Minnesota Perinatal Physicians
Perinatal Referral Guidelines

Definitions:

Routine	next available or at appropriate GA guidelines
ASAP	4-10 business days
Urgent	1-3 business days
Immediate or L&D evaluation	within 1 business day (requires a phone call with the perinatologist) or send to L&D

MPP Specialty Clinics:

MOMS=Maternal Obstetrical Medicine Surgical Clinic
Cardiopregnancy
MWFCC=Midwest Fetal Care Center
Genetics
Pediatric Cardiology (Fetal Echo)

*Depending on the indication and condition, patients may be seen in an MPP specialty clinic, which are on certain days at certain locations. Please call or see our website for more details.

	When will the patient be seen?						General and/or MPP Specialty Clinic* (if required)	Who will the patient see during her visit?			
					GA Timeframe						
	Routine	ASAP	Urgent	Immediate or L&D eval required	Pre-pregnancy	Other / general (assume 2nd and/or 3rd if not detailed below)		MD / consult only	Ultrasound and MD consult	Genetic Counseling	Other considerations / indications / additional consultants or testing recommended
Current pregnancy complications											
Abnormal genetic screen and/or analytes		x	x			when recognized			x	x	depending on abnormality and GA
Cholestasis		x				when recognized			x		for delivery recommendations
Fetal arrhythmia (irregular rhythm)		x				when recognized			x		
Fetal arrhythmia (persistent tachycardia or bradycardia)			x			when recognized			x		discuss specifics with Perinatologist to schedule
Hydrops			x			when recognized			x	x	discuss specifics with Perinatologist to schedule
Incomplete screening US	x								US ONLY		Ultrasound only; does not require perinatologist
Incomplete screening US with suspected anomaly		Depending on GA and anomaly suspected					MWFCC / Peds Cards		x	x	clinic depends on suspected anomaly
Isoimmunization	x					1st or 2nd trimester			x	x	
IUGR		x				when recognized			x		
IUGR and abnormal doppers			x			when recognized			x		
Abnormal dopplers		x				when recognized			x		
Multiple gestations											
-suspected twin to twin transfusion				Immediate		when recognized	MWFCC / Peds Cards		x		discuss specifics with Perinatologist to schedule
-higher order	x	x				should be seen between 9 and 10 weeks			x		to be seen as early as possible, ideally between 9 and 10 weeks
-di/di twins	x								x		
-monochorionic twins or unsure of chorionicity	x					prior to 16 weeks	Peds Cards		x		
Oligohydramnios		x							x	x	
Polyhydramnios		x							x	x	
Pre-viable PPROM			x						x		
Previa	x								x		consult if desired by referring provider
Short cervix (2nd trimester / less than 23 weeks)			x						x		
US markers for aneuploidy	x						Peds Cards		x	x	
Vasa previa		x				as soon as recognized			x		

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					GA Timeframe						
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Maternal Conditions											
Acquired Cardiac disease	x				x	1st trimester	MOMS	x	x		
Congenital Cardiac disease	x				x	1st trimester; consult with MFM on transfer or co-management	Potential cardiopregnancy / Peds cards	x	x	x	Not necessarily related to increased fetal risk; US and fetal surveillance would be reviewed in pre-pregnancy consult
BMI>50	x					See notes	MOMS / Peds Cards		x		L2 ultrasound and 3rd trimester consult if requested for delivery planning
Diabetes (gestational or controlled, pre-existing)	x				If gestational: 2nd or 3rd trimesters; If pre-existing: pre-pregnancy visit and 1st or 2nd trimester		Peds Cards		x		
Diabetes (pre-existing, poorly controlled without end organ damage)	x						Peds Cards		x		
Diabetes (pre-existing, poorly controlled with vascular disease)	x						MOMS / Peds Cards		x		
Endocrine concerns including Graves, Addisons, and other conditions	x				x		MOMS if active concern		x	x	
GI/Hepatobiliary Disorders		x							x		
Hematologic disorders (Known or suspected)	x				x	the patient should be seen in pregnancy prior to 36 weeks for delivery planning		x		x	No US needed assuming all scanning has been completed
HELLP syndrome, suspected				L&D Eval Required							
HIV, well controlled, connected with perinatal HIV program	x					x		x			
HIV, poorly controlled		x			x		MOMS	x			Will be scheduled depending on GA timeframe and patient's health
Hypertension, chronic (difficult to control)		depending on specific GA and circumstances			consult and/or visit may occur at any time as needed				x		
Hypertension, chronic (controlled on medication/no medication)	x								x		Visit type depends on testing already completed and per referring provider's request
Maternal genetics conditions	x				x						
Medication exposures	x					1st or 2nd trimester			x	x	
Morbid implantation, suspected		x				See notes	MOMS		x		Urgency /timeframe depend on specific circumstances when identified
Neurologic concerns including epilepsy-general-level 2, routine	x				x		MOMS if active concern		x	x	
Neurologic concerns including paraplegia/quadraplegia	x				x	1st trimester	MOMS	x	x		

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Oncology		depending on patient condition			x		MOMS if active concern		x	x	
Organ transplant, history of	x				x	pre-pregnancy or 1st trimester; when seen pre-pregnancy recommendations will be made per patient condition	MOMS		depending on timeframe		Considerations depend on whether the patient is referred pre-pregnancy or during pregnancy
Preeclampsia or new onset of severe hypertension (160/105)				L&D Eval Required							
Pulmonary disease	x				x	when seen pre-pregnancy recommendations will be made per patient condition		x	depending on timeframe		Considerations depend on whether the patient is referred pre-pregnancy or during pregnancy
Renal disease	x				x			x			
Rheumatology	x				x		MOMS if active concern		x	x	
Thrombophilia/History of VTE	as needed					as needed		x			
Uterine scar, upper uterine segment, window at C/S , > 3 C/S	x								for L2 scan		
Pregnancy History											
Antiphospholipid syndrome	x				x	1st trimester		x	x		
Recurrent pregnancy loss	x				x	1st trimester if not seen pre-pregnancy				x	
Prior unexplained stillbirth	x				x	1st trimester if not seen pre-pregnancy		x	x	x	
Prior preterm birth/PPROM	x				x	1st trimester (>16 weeks)			x		
History of cervical insufficiency	x				x	1st trimester if not seen pre-pregnancy		x	x		
History of preeclampsia, eclampsia, and HELLP	x				x	1st or 2nd trimester if not seen pre-pregnancy		x	x		
History of child with anomaly	x				x	1st or 2nd trimester if not seen pre-pregnancy			x	x	
History of child with genetic abnormality	x				x	1st or 2nd trimester if not seen pre-pregnancy			x	x	
History of child with unexplained thrombocytopenia	x				x	1st trimester if not seen pre-pregnancy		x		x	
History of child with neonatal unexplained intracranial hemorrhage	x				x	1st trimester if not seen pre-pregnancy		x		x	