Consult and Referral Guidelines

SHMG Maternal Fetal Medicine accepts referrals via EPIC, fax, or Great Lakes Health Connect. Please contact us by phone to make an urgent referral or if you have additional questions regarding these referral guidelines.

Phone: 616.391.3681; Fax: 616.391.8670
Epic Referral ID: SHMG MATERNAL FETAL 25 [1001413009]

To schedule an appointment for your patient, we require the following records: history and physical exam, pregnancy progress notes, medication and allergy lists, all OB ultrasounds from the current pregnancy, and routine prenatal labs. We may require additional records based on the referring diagnoses. We also request proof of viable pregnancy. If a patient has not had an early ultrasound, a consistent exam and positive FHT is sufficient.

Referral Process:

Step 1
Below is a list of pregnancy complications addressed by our MFM specialists. Click on the condition for guidance on timing of referral, required information, and services offered.

Obstetric Complications

- Amniotic fluid abnormalities: Oligohydramnios, Anhydramnios, Polyhydramnios
- History of cervical insufficiency
- History of preterm delivery
- History of second or third trimester intrauterine fetal demise (IUFD)
- Molar pregnancy
- Preeclampsia
- Placenta abnormalities: Previa, Accreta, Increta, Percreta, Chorioangioma
- Recurrent pregnancy loss
- Second or third trimester vaginal bleeding.
- Short cervix

Maternal Complications

- Advanced maternal age (35 years old or older at the time of delivery)

- Cardiac disease (Congenital heart disease, Arrhythmias, Valve Disease, Cardiomyopathy, Pulmonary Hypertension, Coronary Artery Disease, Heart Transplant)
- Chronic hypertension
- Diabetes, pregestational
- Diabetes, gestational
- Gastrointestinal disease (Hyperemesis Gravidarum, Crohn's disease, Ulcerative Colitis, Liver Disease, Liver Transplant, Gallbladder Disease)
- Hematologic diseases (Hemoglobinopathies, Sickle Cell Disease, Thrombocytopenia)
- History of thrombosis and or thrombophilia
- History of surgery to the uterus or cervix
- Infectious diseases (Cytomegalovirus, Hepatitis B or C, HIV, Zika, Varicella, Parvovirus, Rubella, Syphilis, Toxoplasmosis, Tuberculosis)
- In vitro fertilization (IVF)
- Morbid Obesity
- Neurologic disorders (Seizure Disorder, Multiple Sclerosis, etc)
- Psychiatric disorders (Schizophrenia, Bipolar disorder, Severe Refractory Depression, Exposure to Teratogenic psychotropic medications)
- Renal disease
- Respiratory disease (Asthma, Restrictive Lung Disease, Cystic fibrosis)
- Rheumatologic disorders (Systemic Lupus Erythematous, Rheumatoid Arthritis, Vasculitis, Antiphospholipid Syndrome, etc)
- Substance Abuse
- Thyroid dysfunction

Fetal anomalies

- Abnormal ultrasound findings: markers of aneuploidy or major structural malformations/anomalies
- Aneuploidy or increased risk of aneuploidy (Abnormal maternal serum screening including serum analytes or cell free DNA)
- Fetal anatomy not well seen
- Teratogen exposure

Fetal complications

- Arrhythmias
- Alloimmunization
- Growth abnormalities (Fetal growth restriction, Macrosomia)
- Congenital infections (Cytomegalovirus, HIV, Zika, Varicella, Parvovirus, Rubella, Syphilis, Toxoplasmosis, Listeriosis, etc)

Multiple pregnancies

- Twins: Dichorionic/diamniotic, Monochorionic/Diamniotic, Monochorionic/Monoamniotic, Conjoined twins.
- Triplets and higher-order multiples
- Twin to twin Transfusion syndrome

- Selective fetal growth restriction

Genetic conditions

- Personal or family history of an isolated congenital anomaly
- Personal or family history of a specific genetic disorder
- Personal or family history of a non-specific genetic disorder

Step 2

Please indicate if referral is urgent or routine.
The referral will be triaged by the MFM team according to clinical guidelines.

Step 3

Patients with urgent conditions are scheduled to be seen as soon as possible (within 7 days).
Both the referring provider and patient will be notified the appointment has been scheduled.

Diagnosis / Symptom	When to initiate referral:	Referring provider's initial evaluation/management and supplemental information to send with the referral	MFM visit will likely include:
OBSTETRIC COMPLICATIONS			
Amniotic Fluid abnormalities	When identified	▪ Detailed OB history and prenatal records ▪ Reports from all OB ultrasounds ▪ Labs: if polyhydramnios include 1 hr GTT result if it has been done, aneuploidy screening if available.	▪ Detailed anatomy ultrasound ▪ Consultation
History of cervical insufficiency	1st trimester or preconception	▪ Detailed OB history ▪ Records (prenatal records and delivery) from prior pregnancy (ies) with second trimester loss ▪ Reports of prior pregnancy OB ultrasounds f available ▪ Operative notes from prior cerclage (if done) ▪ Placenta reports (including cultures and/or cytogenetics if available)	▪ Consultation ▪ Ultrasound for anatomy/growth and cervical length

History of preterm delivery	Prior to 16 weeks or preconception	▪ Detailed OB history ▪ Records (prenatal records and delivery) from prior pregnancy (ies) ▪ Delivery records (showing indication or etiology)	▪ Consultation ▪ Ultrasound for anatomy/growth and cervical length
History of 2nd or 3rd trimester IUFD	1st trimester or preconception	If available: ▪ OB Ultrasounds and prenatal records from prior pregnancy ▪ Autopsy report ▪ Delivery records ▪ Placenta report ▪ Cytogenetics results	▪ Consultation ▪ Ultrasound for anatomy/growth
Molar pregnancy	When identified	▪ Prenatal records ▪ All ultrasounds	▪ Consultation ▪ Ultrasound for anatomy/growth
Preeclampsia	When identified	▪ Prenatal records include BP readings ▪ Labs done prior to the appointment if available ▪ Hospitalizations records (if applicable)	▪ Ultrasound for anatomy/growth ▪ Consultation
Placenta accreta, increta, percreta	When identified or suspected	▪ Detailed OB history ▪ Delivery records ▪ All ultrasounds	▪ Consultation ▪ Ultrasound for anatomy/growth and cervical length
Recurrent pregnancy loss	1st trimester or preconception	▪ Detailed OB history and prenatal records from prior pregnancies ▪ Laboratory panel results ▪ Karyotype testing on parents (if done) ▪ Hysterosalpingogram, hysteroscopy or other testing (if done)	▪ Consultation ▪ Genetic counseling ▪ Consider referral to Reproductive and Endocrinology
Second or third trimester vaginal bleeding	When identified	▪ Detailed OB history and prenatal records ▪ All ultrasounds (if done)	▪ Consultation ▪ Ultrasound for anatomy/growth and cervical length

Short cervix	Urgent referral If < 20 mm at < 24 weeks and no history of preterm birth or If <25 mm at < 24 weeks with history of preterm delivery	▪ Detailed OB history ▪ Prenatal records ▪ Reports from all OB ultrasounds	▪ Ultrasound for anatomy/growth and cervical length ▪ Consultation
Maternal Complications			
Advanced maternal age (≥ 35 years old at age of delivery)	1st trimester- if patient desires sequential screen, the appointment must be between 10 weeks / 3 days and 13 weeks / 6 days	▪ Confirm age at EDC > 35 years ▪ Initial ultrasound to confirm dating	▪ Consultation ▪ Genetic Counseling to review testing options ▪ NT if 1st trimester and sequential screen desired ▪ Detailed anatomy ultrasound at 18-20 weeks
Cardiac Disease (congenital heart disease, arrhythmias, valve disease, cardiomyopathy, pulmonary htn, coronary artery disease, heart transplant)	1st trimester or preconception	▪ Determine the cardiac diagnosis and request historical records ▪ Cardiology consult notes ▪ Most recent EKG and echocardiograms available ▪ Operative notes and discharge summaries for any cardiac procedures	▪ Consultation ▪ Detailed anatomy ultrasound at 18-20 weeks ▪ Fetal echo at 22-26 weeks (if applicable) ▪ Possible referral to adult congenital clinic (SCOPE program)
Chronic Hypertension	Preconception and/or 1st trimester	▪ How long has the patient had chronic HTN and has she ever had a work up including EKG, ECHO, renal artery Doppler? ▪ Past records regarding management of HTN ▪ Labs: CBC, CMP, protein/creatinine, 24 hour	▪ Consultation ▪ Ultrasound for anatomy/serial growth ▪ Low dose aspirin, if no allergy (between 13-16

		urine for protein	weeks) ▪ Lab orders, if not performed ▪ Serial growth ultrasound
Diabetes, Pre-gestational	Preconception or 1st trimester	▪ Diagnosis: Type 1 or Type 2 and duration of disease ▪ Labs: CBC, CMP, 24 hour urine or protein/creatinine ratio, HbA1c (preconception or early pregnancy), TSH/Free T4 ▪ Notes from endocrinologist or family physician ▪ Ophthalmology notes ▪ Nephrology notes if applicable ▪ Specify MFM consult only, DGMS/MFM combined clinic, or total care	<u>Consult only</u> ▪ Consultation ▪ Detailed anatomy ultrasound at 18-20 weeks ▪ Serial ultrasounds for growth ▪ Fetal echocardiogram at 22-26 weeks <u>DGMS/MFM</u> ▪ All of the above, plus diabetes education and diabetes management <u>Total care</u> ▪ All of the above, plus all prenatal care
Diabetes, gestational	Within 1 week of diagnosis	▪ Glucose tolerance test results (abnormal 1 hr. and 3 hr.) ▪ Notes from diabetic education (if done)	▪ Consultation ▪ Diabetes Education ▪ Ultrasound for anatomy/growth at time of initial referral and serial ultrasounds for growth
Gastrointestinal disease (Hyperemesis Gravidarum, Crohn's disease, Ulcerative Colitis, Liver Disease, Liver Transplant, Gallbladder		▪ Define the diagnosis ▪ Labs: CMP ▪ Medications used	▪ Consultation ▪ Ultrasound for anatomy/ growth ▪ Serial growth ultrasounds if indicated

Disease)			
Hematologic diseases (Hemoglobinopathies, sickle cell disease, TTP)	Depending on the condition: if preexisting, preconception or 1st trimester. If acquired: when identified	▪ What testing has the patient had and how was the diagnosis made? ▪ Labs: Hemoglobin electrophoresis results, CBC's, ▪ In case of thrombocytopenia, clarify if new or preexisting diagnosis and what work up has been done (e.g, ANA reflex, hematology, TORCH, etc.) ▪ Hematology records available	▪ Consultation ▪ Ultrasound for anatomy/growth ▪ Consider serial ultrasound for growth
History of thrombosis and/or thrombophilia	Preconception or 1st trimester	▪ Does the patient have a history of thrombosis or how was the diagnosis made? ▪ Hospital records regarding initial diagnosis and management ▪ Hematology records ▪ Lab results: Leiden, Prothrombin mutations, Protein S,C and ATIII, cardiolipin and beta1glycoprotein, lupus anticoagulant	▪ Consultation regarding whether patient will need prophylactic or therapeutic anticoagulation and/or postpartum anticoagulation ▪ Ultrasound for anatomy/growth
History of surgery to the uterus or cervix	2nd trimester, 16-20 weeks	▪ Operative notes and discharge summary ▪ Imaging of the cervix and/or uterus	▪ Consultation ▪ Ultrasound for anatomy/growth
Infectious disease - (Cytomegalovirus, Hepatitis B or C, HIV, Zika, Varicella, Parvovirus, Rubella, Syphilis, Toxoplasmosis, Tuberculosis)	When identified	▪ How long has the patient had the disease, etiology? ▪ Recent labs: serology, viral load, CBC, CMP ▪ If patient has HIV and managed by ID. Records from ID visits, most recent viral load and medication list	▪ Consultation ▪ Ultrasound for anatomy/growth
In vitro fertilization (IVF) conception	18-20 weeks	▪ Records from reproductive endocrinology appointment	▪ Consultation ▪ Detailed anatomy ultrasound

			▪ Fetal echocardiogram at 22-26 weeks
Morbid Obesity (BMI 35 or greater)	18-20 weeks		▪ Detailed anatomy ultrasound
Neurologic disorders (Seizure Disorder, Multiple Sclerosis, etc)	Preconception or 1st trimester. If patient is teratogen referral as soon as pregnancy known, otherwise 18-20 weeks	▪ Neurology notes ▪ Imaging- CT or MRI ▪ EEG ▪ Medication history and levels, if drawn	▪ Consultation ▪ Detailed anatomy ultrasound
Psychiatric disorders (Schizophrenia, Bipolar disorder, Severe Refractory Depression, Exposure to Teratogenic psychotropic medications)	Preconception or 1st trimester. If patient is teratogen referral as soon as pregnancy known, otherwise 18-20 weeks	▪ Psychiatry notes	▪ Consultation ▪ Detailed anatomy ultrasound
Renal disease	1st trimester or preconception	▪ Define the diagnosis. How long has the patient had the disease? ▪ Nephrology notes ▪ Labs: ANA, CMP, urine protein testing	▪ Consultation ▪ Ultrasound for anatomy/growth ▪ Serial growth ultrasounds
Respiratory disease (asthma, restrictive lung disease, cystic fibrosis)	1st trimester	▪ Pulmonology consult notes	▪ Consultation ▪ Ultrasound for anatomy/growth ▪ Serial growth ultrasound if indicated
Rheumatologic disorders (Systemic Lupus Erythematous, Rheumatoid Arthritis, Vasculitis, Antiphospholipid Syndrome, etc)	1st trimester or preconception	▪ Rheumatology or Internal Medicine notes ▪ Applicable labs (SSA/SSB antibodies, cardiolipin, lupus anticoagulant, beta 2 glycoprotein CMP, protein/creatinine ratio, DS DNA levels, C3 & C4, etc)	▪ Consultation ▪ Detailed anatomy ultrasound ▪ Serial growth ultrasounds
Substance abuse	When identified	▪ Drug screens	▪ Consultation ▪ Detailed anatomy

			ultrasound ▪ If the patient is on suboxone, refer to GREAT MOMS program for management and total care
Thyroid dysfunction	2nd trimester 16-20 weeks	▪ Recent thyroid labs ▪ Endocrinology notes	▪ Consultation ▪ Detailed anatomy ultrasound
Fetal Anomalies			
Abnormal ultrasound findings: markers of aneuploidy or major structural malformations/anomalies	When identified	▪ OB history, family history and prenatal records ▪ All ultrasound reports	▪ Consultation ▪ Detailed anatomy Ultrasound ▪ Genetic counseling ▪ Fetal echocardiogram if applicable ▪ Coordination of care
Aneuploidy or increased risk for aneuploidy Abnormal maternal serum screening including serum analytes or cell free DNA)	Immediately following abnormal result	▪ Abnormal screening result ▪ Earliest dating ultrasound and all ultrasound available	▪ Consultation ▪ Genetic counseling ▪ Detailed anatomy ultrasound ▪ Coordination of care
Fetal anatomy not well seen	When identified	▪ All ultrasound reports	▪ Detailed anatomy ultrasound ▪ Consultation if needed
Teratogen exposure (such as alcohol, Depakote, phenytoin, lamictal, antidepressants)	1st trimester	▪ Identify the teratogen and timing of exposure	▪ Consultation ▪ Genetic counseling ▪ Detailed anatomy ultrasound ▪ Possible fetal echo at 22-26 weeks

Fetal Complications			
Arrhythmia	When identified	▪ Define when arrhythmia was noted (onset, frequency)	▪ Consultation ▪ Detailed anatomy ultrasound ▪ Possible fetal ECHO at 22-26 weeks
Alloimmunization	If the titer is <1:16, repeat titers monthly until they rise 2-fold or reach 1:16 and FOB is antigen position then refer to MFM at 16-20 weeks	▪ Antibody identification and titer results ▪ Records from prior affected pregnancies ▪ Past history including OB history, if father of the current pregnancy is the same, transfusion history	▪ Consultation ▪ Potential testing of the FOB for antigen status ▪ Detailed anatomy ultrasound and evaluation of Middle cerebral artery Doppler
Growth disorders (fetal growth restriction FGR or macrosomia)	When identified	▪ OB history and prenatal records ▪ All ultrasounds from current pregnancy ▪ Genetic screening results (if done)	▪ Consultation ▪ Detailed anatomy ultrasound ▪ Serial growth ultrasound
Multiple pregnancy			
Multifetal pregnancies (including but not limited to, mono/di twins, mono/mono twins, higher-order multiples, twin to twin transfusion syndrome)	1st trimester to determine chorionicity	▪ Records from fertility specialists (if used)	▪ Consultation ▪ Detailed anatomy ultrasound ▪ Serial ultrasounds starting at 16 weeks in monochorionic pregnancies ▪ Coordination of care if needed
Twin to twin transfusion syndrome or selective fetal growth restriction	When identified	▪ Prenatal records ▪ All OB ultrasounds ▪ Genetic screening (if done)	▪ Consultation ▪ Detailed anatomy ultrasound ▪ Coordination of care

Genetic Conditions			
Personal or family history of an isolated congenital anomaly (cardiac, neural tube, orofacial clefting)	Preconception or 1st trimester	▪ Must be 1st or 2nd degree relative (sibling, half-sibling, parent, uncle/aunt, nephew/niece, or grandparent. ▪ Specify the anomaly and the relationship to the family member with the anomaly	▪ Consultation ▪ Genetic counseling ▪ Offer early screening ultrasound in late 1st trimester ▪ Detailed anatomy ultrasound at 18-20 weeks
Personal of family history of a specific genetic disorder	Preconception or 1st trimester	▪ Specify diagnosis or genetic abnormality (translocation, microdeletion/duplication, etc) ▪ Genetic testing results ▪ Relationship to family member with genetic disorder	▪ Consultation ▪ Genetic counseling ▪ Offer early screening ultrasound in late 1st trimester ▪ Detailed anatomy ultrasound at 18-20 weeks
Personal of family history of a non-specific genetic disorder	Preconception or 1st trimester	▪ Condition for which there has been no genetic testing and no specific genetic diagnosis (ie- autism, intellectual disability) ▪ Relationship to family member with genetic disorder	▪ Consultation ▪ Genetic Counseling ▪ Offer early screening ultrasound in late 1st trimester ▪ Anatomy/growth ultrasound at 18-20 weeks

SHMG Maternal Fetal Medicine has developed these guidelines as a reference tool to assist referring physicians. Obstetric medical needs are complex and these guidelines may not apply in every case. SHMG Maternal Fetal Medicine relies on referring providers to exercise their own professional medical judgment with regard to the appropriate treatment and management of their patients. Referring providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material in making all medical, diagnostic, or prescription decisions.