

OBSTETRIC GUIDELINE FOR URGENT & ULTRASOUND REFERRALS FOR DISTRICT HEALTH CARE PROVIDERS:

CATEGORY A-

URGENT/IMMEDIATE ARRANGEMENT FOR REFERRAL & TRANSFER OF THE PATIENTS TO APPROPRIATE HEALTH CENTER FOR MANAGEMENT:

1. PER VAGINAL BLEEDING IN PREGNANCY (> 20 weeks POA)
2. ABDOMINAL PAIN / UTERINE TENDERNESS +/- PV BLEEDING (any gestation, possible ectopic pregnancy, miscarriage, abruption placentae, symptomatic polyhydramnios)
3. LOWER ABDOMINAL PAIN + FEVER +/- PV BLEEDING (chorioamnionitis/pyelonephritis/septic miscarriage)
4. DIASTOLIC BP AT OR MORE THAN 110mmHg and /or SYSTOLIC BP MORE THAN 170mmHg (to refer patient even at lower Bp if patient is symptomatic of impending eclampsia)
5. FITS IN PREGNANCY
6. ACUTE SHORTNESS OF BREATH IN PREGNANCY
7. FETAL HEAD FLOATING IN LABOUR
8. ABNORMAL LIE IN LABOUR
9. BREECH PRESENTATION IN LABOUR
10. PRE-TERM LABOUR (< 37 weeks POA)
11. LEAKING LIQUOR (< 37 weeks POA)
12. DECREASED FETAL MOVEMENT (< 10 times/day, need same day referral if possible)
13. ABNORMAL FETAL HEART RATE (< 120bpm or >160bpm or irregular)

In all the cases listed above, consult and notify the doctor and staff at the nearest appropriate health centers or hospital prior to transfer (where possible). Transport arrangement for patient may need to be organized for them if they are unable to get there by themselves. **DEPENDING ON THE PATIENT'S CONDITION AND SEVERITY OF THE MEDICAL PROBLEM, TRANSPORT WITH MEDICAL ESCORT MAY BE COMPULSARY!**

**CATEGORY B –
REFERAL TO A DOCTOR FOR AN ULTRASOUND SCAN WITHIN 1 WEEK:**

1. DATING SCAN
 - a. Patient with irregular cycle
 - b. Unsure of date
 - c. Patient on OCP, depo provera, implanon
2. PREGNANCY WITH IUCD IN SITU
3. MILD PER VAGINAL BLEEDING (< 20 weeks POA)
4. UTERUS BIGGER OR SMALLER THAN DATES
5. ABNORMAL LIE (>37 weeks POA)
6. FETAL HEAD FLOATING (> 37 weeks POA)
7. BREECH PRESENTATION (> 37 weeks POA)
8. PREGNANCY > 41 WEEKS POA

Medical staff need to counsel patient about the importance of going for the ultrasound scan and assessment by a doctor. Appointments for the ultrasound scan have to be made by the Medical Staff where it is applicable. General and district hospitals plus the main state KKIA should be flexible in their scanning schedules to accommodate patients who are referred from far. PATIENTS REFERRED FROM FAR SHOULD NOT BE TURNED AWAY WITHOUT AN ASSESSMENT BY A DOCTOR.

**CATEGORY C –
REFERRAL TO A DOCTOR FOR ULTRASOUND SCAN WITHIN 2 WEEKS**

9. SEVERE ANAEMIA IN PREGNANCY (< 8 gm%)
10. PREVIOUS CAESAREAN SCAR
11. BAD OBSTETRIC HISTORY
12. PREVIOUS BIG BABY (> 3.8 Kg) or SMALL BABIES (< 2.5 Kg)
13. PREVIOUS PRETERM DELIVERY (<36 week POA)
14. RAISED BLOOD PRESSURE (> 140/90 mmHg)
15. ANY PATIENT IDENTIFIED AS A ‘HIGH RISK PREGNANCY’ OR YELLOW TAGGED, IF HAVE NOT HAD ULTRASOUND SCAN BEFORE