

CIRCULAR

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**GUIDELINE FOR ANTENATAL MATERNAL REFERRAL OR TRANSFER:
KNOWN CONGENITAL ANOMALIES LIKELY TO REQUIRE SURGERY****BACKGROUND**

Many babies with congenital anomalies are now diagnosed on ultrasound antenatally. In accordance with best practice, babies requiring surgery should be born in an appropriate tertiary perinatal centre, adjacent to paediatric surgical facilities.

Advantages of antenatal referral of babies with congenital anomalies requiring surgery include:

1. Improved neonatal outcomes
2. The opportunity for parents to discuss the following issues with experienced staff:
 - options for birth
 - anticipated care of the baby
 - the likely neonatal outcomes
3. The reassurance of access to the best available obstetric and neonatal care
4. Women may also experience a reduction in stress and anxiety as an emergency transfer of the baby resulting in separation of mother and baby is avoided.

Over 300 babies per year are born with congenital anomalies requiring admission to a neonatal intensive care and over 250 of these require major surgery. The NSW Newborn and Paediatric Emergency Transport Service (NETS) retrieves neonates to tertiary referral centres for intensive care, diagnostic work-up or surgery. If birth occurs at an appropriate tertiary perinatal centre, the potential for an emergency neonatal retrieval to a paediatric facility is avoided.

THE ANTENATAL MATERNAL REFERRAL or TRANSFER GUIDELINE

Each maternity unit in NSW should have a policy on antenatal referral of mothers with babies known to have a congenital abnormality likely to require surgery. The policy should emphasise antenatal consultation with the appropriate fetal, surgical and other consultants (eg. genetics, cardiac) in the preferred facility. It should note that the decision to make an antenatal maternal referral should take into account patient and clinician preferences.

Distributed in accordance with circular list(s):

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The policy should include options and processes for antenatal referral for more detailed fetal assessment and a plan for the optimal place of delivery. This will usually occur mid-pregnancy. If surgery or other critical therapy is likely to be required soon after birth, this plan should include delivery at a perinatal centre with direct access to appropriate paediatric surgical services.

Direct access to tertiary paediatric services is currently available at the Royal Hospital for Women / Sydney Children's Hospital, Westmead Hospital / The New Children's Hospital, John Hunter Women's and Children's Hospitals and The Canberra Hospital ACT. Consultative advice for cardiac structural anomalies and surgery is only currently available from The New Children's Hospital and Sydney Children's Hospital.

Advice on referrals and referral services may be obtained from:

1. Royal Hospital for Women: The Sydney Fetal Centre
Telephone: (02) 9382 6098
2. John Hunter Hospital: Prenatal Diagnostic Clinic
Telephone: (02) 4921 4694
3. Westmead Hospital: Maternal-Fetal Unit
Telephone: (02) 9845 6802
4. The Canberra Hospital
Telephone: (02) 6244 3617

Michael Reid
Director-General