 6.9, 6.10, 7.10
Aged Care Quality Standards	Nil
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
5.00	25 January 2024	25 January 2024	Updates to: • change of title • language used including names of clinics • BMI cut offs for district hospitals to match their local guidelines • links and references.

10. Approval

Policy Owner	Executive Director Kimberley
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
Contact	Head of Department Obstetrics
Business Unit	Kimberley Medical
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This document can be made available in alternative formats on request.