

## Criteria for Consultation or Transfer of Care to OBGYN for Prenatal Patients at Risk

Prenatal risk assessment should be an ongoing process. Assessment should be performed and documented at initial visit, and reviewed at each subsequent visit. Appropriate consultation should be obtained based on the risk factors listed below. Continued patient care should be in collaboration with the consulting provider, or in some instances, by transfer of care to OB-GYN.

### Early Pregnancy Risk Identification (Initial Assessment)

Risk Factor	Consultation Recommended					Transfer of Care to OBGYN Recommended
	PCP	Pulm	Card	MFM	OBGYN	
<b>Medical history and conditions</b>						
Asthma - Severe (multiple hospitalizations)	X	X				
Cardiac Disease - Cyanotic, prior myocardial infarction, aortic stenosis, pulmonary hypertension, Marfan syndrome, prosthetic valve, American Heart Association Class II or greater.			X	X		X
Diabetes Mellitus - Class A2-C					X	X (if Class B or greater)
Diabetes Mellitus - Class D or greater				X		
Hemoglobinopathy (SS,SC, S-thal)				X		X
Hypertension - Chronic, with renal or heart disease				X	X	X
Prior pulmonary embolus or deep vein thrombosis					X	
Pulmonary disease - Severe obstructive or restrictive				X		X
Pulmonary disease - Moderate					X	
Renal disease -Chronic, creatinine $\geq 2$ with or without hypertension				X		X
Renal disease -Chronic, other					X	X
Renal disease -Requirement for prolonged anticoagulation					X	X
Renal disease -Severe systemic disease					X	X
<b>Obstetric history and conditions</b>						
Cesarean delivery, prior classical or vertical incision					X	
Incompetent cervix					X	X
<b>Initial laboratory tests</b>						
HIV -Symptomatic or low CD4 Count				X		
CDE (Rh) or other blood group isoimmunization (excluding ABO, Lewis)				X		

### Ongoing Risk Identification for Consultation (Follow-up Assessments)

Risk Factor	Consultation Recommended					Transfer of Care to OBGYN Recommended
	PCP	Pulm	Card	MFM	OBGYN	
<b>Medical history and conditions</b>						
Proteinuria ( $\geq 2$ + by catheter sample, unexplained by urinary tract infection)					X	
Pyelonephritis					X	
Severe systemic disease that adversely affects pregnancy				X		X
<b>Obstetric history and conditions</b>				X		
Blood pressure elevation (diastolic > 90 mm Hg), no proteinuria					X	X
Fetal growth restriction suspected					X	
Fetal abnormality suspected by ultrasonography				X	X	
Gestational diabetes mellitus (Class A2 or greater)					X	X (if Class B or greater)
Multiple gestation – triplets or >					X	
Oligohydramnios by ultrasonography					X	
Active preterm labor (< 34 weeks)					X	
Preterm premature rupture of membranes (< 34 weeks)				X		
<b>Examination and laboratory findings</b>						
HIV- Symptomatic or low CD4 Count				X		
CDE (Rh) or other blood group isoimmunization (excluding ABO, Lewis)				X		

Abbreviations:

PCP = Primary Care Physician; Pulm = Pulmonologist; Card = Cardiologist; MFM = Maternal-Fetal Medicine; OBGYN = Obstetrics and Gynecology.