ANTEPARTUM CARE

ANTEPARTUM CLINIC VISITS

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Referral to Genetic Services of WA
Obstetrics and Midwifery
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

REFERRAL TO GENETIC SERVICES OF WA

KEY WORDS
Genetic disorder, congenital abnormalities, infertility, multiple miscarriages,

AIM

- To ensure referrals to the department are received and responded to in a coordinated, timely and clinically appropriate way.

CRITERIA FOR REFERRAL

- A family history of a specific genetic disorder particularly when considering pregnancy.
- An individual with features suggestive of a specific genetic disorder.
- Unexplained congenital abnormalities and childhood disabilities e.g. intellectual, hearing, visual, skeletal.
- Familial clustering of a specific cancer e.g. bowel, breast, ovary, endometrial – particularly with 2 or more affected first degree relatives with a young age of onset.
- Planning or confirmed pregnancy between close relatives e.g. first cousins.
- Multiple miscarriages where a parental balanced chromosomal translocation has been identified.
- Unexplained male infertility with congenital absence of the vas deferens or less than 500,000 spermatozoa per mL.
- Fetal exposure to a known teratogen.

Note: Fetal anomalies or abnormal pregnancy screening tests (e.g. ultrasound detected fetal structural anomalies or increased first or second trimester screening test results) will be seen by Maternal fetal Medicine Service unless there is a genetic component to the anomaly.
PROCEDURE

1. Written referrals may be faxed to the department on 9340 1678.

2. Appointments for genetic consultation can also be arranged by phoning the department on 9340 1525.