



EMR Quick Reference Guide

Midwifery – List of Pathology and Obstetric Ultrasound Orders in the EMR

The investigations below may be ordered by a Registered Midwife using “Protocol w/ No Co-sign” and with use of the CMIO provider number. All other tests must be ordered in consultation with a medical officer, with use of their provider number.

Antenatal Clinic

Investigation	Indication
FBE	Routine antenatal screening at booking
	Routine antenatal screening 26-28 weeks
	Routine antenatal screening at 36 weeks
	Assessment of hypertensive disorder
	Assessment of response to treatment for anaemia
Blood group and antibody screen	Routine antenatal screening at booking
	Routine antenatal screening at 26-28 weeks
Ferritin	Routine antenatal screening in women with risk factors for iron deficiency
	Initial investigation of anaemia
Hepatitis B Serology	Routine Antenatal Screening
Hepatitis C Serology	Routine Antenatal Screening
HIV serology	Routine Antenatal Screening
Syphilis serology	Routine Antenatal Screening
Rubella Serology	Routine Antenatal Screening
Renal Function tests (creatinine, urea & Electrolytes)	Baseline screening in women considered to be at risk of pre-eclampsia (e.g. women with obesity or pre-gestational hypertension)
LFT	Baseline screening in women considered to be at risk of pre-eclampsia (e.g. women with obesity or pre-gestational hypertension)
Vitamin D level	Routine Antenatal Screening
Haemoglobinopathy (Thalassaemia) screening	Routine Antenatal Screening
Mid-Stream urine specimen for M+C	Routine Antenatal Screening
Early GTT	Selective screening for women at increased risk
GTT	Routine Antenatal Screening
Fasting Blood Glucose	Unable to tolerate GTT; GTT not done
HbA1C	Unable to tolerate GTT; GTT not done
Chlamydia Screening	Selective screening for women at increased risk
GBS screen	Routine Antenatal Screening
Routine morphology scan (Only in those meeting criteria for Western Health based scan)	History of Fetal anomaly or Chromosomal anomaly in a previous pregnancy (women who do not require MFM review)
	History of preterm delivery <34 weeks (spontaneous or iatrogenic)
	DCDA Twins
	Women who have an increased risk of aneuploidy on aneuploidy screening tests and decline invasive testing
	Women with drug dependency issues (not cigarettes)
	High BMI ≥ 35
	Maternal age <18 years
	Maternal age ≥40 years
IVF pregnancy	

	Social Work referral (Must have accompanying letter from Social Worker)
Third trimester AFI/Doppler (i.e. not full scan)	Suspected fetal growth restriction Reduced fetal movements
Third Trimester Scans	Fundus less than dates > 2cm below expected fundal height
	Fundus greater than dates >2 cm above expected fundal height
	BMI 35-40
	Low BMI (<20)
	Advanced maternal age >40 years
	Low lying placenta identified on morphology scan

Maternity Assessment Centre (MAC)

Investigation	Indication
FBE	Assessment of response to treatment for anaemia
	Assessment of hypertensive disorder
Blood group and antibody screen	Antenatal screening for Rhesus negative women prior to Anti-D
Ferritin	Initial investigation of anaemia
Renal Function tests (creatinine, urea & Electrolytes)	Assessment of hypertensive disorder
LFT	Assessment of hypertensive disorder
Mid-Stream urine specimen for microscopy and culture	Further assessment of women with an incidental finding of leukocytes or nitrites on urinalysis
GBS screen	Women from 35 weeks who have not yet had GBS screen
Routine Antenatal Booking Tests and investigations (see table above)	Women presenting to MAC who have not booked at Western Health, or who have incomplete booking bloods, or for other reason do not have routine antenatal booking bloods complete.
Intrapartum tests and investigations	Women presenting to MAC who in the intrapartum period, who give birth in the MAC
Third trimester AFI/Doppler (i.e. not full scan)	Suspected fetal growth restriction
	Reduced fetal movements
Third Trimester Scans	Fundus less than dates > 2cm below expected fundal height
	Fundus greater than dates >2 cm above expected fundal height

Birthing

Investigation	Indication
FBE	Risk factors for PPH
	Epidural screening
	VBAC
	PPH
	Theatre preparation (e.g. LUSCS, MROP)
Blood group and antibody screen (also known as group and hold)	Risk factors for PPH
	VBAC
	PPH
	Theatre preparation (e.g. LUSCS, MROP)
Kleihauer	Postnatal assessment of feto-maternal haemorrhage in women with Resus negative blood group
Neonatal Blood Group (cord blood)	Mother Rhesus Negative
Neonatal direct antiglobulin test (cord blood) (also known as Coombs)	Mother Rhesus Negative

Women's Wards (Level 7 + Level 8)

Investigation	Indication
FBE	Following PPH
Neonatal serum bilirubin (SBR)	Elevated transcutaneous bilirubin (TcB) in neonate >35 weeks and >24 hours of age
Neonatal true blood glucose (TBG)	Suspected hypoglycaemia on BSL

Maternity @ Home (DOM)

Investigation	Indication
Neonatal serum bilirubin (SBR)	Elevated transcutaneous bilirubin (TcB) in neonate >35 weeks and >24 hours of age

!! Continue to use BOS and other paper documentation e.g. partogram, progress notes, CTG and stickers !!