Antenatal Paediatric referral

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Key Documents Owner/Lead:	Dr Hillman	Consultant Obstetrician
Approved by:	Maternity Governance Meeting	
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Date of review:	24th October 2026	

Key Amendments

Date	Amendments	Approved by
4th June 2024	Document extended for another 12 months whilst under review	Maternity Governance
24th October 2025	Document reviewed and approved for 12 months	Maternity Governance Meeting

Introduction

There should be a system in place for early referral where fetal abnormalities have been identified. This guideline sets out the system for communication of any relevant obstetric and fetal history between Obstetric and Paediatric staff by:

- Ensuring the on-going communication between Midwifery, Obstetric and Paediatric Departments prior to and at the delivery of a high risk pregnancy
- Predicting those pregnancies needing paediatric specialist referral postnatally.
- Optimising the care of the baby.
- Informing parents of the provision of neonatal care.
- Ensuring a clear plan is formulated for delivery and documented in the pregnancy notes.
- Providing appropriate written information relating to anomaly e.g. CLAPA for facial cleft anomalies. Also cardiac, renal and chromosomal anomalies. The originals for these leaflets are available in each antenatal clinic. Document in the pregnancy notes when leaflet given.
- (Note, many of these patients will also have been referred for a fetal medicine review)

Inclusion

Any structural fetal abnormality detected on antenatal scan e.g.:

- Cleft Lip/ Palate
- Diaphragmatic Hernia
- Gastroschisis / Exomphalos
- Neural Tube Defect / Hydrocephalus
- Congenital Heart Disease
- Renal Problems. (including unilateral renal pelvic dilatation of >10mm at 32/40 and bilateral >6mm at any gestation or if in a unilateral kidney)
- Chromosomal Anomalies
- Fetal Hydrops

Maternal ill health or significant adverse social circumstances including:

- Diabetes (Refer to Guideline WAHT-OBS-037,038,039 : Alert Paediatrician if poorly controlled)
- Drug/Alcohol abuse
- Hepatitis B or C positive,

- Human Immunodeficiency Virus
- Cytomegalovirus, Rubella, Toxoplasmosis
- Auto immune Thrombocytopenia
- Rhesus or other red cell antibody problems
- Haemoglobinopathy (not trait)
- Maternal epilepsy (on medication: document drug dose)
- Any other family history of inherited problems may have implications for the new born or child development

Isolated soft markers do not need a paediatric referral.
Midwifery/Medical Staff must use their professional judgement and include any other conditions which may require paediatric intervention at/after birth.

The Consultant Obstetrician may refer client to Birmingham Women's Hospital Fetal Medicine Unit first. An Antenatal Paediatric Referral Form (APRF) should then be sent following discussion / report from them if delivery will be in Worcestershire.
For child protection issues follow trust guideline.

Guideline

1. Once it has been decided that an antenatal paediatric referral is appropriate the midwife/obstetrician will inform the woman (and partner) and complete section 1 of the Antenatal Paediatric Referral Form (APRF - Appendix 3). The midwife/obstetrician filling in section 1 may wish to indicate on the APRF that they feel that the woman and partner would benefit from a prenatal consultation with a paediatrician and that every effort will be made to accommodate this request, but they should let the woman know that it may not always be possible for the paediatricians to arrange a meeting before delivery.

2. The APRF, with completed section 1, will then be sent to the Co-ordinator at each hospital (see appendix1) and it must be documented in the woman's medical notes that the APRF has been sent.

Urgent Referrals

3. Occasionally after discussion between the family, midwifery and obstetric staff it may be considered appropriate even before the completed APRF has been returned by the paediatric department, to ask one of the paediatricians to meet the family and discuss the baby's condition and subsequent care. Such telephone referrals to the paediatric department should be made only after discussion with consultant obstetrician or senior midwife in antenatal clinic. Telephone referrals will be to the lead paediatrician (see appendix 1) or in exceptional circumstances if they are not available, to the consultant paediatrician on call. The paediatrician will arrange to meet with the family at a mutually convenient time and record the outcome of their discussions so that they are available to relevant staff at the time of delivery.

4. Section 2 of the APRF will be completed by the lead paediatrician and returned to the antenatal clinic manager. The paediatrician may wish to arrange to meet the parents before delivery due to the nature of the baby's condition or in response to a request from the Obstetric dept on the APRF. The outcome of this meeting should be documented in the woman's notes.

5. Parents to be informed of plan of care at their next appointment. If at this time parents or obstetric staff do not feel sufficiently informed as to the plan of care for the baby the APRF should be sent back to the Co-ordinator (see appendix 1) with a request for further information or the lead paediatrician can be contacted via Co-ordinator for further discussion.

6. The antenatal clinic staff will then file the forms. (see Appendix 2)

- 2 copies in Patient's Hospital Records (1 copy to be filed in client pregnancy notes at next appointment).

- 1 copy in Antenatal Paediatric Referral Folder on appropriate Delivery Suite filed according to EDD.
- 1 copy in Cases of Interest folder kept in Neonatal Unit (WRH) or Mother and Baby Unit (AH), filed according to EDD.

7. The midwifery staff on Delivery suite will bring the APRF to the attention of the paediatric SHO when the woman is admitted in labour or after the birth as appropriate. The APRF will then be transferred into the baby's medical notes

APPENDIX 1

List of Co-ordinators

Worcestershire Royal Hospital
Dr Weckemann's secretary (Becky Tranter Ext: 30478)
Dr Ahmed's Secretary (Gaynor Richardson 44121)

Lead Paediatricians

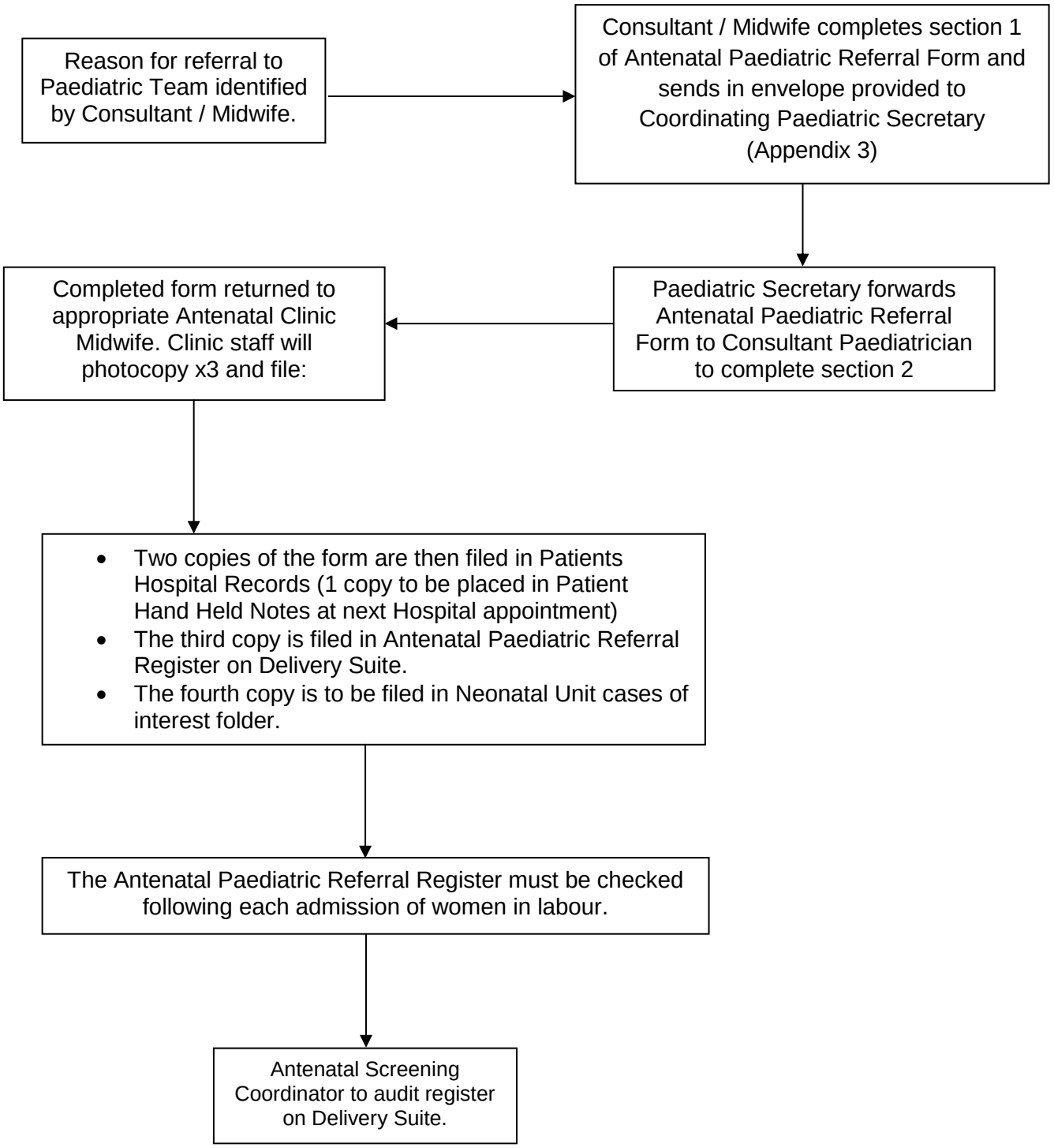
Dr Viviana Weckemann (WRH) Ext: 39146

Dr Naeem Ahmad (Alex) Ext 44938

Local arrangements will be made to accommodate annual leave and sickness absence

APPENDIX 2

Pathway for Antenatal Paediatric Referral Form



APPENDIX 3

Affix Patient Label here or record

NAME: . . . . . .

NHS NO:

HOSP NO:

D.O.B: D D / M M / Y Y Y Y MALE ☐ FEMALE ☐

WARD:.....CONS:.....

Worcestershire NHS
Acute Hospitals NHS Trust

ANTENATAL PAEDIATRIC REFERRAL FORM

Section 1

Obstetric Consultant:..... Edd:..... Parity:.....

Date of Referral:..... Name:..... Signature:.....

Current Pregnancy (reason for referrral);

Relevant Family Historry:

Affix Patient Label here or record

NAME: . . . . . .

NHS NO:

HOSP NO:

D.O.B: D D / M M / Y Y Y Y MALE ☐ FEMALE ☐

WARD:.....CONS:.....

Section 2 (Care Pathway)

Antenatal Management Plan:

Intrapartum Management Plan:

Postnatal Management Plan:

Lead Paediatrician:

Print Name:..... Signture:.....

Date:...../...../.....