

**ST. PAUL'S MATERNITY CARE (SPMC)
CLINIC REFERRAL FORM FOR PROVIDERS**


Obstetrics Referral

 Location: Room 541A – 5th Floor, Burrard Building,
1081 Burrard Street, Vancouver, BC V6Z 1Y6

 Tel: 604-806-9342 Fax: 604-639-8506
Email: maternityclinic@phc.ca

This clinic is only for patients planning to deliver at St. Paul's Hospital. If you have already referred your patient to a midwifery group or an obstetrician, please do not submit this referral to us.

- Please continue to see your patient for routine pregnancy visits until they are accepted and scheduled to be seen by our clinic.
- Please ensure that your patient understands and agrees to be referred to a collaborative group of family doctors and registered midwives.

Exclusion Criteria:

If any of the below are relevant to your patient, please refer to an obstetrician because this pregnancy is considered high risk.

- Vasa previa
- Unstable significant maternal medical disease (heart disease, active autoimmune diseases, etc.)
- Significant fetal anomaly in this pregnancy
- Placenta previa persisting at 32 weeks gestational age
- Twin or multiple pregnancy

PATIENT INFORMATION (Please complete all fields)		
Last Name:	Legal First Name:	Personal Health Number:
Date of Birth:	Phone Number:	Issuing province:
Address (including city and postal code):	Email:	Is provincial health coverage active? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Identifies as Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	If not, when is it expected to be activated? If there is no MSP, please provide applicable Interim Federal Health Program (IFHP): Self-pay? <input type="checkbox"/> Yes <input type="checkbox"/> No

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REFERRAL INFORMATION (Please complete all fields)

Referring Practitioner:	MSP Billing Number:	Today's Date:
Clinic Address:	Clinic Phone Number:	Clinic Fax Number:
Primary Care Provider:		Language: Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
First day of last period:	Confirmed Due Date by Ultrasound:	G T P A L — — — — —
Current Medications:		
Past Medical History:		
Previous pregnancy outcomes (complications, C-section, etc.)		

**REQUIRED INVESTIGATIONS – Please send the following reports with this referral form.
Please note on the requisition that the patient is pregnant.**

- Blood type / antibody titer
- HBSAg / Hep C serology / HIV / Syphilis / Rubella titer / VZV serology
- CBC, Ferritin, B12 (optional), TSH (if risk factors)
- Urine Culture & Sensitivity (Note on the form that patient is pregnant and this is for asymptomatic bacteriuria screening, otherwise, it will not be run)
- Urine or vaginal/cervical swab for Chlamydia and Gonorrhea NAT
- Most current Pap tests (please complete if your patient is over 25 years old and Pap is due)
- SIPS / IPS / QUAD / NIPT genetic tests
- Dating ultrasound ideally between 11 to 13 weeks (please repeat scan if it was done)
- NT ultrasound (for patients over 35 years old at delivery and NOT planning on having an NIPT test)
- Detailed ultrasound 18 to 22 weeks
- Consider these screenings: HSV if symptomatic, CMV, Toxoplasmosis, Parvovirus, hemoglobinopathy

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Risk Factor Considerations:

If your patient has a history of **pre-eclampsia** or **gestational hypertension** in a previous pregnancy, please start them on **ASA 81 mg once daily at bedtime** at 12 weeks of gestational age and ideally before 16 weeks.

OR

If your patient has 2 or more of the following risk factors, please start them on **ASA 81 mg once daily at bedtime**.
(This should be started at a gestational age of 12 to 16 weeks but can be started up to 24 weeks.)

- Age 35 or older
- Black or African American
- Low-income household
- Obesity BMI greater than 30
- More than 10-year pregnancy interval
- Nulliparity (no prior pregnancies greater than 20 weeks)
- Family history of pre-eclampsia (mother/sister)
- Previous pregnancy with low birthweight OR adverse pregnancy outcome

Incomplete forms will not be processed.**All referred patients can expect to hear from us in 1 to 2 weeks and to be scheduled to start clinic visits at around 10 to 12 weeks of gestation.**