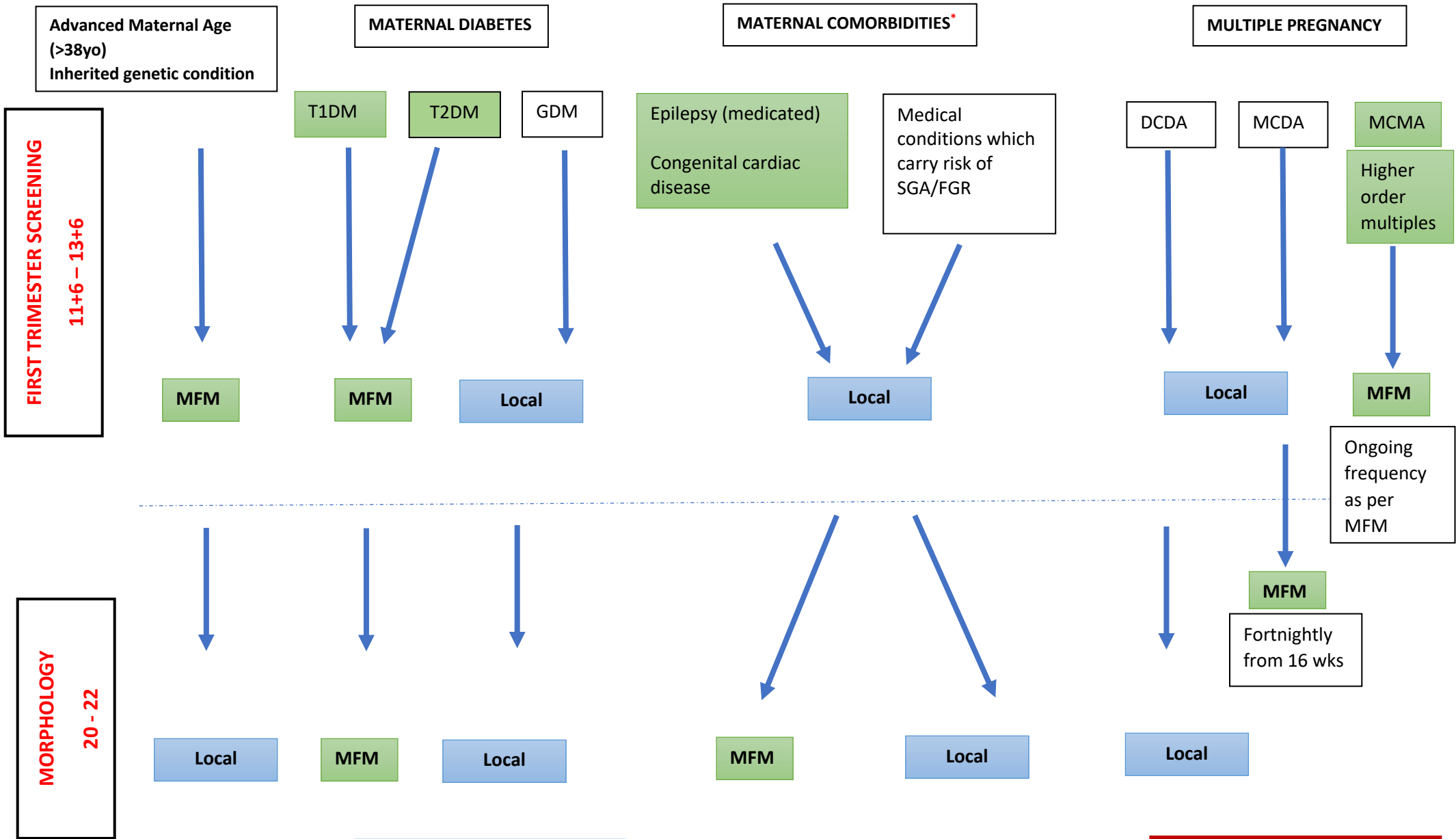


MFM Guidelines Flowchart



Local USS is a non-tertiary USS
 Consider DMI referral within RBWH, or community ultrasound

*Tertiary morphology USS indicated if elevated risk of structural anomaly. Risk of SGA/FGR is appropriate for non-tertiary screening (CFTS, morphology), and tertiary growth ultrasounds from 24 weeks

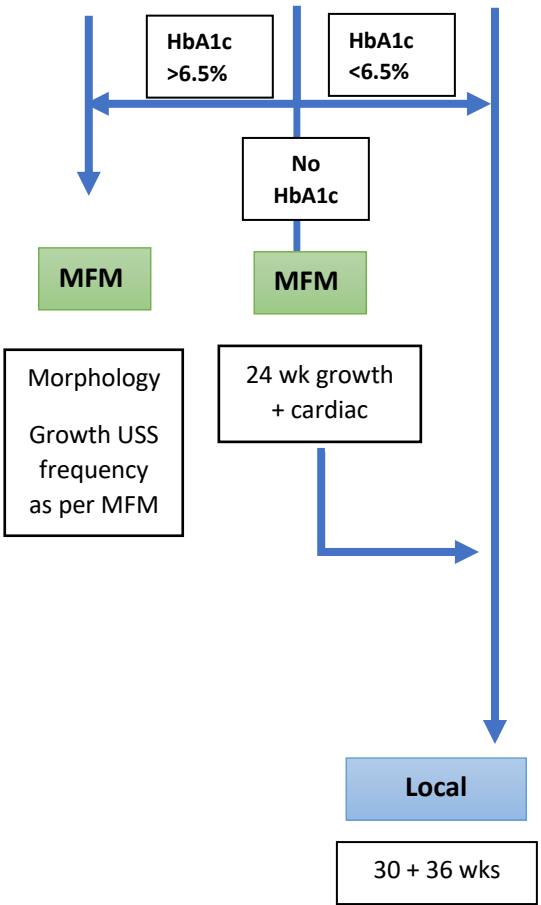
MFM referral at any gestation for case management:

- HIV +ve
- Transgender

FURTHER ULTRASOUND ASSESSMENT

MATERNAL DIABETES

T1DM T2DM GDM



MATERNAL COMORBIDITIES

High risk of placental insufficiency:
 Significant maternal medical conditions e.g.:

- Essential hypertension (medicated)
- Epilepsy (medicated)
- Autoimmune (RA, SLE, APLS)
- IBD (Crohn's /Ulcerative Colitis)
- Renal impairment
- Congenital cardiac disease
- Graves' Disease
- Gastric bypass

Previous early FGR or PET (≤ 32 wks)
 Previous stillbirth with FGR/SGA
 Other PMHx with significant risk of SGA/FGR

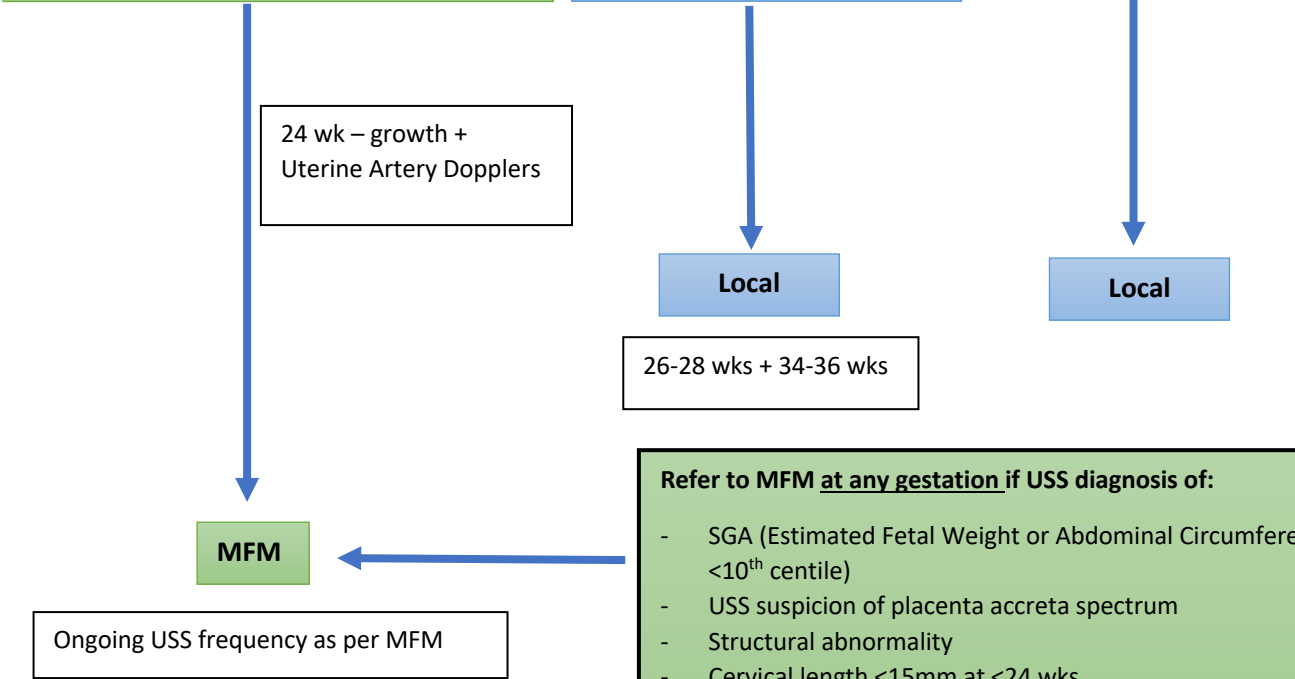
Risk factor for placental insufficiency*:

High BMI (>35)
 Advanced Maternal Age (>40yo)
 Smoker
 IVF
 Substance use

Prior late ≥ 32 wks SGA/FGR
 PappA <0.4MoM

CLINICAL INDICATION

Clinically SGA / LGA
 APH
 Threatened Pre Term Labour
 Cervical length monitoring
 Low lying placenta



Refer to MFM at any gestation if USS diagnosis of:

- SGA (Estimated Fetal Weight or Abdominal Circumference <10th centile)
- USS suspicion of placenta accreta spectrum
- Structural abnormality
- Cervical length <15mm at <24 wks
- Polyhydramnios (DVP>10cm)
- Abnormal dopplers

Otherwise complex, call MFM Fellow #78511 (07 3647 8511)

* Safer Baby Bundle, V2. May 2022.