



CLINICAL PRACTICE GUIDELINE

Pathology & Ultrasound: Request by Midwife /
Nurse / Nurse Practitioner

This document should be read in conjunction with the [Disclaimer](#)

Contents

Antenatal tests: Requesting.....2

Vitamin D assay for antenatal women: Requesting..... 3

HbA1C: Antenatal 4

Group B Streptococcus antenatal screening: Request 5

Blood tests6

C reactive protein (CRP), full blood picture, blood group & hold, BhCG 6

Urea & electrolytes, uric acid and liver function tests (LDH, AST & ALT) 8

Urea & electrolytes: Adult special care unit (ASCU) Requesting 9

Kleihauer: Requesting..... 10

Postnatal: Kleihauer..... 12

Postnatal: Full Blood Picture 13

Neonatal: Cord blood group: Request..... 14

Urine tests15

Mid-stream urine: Requesting for microscopy, culture and sensitivity..... 15

Spot urine protein: creatinine ratios: Requesting 16

Swabs17

Low vaginal swabs (LVS): Request 17

Endocervical swabs (ECS) & High Vaginal Swabs (HVS): Request 18

Ultrasounds.....19

Ultrasound: Midwifery clinics & midwifery group practice requests 19

Ultrasound for fetal wellbeing in MFAU: Requesting..... 20

Ultrasound for fetal wellbeing in MFAU: Basic ultrasound scanning competent midwives performing 21

Ultrasound: Diabetes service: Nurse Practitioner request..... 22

WANDAS & Maternal Fetal Medicine (Gold Team) midwives 23

Ultrasounds & Xrays: Urogynaecology: Nurse Practitioner request 24

Checking results on CPOE by midwives.....25

Antenatal tests: Requesting

<p>Registered Midwives providing care in the Antenatal Clinic, MFAU / LBS, Midwifery Group Practice (MGP) or Community Midwifery Program (CMP*) may complete and sign Pathology Request Forms for “routine” antenatal tests.</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p> <ul style="list-style-type: none"> • Full Blood Picture / Iron studies • Blood Group • Atypical Antibodies • First void urine • Rubella Titre • Treponema Serology • Hepatitis B / Hep C / HIV Serology • Oral Glucose Tolerance test (OGTT) • Endocervical Swab (ECS) • High Vaginal Swab (HVS) • Low Vaginal Swab (LVS) • Maternal Serum Screen (15-17 weeks) • Pap Smear • Midstream Urine for Culture & Sensitivity 	<p>Inclusion: Women who are:</p> <ul style="list-style-type: none"> • Attending the Antenatal Clinic, Midwifery Group Practice or Community Midwifery Program for antenatal care. • Admitted to the Maternal Fetal Assessment Unit (MFAU)/ Labour & Birth Suite where these tests have not previously been performed. <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the antenatal tests and the type of blood borne diseases that may be diagnosed. 2. Complete and sign the Pathology Request Forms. Note: Ensure the woman’s obstetric medical team details (or Family Birth Centre (FBC) / CMP doctors) are included on the request form (e.g. Orange team, Blue team, FBC / GP name). 3. Ensure the woman understands where to go to have the tests performed <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 4. Where the midwife is collecting the specimens, she/he must ensure they are collected correctly and that they are labelled, packaged and transported to the laboratory appropriately. See Path West Laboratory Guides 5. Document care in the medical record. 6. Check the results of screening and initiate appropriate care.
--	---	---

***This only applies to women booked with the CMP to birth at KEMH**

See also: KEMH Clinical Guidelines: O&G: Vaginal Procedures: [Swabs: Low Vaginal, High Vaginal, Endocervical and Rectal](#)

Vitamin D assay for antenatal women: Requesting

Instruction	Criteria	Role of the Midwife
<p>Registered Midwives providing care in the Antenatal Clinic, Midwifery Group Practice and Community Midwifery Program* may complete and sign a Pathology Request Form for vitamin D assay.</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<ul style="list-style-type: none"> • Women with limited exposure to sunlight (e.g. because they are predominantly indoors or usually protected from the sun when outdoors) • Dark skin • A pre pregnancy BMI > 40² 	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the blood tests. 2. Complete and Sign the Pathology Request Forms. 3. Ensure the specimens are collected correctly. 4. Ensure the specimens are labelled, packaged and transported to the laboratory appropriately. 5. Document care in the woman's medical record. 6. Check results of screening and initiate appropriate care. See Clinical Guideline, Obstetrics & Midwifery: Vitamin D Deficiency in Pregnancy.

***This only applies to women booked with the CMP to birth at KEMH**

HbA1C: Antenatal

Instruction	Criteria	Role of the Midwife
<p>Registered Midwives/ Nurse Practitioners working in the Diabetes Service / credentialed Diabetes Educators/ may complete and sign a pathology request form for HbA1c</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Women with pre-existing diabetes and gestational diabetes requiring HbA1c levels at least once each trimester:</p> <p>E.g. 6-8 weeks gestation, 20 weeks gestation and 34 weeks gestation.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the blood test. 2. Set up the equipment and calibrate the machine prior to each session. 3. Complete and sign the Pathology Request Form. 4. Record HbA1c result in both the medical record and on the Pathology request Form. 5. Send the Pathology Request Form to the KEMH laboratory.

KEMH Clinical Guidelines: Obstetrics & Midwifery: [Medical Disorders Associated with Pregnancy](#): Diabetes in Pregnancy

Group B Streptococcus antenatal screening: Request

Instruction	Criteria	Role of the Midwife
<p>Registered Midwives providing care in the Antenatal Clinic, MFAU/ LBS, Midwifery Group Practice (MGP), or Community Midwifery Program *(CMP) may complete and sign a pathology request form for a low vaginal and peri-anal/rectal swab for group B streptococcus antenatal screening.</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p> <p>*This only applies to women booked with the CMP to birth at KEMH</p>	<p>Inclusion: Women with a pregnancy of between 35 and 37 weeks gestation requiring routine group B streptococcus antenatal screening.</p> <p>Exclusion: Overseas Visitors (these women require a Medical Practitioner signed request form)</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for screening and the type of infection that may be diagnosed. 2. Complete and sign a Pathology Request Form. 3. Clindamycin susceptibilities must be requested where there is a known history of penicillin allergy. 4. Ensure the specimen is collected correctly. 5. Ensure the specimen is labelled, packaged and transported to the laboratory appropriately. 6. Document care in the medical record. 7. Check results of screening and initiate appropriate care.

- [Group B Streptococcal Disease;](#)

Blood tests

C reactive protein (CRP), full blood picture, blood group & hold, BhCG

For routine antenatal tests- see [Antenatal Tests](#)

For Postnatal tests- see Postnatal: Full Blood Picture (FBP); or Postnatal Kleihaeur

Exclusion criteria
Overseas Visitors should have their Request Form signed by a Medical Officer.

Inclusion criteria	
CRP	<ul style="list-style-type: none"> • Women admitted to the Maternal Fetal Assessment Unit / Labour and Birth Suite with confirmed preterm prelabour rupture of the membranes.
FBP	<ul style="list-style-type: none"> • In Maternal Fetal Assessment Unit / Labour and Birth Suite for women admitted with: <ul style="list-style-type: none"> ➤ confirmed preterm prelabour rupture of membranes ➤ antepartum haemorrhage where there is known placenta praevia and/or there is active fresh bleeding ➤ decreased fetal movements with non-reactive CTG ➤ gestational hypertension or pre-eclampsia ➤ non-specific abdominal pain where there is vaginal bleeding or where there are signs of maternal infection (e.g. pyrexia, tachycardia) • In Adult Special Care Unit (ASCU): Obstetrics / gynaecology and oncology women who require this assessment while in ASCU • In Emergency Centre (EC): Women admitted with a pregnancy less than 20 weeks gestation or suspected pregnancy (when medical review is likely to be delayed) with: <ul style="list-style-type: none"> ➤ vaginal bleeding, or

	<ul style="list-style-type: none"> ➤ abdominal pain
Blood group & hold	<ul style="list-style-type: none"> ➤ antepartum haemorrhage where there is known placenta praevia and/or there is active fresh bleeding ➤ decreased fetal movements where the CTG is non-reactive ➤ non-specific abdominal pain where there is vaginal bleeding or where there are signs of maternal infection (e.g. pyrexia, tachycardia). <ul style="list-style-type: none"> • In Emergency Centre (EC): Women admitted with a pregnancy less than 20 weeks gestation or suspected pregnancy (when medical review is likely to be delayed) with: <ul style="list-style-type: none"> ➤ vaginal bleeding or abdominal pain
BhCG	<ul style="list-style-type: none"> • In Emergency Centre (EC): Women admitted with a pregnancy less than 20 weeks gestation or suspected pregnancy (when medical review is likely to be delayed) with: <ul style="list-style-type: none"> ➤ vaginal bleeding or abdominal pain

Procedure

Instruction	Criteria	Role of the Midwife
<p>Midwives working in the Maternal Fetal Assessment Unit / Labour & Birth Suite, Midwifery Group Practice and CMP may complete and sign a Pathology Request Form for a CRP/FBP/ blood group & hold.</p> <p>Note: This standing order only applies to the criteria outlined above.</p>	<p>Check inclusion/ exclusion criteria above</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the blood test. 2. Complete and Sign the Pathology Request Form +/- Transfusion Request Form (if blood group & hold required). 3. Ensure the specimen is collected correctly. 4. Ensure the specimen is labelled, packaged and transported to the laboratory appropriately. 5. Document care in the woman's medical record. <p>Note: The Medical Officer must be informed when the blood test results are available.</p>

Urea & electrolytes, uric acid and liver function tests (LDH, AST & ALT)

Instruction	Criteria	Role of the Midwife
<p>Midwives working in the Maternal Fetal Assessment Unit / Labour and Birth Suite / Family Birth Centre / Midwifery Group Practice/ CMP may complete and sign Pathology Request forms for urea and electrolytes, uric acid and liver function tests (LDH, AST and ALT).</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Inclusion: Women being transferred from Family Birth Centre to the Maternal Fetal Assessment Unit or admitted to the Maternal Fetal Assessment Unit / Labour and Birth Suite:</p> <ul style="list-style-type: none"> • for assessment of gestational hypertension or pre-eclampsia • with non-specific abdominal pain where there is any vaginal bleeding or signs of maternal infection. <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the blood tests. 2. Complete and Sign the Pathology Request Forms. 3. Ensure the specimens are collected correctly. 4. Ensure the specimens are labelled, packaged and transported to the laboratory appropriately. 5. Document care in the woman's medical record. <p>Note: The Medical Officer must be informed when the blood test results are available.</p>

See also Clinical Guidelines [Complications of Pregnancy](#): Hypertension in Pregnancy

Urea & electrolytes: Adult special care unit (ASCU) Requesting

Instruction	Criteria	Role of the Midwife / Nurse
<p>Midwives/nurses working in ASCU may complete and sign Pathology Request Forms for urea and electrolytes.</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Inclusion: Gynaecology and oncology women admitted to ASCU who requires this assessment postoperatively.</p> <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the blood test. 2. Complete and sign the pathology request form. 3. Ensure the specimens are collected correctly. 4. Ensure the specimens are labelled, packaged and transported to the laboratory appropriately. 5. Document care in the woman's medical record. <p>Note: The Medical Officer must be informed when the blood test results are available.</p>

Kleihauer: Requesting

Instruction	Criteria	Role of the Midwife
<p>Registered Midwives working at King Edward Hospital, Midwifery Group Practice and the Community Midwifery Program* may complete and sign a Pathology Request Form for Kleihauer screening of maternal blood.</p> <p>Note: This standing order only applies to the criteria outlined opposite.</p> <p>*This only applies to women booked with the CMP to birth at KEMH</p> <p>Exclusion: Overseas Visitors should have</p>	<p>ROUTINE KLEIHAUER TESTING</p> <p>The Kleihauer Test is used to determine the extent of a fetomaternal haemorrhage (FMH). Ideally the sample should be routinely collected a minimum of 15 minutes after FMH or placental separation and preferably within 2 hours to allow sufficient time for any fetal red cells to be dispersed in the maternal circulation.</p> <p>In exceptional circumstances, Kleihauer Tests may be collected up to 72 hours after the event but this increases the risk that that any additional doses of RhD Immunoglobulin (RhD-Ig) needed for large FMH will not be administered within the required 72 hours.</p> <p>All non-urgent Kleihauer Tests are batched and processed once per day.</p> <p>Kleihauer Tests are routinely indicated:</p> <ol style="list-style-type: none"> 1. In a Rh(D) negative woman without preformed immune anti-D following a potentially sensitising event (e.g. delivery of a Rh(D) positive fetus, amniocentesis, antepartum haemorrhage, successful or failed ECV, etc) to ascertain whether additional doses of RhD-Ig are required. 2. Following an unexpected/unexplained stillbirth, prior to the commencement of induction procedure in such a case. 3. Non immune fetal hydrops in association with an abnormally raised MCA PSV. 4. Decreased fetal movements. Two consecutive non-reactive non stress tests (unless the first has very reduced variability, sinusoidal pattern or a 	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for testing her blood and the consequences of not completing this screening. 2. Complete and Sign the transfusion medicine (TM) Request Form (Include clinical details). 3. Urgent requests must also be phoned to TM by the Medical Practitioner. 4. Ensure the specimen is collected correctly. 5. Ensure the specimen is labelled, packaged and transported to the laboratory appropriately. 6. Document care in the medical record. <p>Note: The Medical Officer</p>

<p>their Request Form signed by a Medical Officer.</p>	<p>specific clinical sign to suggest a FMH in which circumstances the test should be done immediately) and/or an active fetus on ultrasound.</p> <p>5. Sinusoidal FHR trace in a non-immunised woman.</p> <p>6. Significant trauma e.g. motor vehicle accident (MVA) – however, if the CTG is reactive and/or the fetus active on ultrasound it is extremely unlikely there is a significant FMH.</p> <p>A KLEIHAUER TEST SHOULD NOT BE REQUESTED IN THE SETTING OF AN ANTEPARTUM HAEMORRHAGE IN ORDER TO DIAGNOSE ABRUPTION. THIS IS AN INAPPROPRIATE USE OF THE TEST.</p>	<p>must be informed when the Kleihauer results are available.</p> <p>See Clinical Guidelines O&G: Kleihauer Test</p>
--	--	--

Postnatal: Kleihauer

Instruction	Criteria	Role of the Midwife
<p>Registered Midwives working in the Labour and Birth Suite, Midwifery Group Practice, Obstetric Wards, the Adult Special Care Unit and Community Midwifery Program may complete and sign a Pathology Request Form for Kleihauer screening of maternal blood.</p> <p>Note: This standing order only applies to the criteria outlined opposite.</p>	<p>Inclusion: Rhesus negative women admitted to any of the mentioned areas and those detailed in the Transfusion Medicine Guideline Fetal Maternal Haemorrhage and the Kleihauer test</p> <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for testing her blood and the consequences of not completing this screening. 2. Complete and sign the Pathology Request Form. 3. Ensure the specimen is collected correctly 4. Ensure the specimen is labelled, packaged and transported to the laboratory appropriately. 5. Check the results of screening and initiate appropriate care. 6. Document care in the medical record.

***This only applies to women booked with the CMP to birth at KEMH**

Postnatal: Full Blood Picture

Instruction	Criteria	Role of the Midwife
<p>Registered Midwives (working within King Edward Memorial Hospital for Women, Midwifery Group Practice or Community Midwifery Program*) may order a full blood picture (FBP) for haemoglobin levels for postpartum women.</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Inclusion: Postpartum women on the obstetric wards / in the community with:</p> <ul style="list-style-type: none"> • An antenatal haemoglobin of <10 • A post-partum haemorrhage of $\geq 1000\text{mL}$. • Clinical indications of a low haemoglobin such as shortness of breath, dizziness, faintness. <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the haemoglobin level. 2. Complete and sign the Pathology Request Form. 3. Ensure the specimen is collected correctly. 4. Ensure specimen is labelled, packaged and transported to the laboratory appropriately. 5. Document care in the medical record.

***This only applies to women booked with the CMP to birth at KEMH**

Neonatal: Cord blood group: Request

Instruction	Criteria	Role of the Midwife
<p>Registered Midwives working in the Labour and Birth Suite, the Family Birth Centre / Midwifery Group Practice or Community Midwifery Program* may complete and sign a Pathology Request Form for cord blood grouping.</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Inclusion: Rhesus negative women giving birth in the Labour and Birth Suite, Family Birth Centre or Community Midwifery Program.</p> <p>Exclusion: Neonates of Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for testing the neonate's cord blood and the consequences of not completing this screening. 2. Complete and sign the Pathology Request Form. 3. Ensure the specimen is collected correctly. 4. Ensure the specimen is labelled, packaged and transported to the laboratory appropriately. 5. Check results of screening and initiate appropriate care. 6. Document care in the medical record.

***This only applies to women booked with the CMP to birth at KEMH**

Urine tests

Mid-stream urine: Requesting for microscopy, culture and sensitivity

MSU for MC&S

Instruction	Criteria	Role of the Midwife
<p>Midwives working in the Maternal Fetal Assessment Unit / Labour & Birth Suite, Midwifery Group Practice and Community Midwifery Program* may complete and sign a Pathology Request form for MSU.</p> <p>*This only applies to women booked with the CMP to birth at KEMH</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Inclusion: Women admitted to the Maternal Fetal Assessment Unit / Labour and Birth Suite with:</p> <ul style="list-style-type: none"> • confirmed preterm prelabour rupture of membranes where there is proteinuria of > 1+ on dipstick • suspected preterm labour if the woman has symptoms suggestive of a urinary tract infection or if, on dipstick, there is >1+ proteinuria and / or positive leucocytes or nitrites • non-specific abdominal pain where there is > 1+ proteinuria and / or positive nitrites or leucocytes • possible early labour and symptoms suggestive of a urinary tract infection (UTI). <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the MSU. 2. Complete and sign the Pathology Request Form. 3. Instruct woman on how to collect the MSU. 4. Ensure the specimen is collected correctly. 5. Ensure the specimen is labelled, packaged and transported to the laboratory appropriately. 6. Document care in the woman's medical record. <p>Note: The Medical Officer must be informed when the MSU results are available.</p>

Spot urine protein: creatinine ratios: Requesting

Instruction	Criteria	Role of the Midwife
<p>Midwives working in the Maternal Fetal Assessment Unit / Labour and Birth Suite / Midwifery Group Practice/CMP may complete and sign a Pathology Request form for spot urine protein: creatinine ratios</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Inclusion: Women being transferred from Family Birth Centre to Maternal Fetal Assessment Unit or admitted to the Maternal Fetal Assessment Unit / Labour and Birth Suite:</p> <ul style="list-style-type: none"> For assessment of gestational hypertension or pre-eclampsia where there is proteinuria of >1+ on a midstream urine sample. <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> Ensure the woman is informed and counselled appropriately as to the reason for the MSU and the spot urine protein: creatinine ratio. Instruct woman on how to collect the MSU. Perform a urinary dipstick test on the sample. Where there is > 1+ proteinuria, complete and sign the Pathology Request Form for a spot urine protein: creatinine ratio and send the correctly labelled MSU specimen to the laboratory. Note: Write the test required in full. DO NOT abbreviate. Document care in the woman's medical record. <p>Note: The Medical Officer must be informed when the urine results are available.</p>

Swabs

Low vaginal swabs (LVS): Request

Requesting LVS for microscopy, CULTURE and sensitivity (MC&S) for:

- Group B streptococcus
- Trichomonas vaginalis
- Ureaplasma
- Mycoplasma hominis

Instruction	Criteria	Role of the Midwife
<p>Midwives working in the Maternal Fetal Assessment Unit, Labour and Birth Suite, Midwifery Group Practice and Community Midwifery Program* may complete and sign a Pathology Request form for LVS.</p> <p>*This only applies to women booked with the CMP to birth at KEMH</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Women admitted to the Maternal Fetal Assessment Unit / Labour and Birth Suite with:</p> <ul style="list-style-type: none"> • Suspected preterm pre-labour rupture of membranes • Sonfirmed preterm pre-labour rupture of membranes • Suspected pre-labour rupture of membranes at term • Suspected preterm labour. <p>Note: For routine antenatal LVS- see Antenatal Tests: Requestin</p> <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the LVS. 2. Complete and sign the Pathology Request Form. 3. Perform the swab without using a speculum. 4. Ensure the specimen is collected correctly. 5. Ensure the specimen is labelled, packaged and transported to the laboratory appropriately. 6. Document care in the woman's medical record.

Endocervical swabs (ECS) & High Vaginal Swabs (HVS): Request

Requesting ECS for: Microscopy, culture and sensitivity (MC&S); Chlamydia trachomatis; Neisseria gonorrhoea

Instruction	Criteria	Role of the Midwife
<p>Midwives working in the Maternal Fetal Assessment Unit / Labour & Birth Suite and Midwifery Group Practice and Community Midwifery Program* may complete and sign a Pathology Request form for ECS / HVS.</p> <p>*This only applies to women booked with the CMP to birth at KEMH</p> <p>Note: This standing order only applies to women meeting the criteria outlined opposite.</p>	<p>Inclusion: Women admitted to the Maternal Fetal Assessment Unit / Labour and Birth Suite with:</p> <ul style="list-style-type: none"> • suspected preterm pre-labour rupture of membranes where there is evidence of possible vaginal infection (e.g. malodorous, discoloured or purulent discharge) and / or where there is a high risk for <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> (e.g. women with multiple sexual partners, adolescents, chemically dependent women) • suspected pre-labour rupture of membranes at term where there is evidence of possible vaginal infection (e.g. malodorous, discoloured or purulent discharge) • suspected preterm labour • Nonspecific abdominal pain where there is any vaginal discharge <p>Note: For routine antenatal swabs- see Antenatal Tests: Requesting</p> <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the ECS. 2. Complete and sign the Pathology Request Form. 3. Perform a sterile speculum examination to obtain the swab. 4. Ensure the specimen is collected correctly. 5. Ensure the specimen is labelled, packaged and transported to the laboratory appropriately. 6. Document care in the woman's medical record. <p>Note: The Medical Officer must be informed when the swab results are available.</p>

Ultrasounds

Ultrasound: Midwifery clinics & midwifery group practice requests

Instruction	Criteria	Role of the Midwife
<p>Midwives working in the Midwifery Clinics and Midwifery Group Practice (MGP), and the Community Midwifery Program may complete and sign an Ultrasound Request Form for:</p> <ul style="list-style-type: none"> • fetal biometry • amniotic fluid index • umbilical artery Doppler studies • fetal presentation • placental site <p>Note: This standing order only applies to the criteria outlined opposite.</p>	<p>Inclusion: Women classified as public patients and who present for antenatal visits with:</p> <ul style="list-style-type: none"> • low lying placenta • prolonged pregnancy • fundal height discrepancy with gestation. <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the ultrasound. 2. Complete and Sign the Ultrasound Request Form ensuring that: <ul style="list-style-type: none"> • the form is completed in full in legible handwriting • all relevant information which will enable the sonographer to complete the examination is provided • the woman's EDD is recorded. 3. All requests for non-urgent ultrasound scan appointments are to be sent to the KEMH Ultrasound Department via the <i>scan to email system</i>. All urgent ultrasound scan requests are to be directed to the Chief Sonographer on: 0420 302 596. 4. Document care in the medical record. <p>Note- Review of scans:</p> <ul style="list-style-type: none"> • Following an ultrasound scan, clients must return to the Midwifery Clinics / MGP/ CMP to have their results confirmed by a Midwife and/or attending Medical Officer. • For fundal height discrepancy, the clinician requesting the scan must follow up the results within 2 days of ultrasound.

Ultrasound for fetal wellbeing in MFAU: Requesting

INSTRUCTION	CRITERIA	ROLE OF THE MIDWIFE
<p>Midwives working in the Maternal Fetal Assessment Unit (MFAU), Midwifery Group Practice (MGP)/CMP may complete and sign an Ultrasound Request Form, as per the relevant MFAU guidelines, for:</p> <ul style="list-style-type: none"> • fetal biometry • amniotic fluid index • umbilical artery Doppler studies • fetal presentation • placental site <p>Note: This standing order only applies to the criteria outlined opposite.</p>	<p>Inclusion: Women classified as public patients and who are admitted to the Maternal Fetal Assessment Unit with:</p> <ul style="list-style-type: none"> • gestational hypertension or pre-eclampsia • suspected preterm pre-labour rupture of membranes • confirmed preterm pre-labour rupture of membranes • suspected pre-labour rupture of membranes at term • prolonged pregnancy • external cephalic version • decreased fetal movements <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p> <p>Note: Private patients should have their Ultrasound Request Form signed by their private Consultant.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the ultrasound. 2. Complete and Sign the Ultrasound Request Form ensuring that: <ul style="list-style-type: none"> • the form is completed in full in legible handwriting • all relevant information which will enable the sonographer to complete the examination is provided • the woman's EDD is recorded. 3. Arrange for the MFAU sonographer to perform the scan. 4. Document care in the medical record. <p>Note: The Medical Officer must be informed when the ultrasound scan results are available. This applies to all ultrasounds regardless of the results.</p>

Ultrasound for fetal wellbeing in MFAU: Basic ultrasound scanning competent midwives performing

Instruction	Criteria	Role of the midwife
<p>Basic ultrasound scanning Competent midwives working in MFAU may complete an ultrasound for</p> <ul style="list-style-type: none"> • fetal presentation / lie • presence of a fetal heart beat • amniotic fluid maximum vertical pocket • fetal movement • placental site <p>Note: This standing order only applies to the criteria outlined above.</p>	<p>Inclusions: Women classified as public patients and have a singleton pregnancy.</p> <p>Exclusions: Multiple gestations, overseas Visitors / students, private patients.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the ultrasound. 2. Arrange for a Basic-Ultrasound Scanning-Competent Registered Midwife to perform the scan. 3. All care must be documented in the MFAU Admission Form MR 225 or on a sticker (Portable Obstetric Scan) affixed on the MFAU Outpatient form MR 226 or the woman's Integrated Progress Notes MR 250. <p>Note: The Medical Officer must be informed when the ultrasound scan results are available. This applies to all ultrasounds regardless of the results.</p> <p>See WNHS Policy Clinical Investigations (Results of)</p>

Ultrasound: Diabetes service: Nurse Practitioner request

Instruction	Criteria	Role of the Diabetes Nurse Practitioner
<p>The Diabetes Nurse Practitioner working in Diabetes Services may complete and sign an Ultrasound Request Form as per Diabetes guidelines for:</p> <ul style="list-style-type: none"> • Dating • First Trimester Screening • Fetal Anatomy Survey • Fetal growth and well being <p>Note: This standing order only applies to the criteria outlined opposite.</p>	<p>Women classified as public patients who have a singleton pregnancy and are having care through the Diabetes Service, requiring an ultrasound for :</p> <ul style="list-style-type: none"> • Confirmation of Dates • First Trimester Screening • Anatomy Scan • Fetal growth and well being as per the KEMH Diabetes in Pregnancy guidelines <p>Note: Private patients should have their Ultrasound Request Form signed by their private consultant.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the ultrasound. 2. Complete and Sign the Ultrasound Request Form ensuring that: <ul style="list-style-type: none"> • the form is completed in full in legible handwriting. • all relevant information which will enable the sonographer to complete the examination is provided, including the type of diabetes and treatment. • the woman's EDD is recorded. 3. Document care in the medical record. <p>Note: The Medical Officer must be informed when the ultrasound scan results are available. This applies to all ultrasounds regardless of the results.</p>

WANDAS & Maternal Fetal Medicine (Gold Team) midwives

Instruction	Criteria	Role of the Midwife
<p>Midwives working in the Women and Newborn Drug and Alcohol Service (WANDAS) and Maternal Fetal Medicine (MFM – gold team) Antenatal Clinics may complete and sign an Ultrasound Request Form for:</p> <ul style="list-style-type: none"> • Dating • First Trimester Screening • Fetal Anatomy Survey <p>Note: This standing order only applies to the criteria outlined opposite.</p> <p>Referrals sent for specialist opinion are not to be referred through this standing order and should be either referred back to the referring Medical Practitioner for ultrasound review and imaging or to the doctors in the specialised antenatal clinics.</p>	<p>Inclusion: Women classified as public patients who have a singleton pregnancy and are having care through the MFM service / Gold Team or WANDAS clinic, requiring an ultrasound for :</p> <ul style="list-style-type: none"> • Confirmation of Dates • First Trimester Screening • Routine fetal anatomy scan <p>Exclusion: Overseas Visitors should have their Request Form signed by a Medical Officer.</p>	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the ultrasound. 2. Complete and Sign the Ultrasound Request Form ensuring: <ul style="list-style-type: none"> • the form is completed in full in legible handwriting • all relevant information which will enable the sonographer to complete the examination is provided • the woman's EDD is recorded. 3. All requests for non-urgent ultrasound scan appointments are to be sent to the KEMH Ultrasound Department via the <i>scan to email system</i>. All urgent ultrasound scan requests are to be directed to the Chief Sonographer on: 0420 302 596. 4. Document care in the medical record. <p>Note: Following an ultrasound scan, clients must return to these specialised antenatal clinics to have their results confirmed by a midwife working in this clinic and /or the attending Medical Officer. Ref to WNHS Policy Clinical investigations (Results of)</p> <p>This applies to all ultrasounds regardless of the results.</p>

Ultrasounds & Xrays: Urogynaecology: Nurse Practitioner request

Instruction	Criteria	Role of the urogynaecological NURSE PRACTITIONER
<p>The Urogynaecology Nurse Practitioner working in the Urogynaecology Services may complete and sign a Diagnostic Imaging Request Form as per urogynaecology guidelines for:</p> <ul style="list-style-type: none"> • Renal ultrasound • Cystogram • Chest X-Ray • Video Urodynamics. <p>Note: This standing order only applies to the criteria outlined opposite.</p>	<p>Women classified as public patients who are having care through the Urogynaecology Service, requiring an investigation for :</p> <ul style="list-style-type: none"> • Renal ultrasound- to detect Hydronephrosis. • Cystogram- prior to the removal of an Indwelling Catheter (IDC) for bladder Injury. • Chest X-Ray- routine pre-op. • Video Urodynamics- for the investigation of Urinary Incontinence. 	<ol style="list-style-type: none"> 1. Ensure the woman is informed and counselled appropriately as to the reason for the examination. 2. Complete and Sign the Diagnostic Imaging Request Form ensuring that: <ul style="list-style-type: none"> • the form is completed in full in legible handwriting. • all relevant information which will enable the imaging staff to complete the examination is provided. 3. Document care in the medical record. <p>Note: The Medical Officer must be informed when the imaging results are available. This applies to all examinations, regardless of the results.</p>

Checking results on CPOE by midwives

Instruction	Role of the Midwife
<p>Registered Midwives providing care in the Antenatal Clinics, MGP, MFAU, Diabetes Service and CMP may review and acknowledge laboratory results on CPOE.</p>	<p>Review the results.</p> <ul style="list-style-type: none"> • The midwife may only review the results of the current pregnancy. • KEMH midwives must not review and acknowledge results from other hospitals or specialities performed either during or outside of the pregnancy <p>If the results are within normal parameters the midwife should indicate they have been viewed by placing a 'tick' in the box and pressing the acknowledge button.</p> <p>Results that are not within normal parameters should be presented as a 'show chart' and actioned and acknowledged in iCM by the Medical Officer.</p> <p>Ref to WNHS Policy Clinical investigations (Results of)</p>

Related policies

Related Guidelines / Policies –

- WNHS Policy [Clinical investigations \(Results of\)](#)
- OD 0663/16 [Provision of Treatment to Medicare Ineligible Patients in WA Public Hospitals](#)
- OP 1866/04 [Prevention of Early Onset Group B Streptococcal Disease \(GBS\) in Neonates and Identification of Mothers who are Group B Streptococcal Carriers](#) (2004)

Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines:

[Medical Disorders Associated with Pregnancy](#): Diabetes in Pregnancy





[Complications of Pregnancy](#): Hypertension in Pregnancy

[Swabs: Low Vaginal, High Vaginal, Endocervical and Rectal](#)

Transfusion Medicine Guideline [Fetal Maternal Haemorrhage and the Kleihauer test](#)

Useful resources

- [Path West Laboratory Guides](#)
- Patient information sheets: [Urodynamic Studies](#) (brochure); [Gynaecology](#)
- KEMH: [WANDAS](#) (website); [WANDAS: Information Booklet for Mum and Baby](#)(2012); [Maternal Fetal Medicine](#)(website); [MFM Service](#) (patient brochure- 2011)
- Australian Government, Private Health Insurance Ombudsman: [Overseas Visitors & Overseas Students](#)
- The Royal College of Pathologists of Australasia: [Pathology test requesting by Nurse Practitioners and Midwives](#)

Document Owner:	Obstetrics, Gynaecology and Imaging Directorate		
Author / Reviewer:	Evidence Based Clinical Guidelines O&GCCU		
Date First Issued:	December 2003		
Last Reviewed:	August 2016	Next Review Date:	August 2019
Last amended	25/7/17 US performed by midwives in MFAU documentation (page 21)		
Endorsed by:	Obstetrics, Gynaecology and Imaging Directorate Management Committee	Date:	
Standards Applicable:	NSQHS Standards:  1- Governance;  3- Infection Control;  5- Patient ID / Procedure Matching;  7- Blood Products		
<p>Printed or personally saved electronic copies of this document are considered uncontrolled.</p> <p>Access the current version from the WNHS website.</p>			