

## Antenatal pathway for pregnancies complicated by surgical conditions

Document Title and Reference :	Antenatal pathway for pregnancies complicated by surgical conditions
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Ratified by:	GM NSG
Date Ratified:	October 2015
Review Date:	October 2017
Version:	V4
Document status:	GM ratified pathway
<p>The North West Neonatal Network (NWNODN) consists of 3 locality neonatal networks, Cheshire and Merseyside (CM) Lancashire and South Cumbria (LSC) and Greater Manchester (GM). This document has agreed by locality Clinical Effective Groups (CEG) and can be adapted for local use. <b>Please acknowledge source if this document is adapted for local use.</b></p>	

## Introduction

The quality of antenatal ultrasonography has enabled the diagnosis of surgical malformations to be made before birth in the majority of cases. This allows for fetal intervention and planned delivery in a surgical centre if required. The aims of this pathway are:

- To ensure best-practice advice and support is available to women with antenatally diagnosed surgical conditions
- To provide a pathway and guidance for referral to appropriate fetal medicine service
- To aid development of management plans to optimise timing and place of delivery and post natal management. These plans should be made in consultation with the referring obstetrician.

## Surgical disorders pathway – general principles

1. Antenatal diagnosis of suspected surgical fetal anomaly should be confirmed at an appropriate fetal medicine centre according to the nature of the suspected anomaly.
2. For complex conditions, a multi-professional meeting should be held involving fetal medicine specialists, paediatric surgeons, neonatologists and the parents. On occasion, in 'highly complex' cases, other professionals such as geneticists, cardiologists and the palliative care team may need to be present. Ideally, this should be a 'one-stop shop' where all the relevant professionals provide counselling jointly for the parents at the same time in the same place.
3. The purpose of the multi-professional meeting is to provide consistent, co-ordinated and comprehensive information for the parents regarding diagnosis, antenatal management, place of delivery, neonatal care and arrangements for surgery. Ideally written information should be available to reinforce counselling about diagnosis, intervention and prognosis.
4. Decisions about ongoing antenatal care and place of delivery should be made with parents who have been fully briefed in order to make an informed choice. Ideally discussions should be reinforced with written parent information.
5. For 'simple' surgical conditions, planned delivery at a local delivery unit is acceptable with parental consent. Planned delivery of 'complex' surgical conditions should be at a surgical NICU.

## Antenatal Assessment of Potential Surgical lesions

The Fetal Abnormality Screening Programme (FASP) pathways<sup>1</sup> for various anomalies advocate offering either initial confirmatory scan with "local obstetric ultrasound specialist" or referral to a Fetal Medicine centre. If the former confirms the abnormality

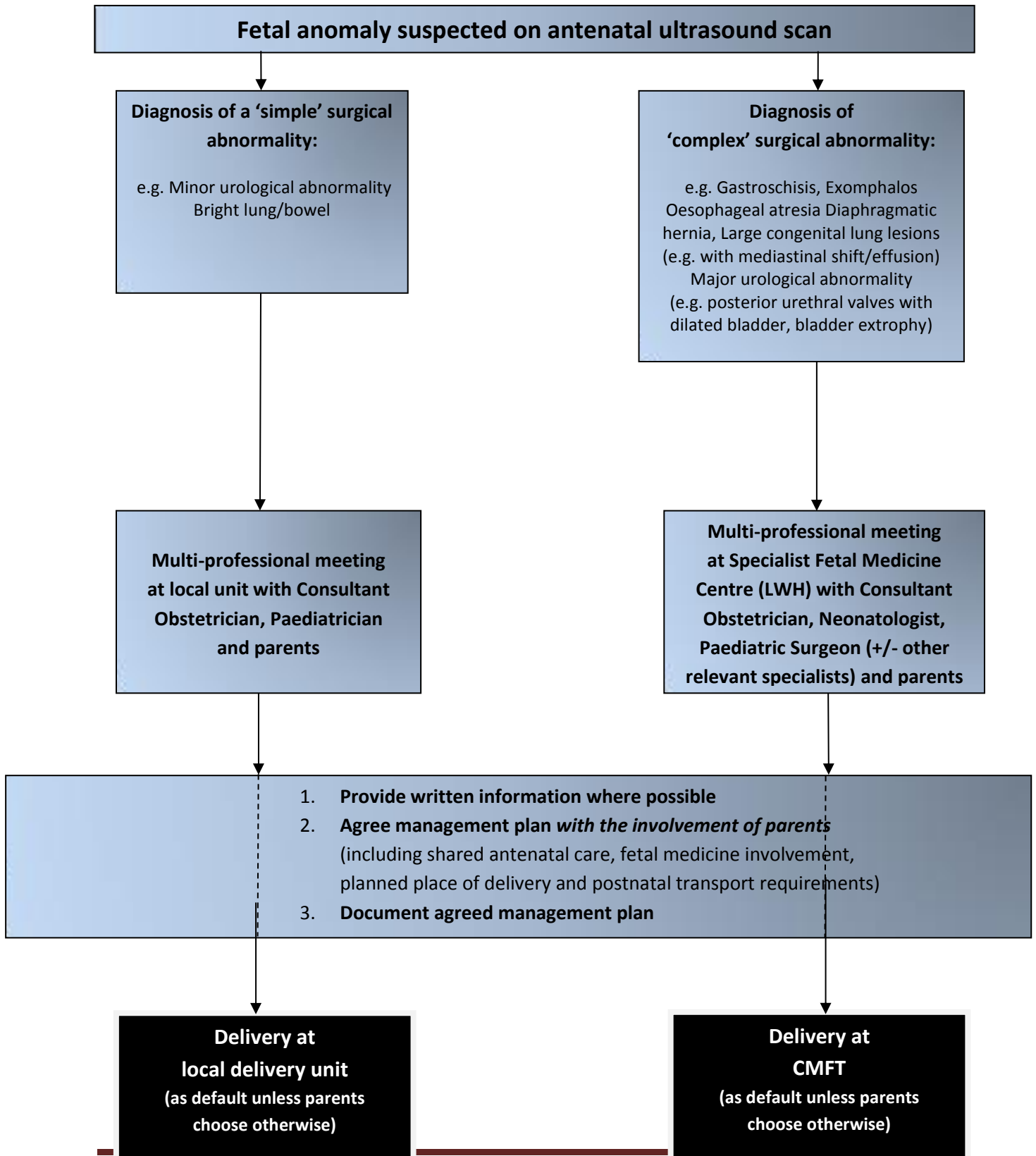
then referral on to the Fetal Medicine specialist centre should be offered in order for MDT input and planning.

Current standards set by FASP state that a local specialist scan should occur within 3 working days of the sonographer screening scan, or within 5 working days for a Fetal Medicine centre scan. Fetal Medicine Centres are defined in the Clinical Reference Group service specification document.<sup>2</sup>

Referral to the regional Fetal Medicine Unit at St Mary's is made by the Screening/Clinic Midwife or Consultant. An appointment time will usually be given at the time of a telephone referral, with the patient and clinical details being faxed using the form in the

Appendix

**Pathway for management of antenatally-diagnosed (non-cardiac) surgical conditions**



## Resources

1 Fetal anomaly screening <http://fetalanomaly.screening.nhs.uk/timelines#fileid11718>

2 NHS England Service specification for fetal medicine

<http://www.england.nhs.uk/wp-content/uploads/2013/06/e12-fetal-medi.pdf>

3 NICE Pathway on Screening and management of fetal complications

<http://pathways.nice.org.uk/pathways/multiple-pregnancy/multiple-pregnancy-overview#content=view-node%3Anodes-screening-for-structural-abnormalities&path=view%3A/pathways/multiple-pregnancy/screening-and-management-of-fetal-complications.xml>

**Referral form to the Fetal Medicine Unit, St Mary’s Hospital**

Fax No. 0161 276 6508

Tel No. 0161 276 6385

Patient Name		Referring Consultant
Patient Date of birth		Referring Hospital
Patient telephone number		GP Name
Patient Address		GP Address
EDD	Gestation	Rhesus positive / negative <b>Hard copy of result required</b>
Previous obstetric history Gravida ..... Parity..... Relevant Details		Relevant family history
		Relevant medical history
Reason for referral		
Contact person at local unit		Contact Tel No. at local unit
Date		Fax No. for report:
FMU use: Appointment given Y / N                      Date of appointment ..... Appointment within 5 working days Y / N    If No: reason.....		