

## Small for Gestational Age (SGA) 34 to 40 weeks – Clinical Pathway

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## 1. Purpose of policy

The purpose of this policy is to ensure that the New Zealand Maternal Fetal Medicine (NZMFM) Network Guideline for the Management of Suspected Small for Gestational Age Singleton Pregnancies after 34 weeks is followed within Auckland District Health Board (Auckland DHB) by means of a planned approach to care.

## 2. Policy statements

This policy describes a clinical pathway based on the *NZMFM network national guideline* (published in September 2013 and revised in 2014) which has undergone national consultation including Auckland DHB. Responsibility for the content and further review of the national guideline rests with the NZMFM network.

Auckland DHB supports the implementation of the national guideline for all women who are referred to Auckland DHB for management of SGA after 34 weeks gestation. Auckland DHB further encourages all lead maternity carers (LMCs) to refer women according to the national guideline.

The *Ministry of Health Guidelines for Consultation* published in February 2012 state that IUGR/small for gestational age requires consultation.

All women with SGA diagnosed after referral to Auckland DHB must have a named specialist responsible for their care. This does not negate the role of the LMC.

This pathway is for singleton pregnancies with SGA between 34 and 40 weeks referred to Auckland DHB. Under 34 weeks are not on the pathway, but once they reach 34 weeks they may enter the pathway. Over 40 weeks with SGA are extremely high risk and must be urgently assessed outside the pathway.

## 3. Definitions

The following terms are used within this guideline:

<b>SGA</b>	Small for gestational age estimated fetal weight < 10 <sup>th</sup> centile on customised growth chart, or birth weight < 10 <sup>th</sup> customised birth weight centile
<b>EFW</b>	Estimated Fetal Weight
<b>FGR</b>	Fetal growth restriction: <ul style="list-style-type: none"><li>• EFW or abdominal circumference (AC) crossing centiles by at least 30%, or</li><li>• Discrepancy between Head Circumference and AC of at least 30%</li></ul>

## 4. Referral process for self-employed midwife LMCs

Auckland DHB must accept all referrals with SGA or FGR, as per the definitions above. Clinic appointments will be offered within a week of referral for eligible referrals.

- a. If the gestation is 40 weeks or more, contact the Women's Assessment Unit SMO, ph 021942708 to arrange same day assessment;

- b. If the umbilical artery Doppler is abnormal, or there is oligohydramnios, contact the Women's Assessment Unit SMO, ph 021942708 to arrange same day assessment;
- c. Otherwise use the maternity secondary referral form to refer to clinic. Include with the referral the following:
  - o Copy of all previous ultrasound reports, including dating scans that may have been done prior to registration with an LMC (unless available on line)
  - o Plotted customised growth chart and population growth chart
  - o If booking documentation for delivery at National Women's Health has not been sent more than 1 week prior, please include a copyPlease also include contact details of referrer and whether it is a request for a consultation only, or a transfer of care.
- d. Fax the referral to the walk-in centre - fax 6309781;
- e. Referrals directly to DAU for SGA or FGR outside the above process must not be accepted by Auckland DHB staff. In particular, appointments at either Green Lane or Auckland Hospital utilising "SGA slots" must not be scheduled outside the above process.

## 5. Internal referrals

Community midwives after consulting with the obstetric team are to complete a referral on HealthWare and contact the scheduler directly for a pre-allocated SGA appointment. See [Triaging and Actioning of referrals](#).

Obstetric doctors must follow the process as for [First Specialist Appointment - actions for doctors who have assessed a patient with a new diagnosis of SGA > 34 weeks](#). It is recommended that subsequent follow-up for SGA with abnormal MCA Doppler or EFW < 5<sup>th</sup> centile, takes place via DAU twice weekly, with a named specialist responsible for care. In practice it can be feasible for some appointments to be via the usual antenatal clinic appointment system to allow better continuity of care with the named specialist.

## 6. Referrals from private obstetricians

Private obstetricians are more than welcome to use this policy/pathway and to access DAU as per the pathway. Auckland DHB would encourage all private practitioners to be familiar with the national guideline.

Auckland DHB would encourage access via the external National Women's Health website to this policy, and printing of the [SGA algorithm](#) and Combined SGA Worksheet and Patient Information Sheet as required. Folders will be given to the women when they come to DAU.

To access DAU, please follow the instructions [First Specialist Appointment - Actions for doctors who have assessed a patient with a new diagnosis of SGA > 34 weeks](#)

## 7. Triage and actioning referrals

- a. All external referrals for SGA must be triaged to check eligibility for the pathway;
- b. Referrals with SGA less than 34 weeks must be managed on a case-by-case basis. They must not be on this pathway;
- c. All eligible women must be offered a face to face consultation with a specialist or senior trainee who will explain the pathway. This discussion should support the women to make an informed choice about either progressing on the pathway, or understanding any alternative options available. Documentation must reflect this discussion and any decisions made by the women. An interpreter must be provided where required.
- d. A first specialist appointment (FSA) must be scheduled in the Green Lane specialist clinic within one week of receipt of referral. Clinic bookings must be reserved for this purpose.
- e. An ultrasound for Middle Cerebral Artery (MCA) Doppler must be scheduled prior to the FSA in the National Women's Health Ultrasound Department at the Green Lane Clinical Centre
  - i. The walk-in centre midwife, Community midwife or team doctor must put in a ROERS request, and
  - ii. Add a comment to additional booking information on ROERS the date and time of the pre-allocated scan slot eg "SGA slot Monday 25/1/14 @ 1000h"
  - iii. Green Lane pre-allocated ultrasound slots are as follows:
    - o Monday 2 x SGA women at 10:00
    - o Tuesday 2 x SGA women at 13:00
    - o Wednesday 2 x SGA women at 13:00
    - o Thursday 2 x SGA women at 10:00
    - o Friday 2 x SGA women at 10:00
- f. The SGA patient-held folder must be compiled for the clinic appointment, with contents as follows:
  - o Combined SGA worksheet and patient information ('Special Delivery')
  - o 'Your baby's movements and what they mean'
  - o 'Induction of Labour'
  - o Relevant research information (currently hPOD trial)

## 8. First specialist appointment (FSA) - actions for clinic schedulers

- a. Book FSA within one week of referral using pre-allocated slots;
- b. Book ultrasound on same day as FSA, using pre-allocated slots;
  - o If slot not available within required timeframe contact the clinical director
  - o If on a Friday, the Monday/Tuesday/Wednesday slots are not assigned, they may be reassigned to non-SGA women - not before
  - o If on a Tuesday, the Thursday/Friday slots are not assigned, they may be reassigned to non-SGA women - not before

## 9. First specialist appointment (FSA) - actions for doctors who have assessed a patient with a new diagnosis of SGA

- a. Clinical assessment according to [SGA algorithm](#) and agree plan with the woman;
- b. Ensure you discuss fetal movements and pre-eclampsia, and also show the woman the patient information sheet (on the reverse side of the SGA Worksheet). If on the lower risk arm of the algorithm, the woman would be eligible for entry into the OBLIGE trial, so please show the woman the OBLIGE patient information sheet and ask her to consider this if she requires an induction of labour.
- c. Complete the SGA worksheet fully including dates of planned DAU or clinic review;
- d. If twice weekly monitoring is required the patient must be referred to DAU ; if on the lower risk part of the pathway it may be appropriate for clinic follow up only since scans will only be every 2 to 3 weeks.
- e. Plan the DAU review for a day when the named specialist is available to be contacted by phone, otherwise arrange an alternative contact;
- f. Phone DAU ext 25097 to book appointments
  - a. DAU first scan slot
  - b. DAU first appointment
  - c. Induction slot - must be booked in advance from the first clinic visit, not left to be booked later. If the induction needs to be brought forward this should be arranged by DAU staff members
- g. If seeing the woman on WAU or the ward, fax or deliver a copy of the SGA worksheet to DAU
- h. Put the worksheet back in the folder and give the folder to the woman. It is for her to refer to so she knows what her plan of care is, and it has the patient information leaflet on the back.
- i. In clinic, ensure the woman goes to the reception desk before she leaves the clinic so that the SGA worksheet can be faxed to DAU and the original given back to the woman;
- j. Record the clinical assessment and plan on the electronic maternity clinical record (HealthWare) and include details of appointments. Record the IOL date on the risk sheet on HealthWare;
- k. If any urgent action is required from the LMC, contact them by phone.

## 10. Actions for clinic receptionist for referrals to DAU

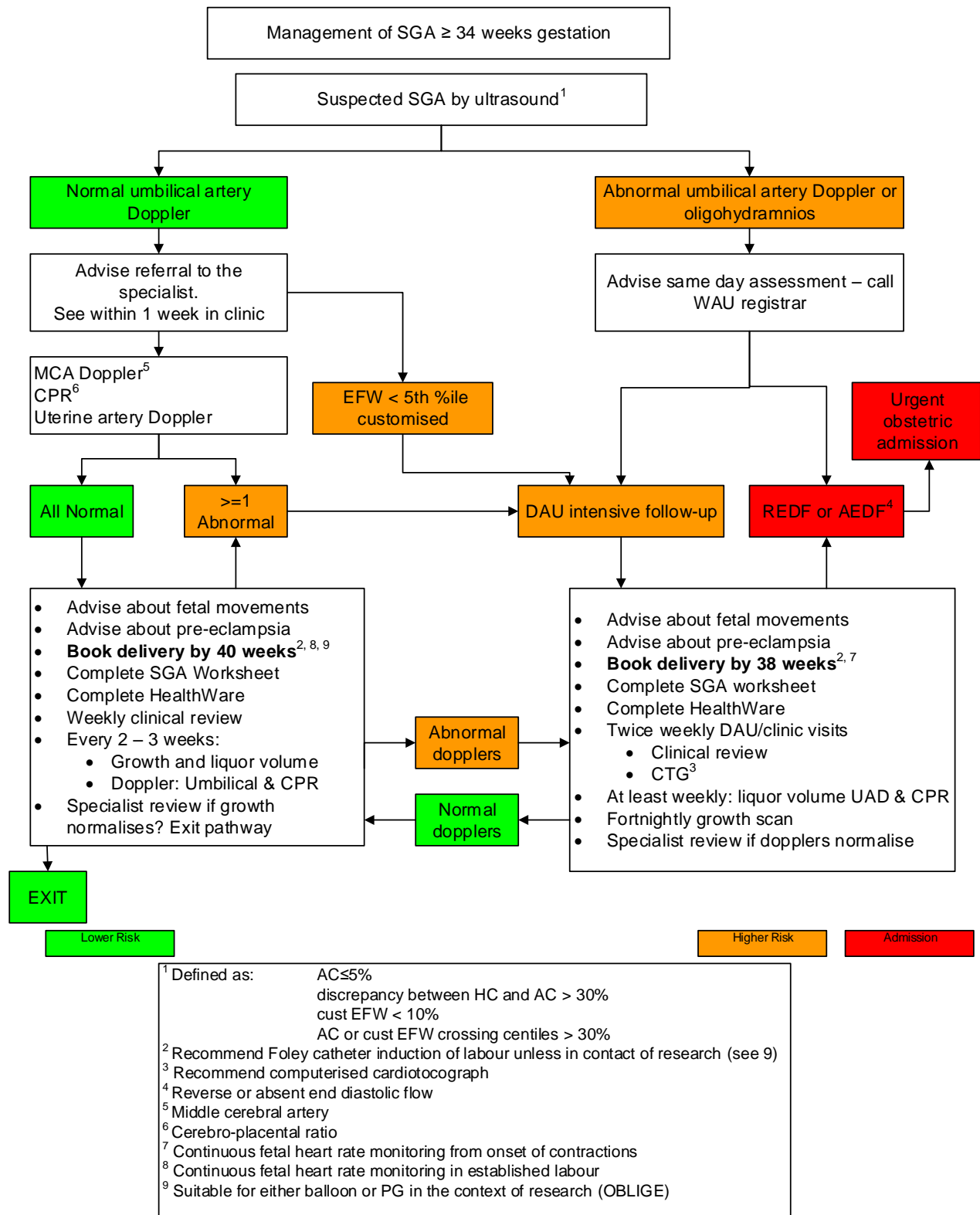
- a. Fax the SGA worksheet to DAU fax 25909;
- b. Confirm receipt of fax;
- c. Give the SGA worksheet/ patient information sheet back to the woman to put in her folder;
- d. If perchance the woman leaves the clinic with the SGA worksheet and it has not been faxed, phone the woman at the earliest opportunity and make arrangements for it to be faxed before the DAU appointment.

## 11. Actions for DAU midwives

- a. Arrange first DAU appointment as requested from team doctors (see [first specialist appointment \(FSA\) - actions for doctors](#));
- b. If DAU appointments are requested outside this process, please advise the referring practitioner as follows:
  - i. LMC self-employed midwife to complete a maternity secondary referral form and fax it to the walk-in centre as soon as possible;
  - ii. Community or high risk midwife to refer to relevant obstetric team;
  - iii. Team doctor to fax completed SGA worksheet.
  - iv. If abnormal Doppler, oligohydramnios or reduced fetal movement advise urgent referral to WAU
- c. Confirm receipt of faxed SGA worksheet;
- d. Follow the algorithm to arrange follow up DAU appointments and scans
- e. Put in ROERS request for the next scan
  - o ROERS must be done by 0800h of the day in question
  - o Add a comment to additional booking information on ROERS as per protocol including date and time
- f. Keep the faxed copy of the SGA worksheet in DAU for each woman and fill in the next DAU and scan appointment on both the copy and original for the woman;
- g. Use the DAU ultrasound booking planner to coordinate appointments.
- h. Referrals directly to DAU for SGA or FGR outside the above process must not be accepted by Auckland DHB staff. In particular, appointments at either Green Lane or Auckland Hospital utilising “SGA slots” must not be scheduled outside the above process.

## 12. SGA algorithm

This algorithm must be followed by midwifery staff members in DAU. For any deviations from the algorithm, the named specialist or delegate must be contacted. There is no need for the on call team to be involved providing the Doppler and liquor are normal and the algorithm is followed.





### 13. Induction of labour

- a. Follow the algorithm for recommended timing of IOL;
- b. IOL may be booked in advance from the FSA; if timing changes due to a change in risk status according to the algorithm, this must be discussed with the patient, the change in plan documented, and the IOL booking change communicated appropriately.
- c. Recommended method is Foley balloon catheter for IOL; for low risk cases patient may be given a choice of method.
- d. IOL to be booked to start in the morning.

### 14. Supporting evidence

- [Guideline for the Management of Suspected Small for Gestational Age Singleton Pregnancies After 34 weeks](#) (2014)
- [Ministry of Health Guidelines for Consultation with Obstetric and Related Medical Services \(Referral Guidelines\)](#) (2012)
- [New Zealand Obstetric Doppler Guideline](#) (2014)

### 15. Associated Auckland DHB documents

- Antenatal Corticosteroids to Improve Neonatal Outcomes
- Biophysical Profiling of Fetal Wellbeing
- Customised Antenatal Growth Chart
- Fetal Surveillance Policy
- Group & Screen Requirements in Maternity
- Hypertension - Antenatal, Intrapartum & Postpartum Management
- Induction of Labour - RBP
- Magnesium Sulphate for Pre-eclampsia and for Neuroprotection in Pre-Term Births <30 weeks

#### Clinical Forms

- [DAU SGA Ultrasound Booking Planner](#)
- [CR3509: National Women's Maternity Service - Secondary Referral Form](#)

#### Patient information (in SGA patient-held folder)

- [Combined SGA Worksheet and patient information \('Special Delivery'\)](#)
- [Induction of Labour](#)
- [Your baby's movements and what they mean](#)

### 16. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their



own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

## 17. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.