



CLINICAL PRACTICE GUIDELINE

# Visiting Midwifery Service (VMS): Referrals

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

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## Aims

- To ensure appropriate and timely referrals to the Visiting Midwifery Service for post discharge follow-up care.
- To ensure the safety of the Visiting Midwifery Staff.
- To ensure all OGCCU staff are aware of the process of arranging appropriate follow-up for women excluded from home visiting services.

## Key points

1. There is an answering machine in the VMS office which is checked every morning. Referrals are sent via the Hospital Clinical Manager (HCM) and delivered to the VMS office in the morning by an orderly.
2. Urgent contact may be arranged via the Clinical Midwifery Managers, VMS page # 3352.
3. VMS visits occur following discharge from the hospital and may continue until day 5 postnatally.
4. VMS no longer visits women temporarily residing in Agnes Walsh Lodge. If these women require clinical care or review they must attend either the Emergency Centre or MFAU depending on their individual circumstances.

## Inclusion criteria

- Birthing at KEMH or transferred to KEMH from another hospital and requiring follow up in the community. Whenever possible patients from other sites should be referred back to their booking hospital for follow up care.
- Requested by another hospital i.e. a non- maternity tertiary site.
- Resides within a 40km radius of the hospital- see map in clinical areas.
- Discharged prior to day 5 (except adolescents) postnatally or with an ongoing problem.
- All adolescents should be referred to the Adolescents VMS on discharge (regardless of 5 day stay).
  - Adolescent referrals must be marked with a green ADOL sticker to ensure the Adolescent Service receives the referral.
- Gynaecology patients who are discharged home but who are **not** referred to HITH or Silver Chain and require follow up in the community. Complete a MR 255.02 referral form.

## Exclusion criteria

1. Women from environments where there is known aggression and WANDAS clients.

What to do:

- Arrange for the woman and infant to have follow-up postpartum care and neonatal screening tests at one of the following as appropriate:
  - The woman's General Practitioner
  - Derbarl Yerrigan Health Service
  - KEMH Emergency Centre and laboratory services.

Rationale:

- Women from environments where there is known aggression shall not be referred to the Visiting Midwifery Service (VMS). In these situations the woman's home environment may not be safe for the visiting Midwife.
  - Alternatives to home visiting will provide safe follow-up care for the woman and her infant/s whilst minimising the risk of aggression to staff.
  - Postpartum assessments and neonatal screening tests must be carried out in places where procedures exist, and assistance is readily available to deal effectively with aggressive incidents.
2. For women who have been identified as being complex **and** who have also been deemed not suitable for visiting midwifery services.
    - Check the complex care notes / medical record for follow-up arrangements. Follow up care for these women will have been planned and previously arranged by the Complex Care Case Committee.
    - For women booked in to the Community Midwifery Program (CMP), Family Birth Centre / Midwifery Group Practice (MGP), or Eligible Privately Practicing

Midwife (EPPM) models of care, regardless of whether they birthed in the Birth Centre, Labour and Birth Suite or have had a caesarean.

- These women shall be referred to CMP, EPPM or MGP midwives for follow-up.
- **MGP:** Print STORK VMS Referral & write 'MGP' on referral so it goes to FBC. Follow instructions as for "[Procedure- All Women](#)" on next page.
- **CMP:**
  - Complete & fax MR089 to CMP office. Call the CMP primary midwife identified on the inside front page of National Pregnancy Health record or the Midwifery Manager on call number from the MR089 to provide a verbal handover.
- See also instructions for discharge in KEMH Clinical Guideline, O&M:
  - Postnatal Care, Subsequent Care: [Transfer of a Postnatal Woman by a Midwife to Home / VMS / GP Care](#).

### Procedure- All Women

1. Ensure the patient lives in the VMS area and is appropriate for referral.
  - Complete the Home & Community Visit Risk Assessment (MR 255.04). Follow instructions on the form to assess suitability for VMS. Discuss with the Ward Coordinator or Manager if unsure.
  - See current map on wards for VMS geographical catchment area.
2. Generate and print a VMS referral, either through STORK database (postnatal), MR 255.01, MR 255.02 (gynaecology), MR255.03 (SCN), and place it in the VMS book with the completed Home & Community Visit Risk Assessment (MR 255.04).
  - Place a Green "ADOL" sticker for adolescent services, or "MGP", if required.
  - For gynaecology patients, take a photocopy of the MR255.04 and place it in the woman's medical records.
3. Place the woman's current UMRN label in the VMS Book. Include date and reason for visit.
  - Include relevant information if postnatal visits are required >day 5.
  - Check for current address and contact number where the woman is going.
  - All ID stickers should have an address
  - If the visit is beyond 5 postnatal days and the referral is for a breastfeeding issue, also refer the woman to the Breastfeeding centre.
4. Ensure contact **details, address and phone numbers are correct on all UMRN labels and STORK**. If the address is temporary VMS must have the details **including the phone number (include a mobile number if possible)**. Document any special instructions regarding locating or entering the property.
5. Explain to the woman the visit shall be anytime between 0800 - 1600 hours the day following discharge. Advise the woman that they need to be at home as VMS are unable to give a definite appointment time.

6. VMS referrals are delivered to the Hospital Clinical Manager's office by 8pm daily; Monday – Friday by the after-hours PCA, and on Saturday and Sunday by the weekend ward clerks.
  - Referrals for the next day should be placed in the VMS book by 1930 hours.
  - For discharges after 2000hours, contact and give the A/H HCM the VMS referral & Home & Community Risk Assessment (MR255.04).
  - Do **not** fax any referrals to VMS, MGP or A/H HCM's. .
7. Any change or late information can be telephoned through to the VMS answering machine on extension 1530. **If the patient no longer requires a VMS visit, reverse the STORK referral or call the VMS office to inform them.**
8. See specific care section ([postnatal](#), [gynaecology](#)) below.
9. Do not send personal items to VMS for delivery to patients e.g. discharge medications left at KEMH.

### Postnatal Discharge

1. Follow procedure for "All Women" above. Put STORK summary in VMS book.
2. Give the following to the Mother to take home for VMS:
  - Personal Health Record (Purple Book)
  - STORK Child Health Summary
  - Vaginal Birth Clinical Pathway (MR 249.60) or Caesarean Birth Clinical Pathway (MR249.61)
  - Care of the Well Neonate (MR 425.10).
  - Any breast feeding variance sheet commenced.
  - 1 sheet of Maternal addressograph patient ID labels.
  - 1 sheet of Neonatal addressograph patient ID labels.
  - Post-natal education pamphlets: Breastfeeding, SIDS, Newborn Screening Test (NBST), physiotherapy, keeping your baby safe, 6 week check.  
Note: These pamphlets may already be in the back of the baby's purple book.
3. Write the reason for the visit **if it is different than normal care** in the medical notes.

### Gynaecology discharges

1. Follow the procedure above for "All women".
2. Give the woman 12 address labels.
3. Place the completed VMS Referral-Gynaecology (MR255.02) in the Ward 6 VMS tray for the Hospital Clinical Manager. Place a copy in the woman's medical record. Follow the instructions on the Referral Form.
4. If the woman has Urology involvement, send a second copy to the Urology Nurse with 2 UMRN labels by putting the form in the Urology tray.

5. Give the woman enough wound dressing requirements for the VMS staff to use for one day e.g. a staple remover, dressings.
6. Advise the ward clerk that the patient is going home with a VMS Referral.

## VMS Referral Process

(as of 12.02.2018)

- **Check geographical location** (see ward map) to determine which service will follow up the patient.
- Complete Home and Community Risk Assessment form MR255.04 for ALL discharges (except CMP), to determine if appropriate for VMS.
- Print STORK VMS referral (only once discharge is confirmed) and place in VMS referral book with the completed Home and Community Risk Assessment form.
- Stick one patient ID sticker in the referral book – check that this is the correct contact number and address the woman is going to.
- All ID stickers must have an address
- All referrals need to be in the VMS book by 1930 daily (referrals are then taken to the A/H Hospital Clinical Managers office).
- **Discharges >2000 hours**, contact the A/H HCM & give her the VMS referral.
- **DO NOT FAX ANY REFERRALS TO VMS, MGP OR A/H HCM's.**
- Please ensure relevant information for why VMS visit >5 days PN.

## VMS Referral Process (as of 12.02.2018)

Visiting midwifery service (VMS)	Midwifery group practice (MGP)	Community midwifery practice (CMP)	Adolescent VMS
<p><b>Antenatal Women:</b></p> <ul style="list-style-type: none"> <li>VMS referral Obstetrics MR255.01</li> </ul> <p><b>Postnatal Women:</b></p> <ul style="list-style-type: none"> <li>STORK – Visiting Midwifery Referral.</li> <li>Home and Community Visit Risk Assessment MR255.04</li> </ul>	<p><b>Postnatal Women:</b></p> <ul style="list-style-type: none"> <li>STORK – Visiting Midwifery Referral.</li> <li>Home and Community Visit Risk Assessment MR255.04</li> </ul> <p><b>Ensure you write:</b></p> <p><b>MGP/FBC A, B, C, D or MGP 4</b></p> <p>on the referral paper so that it goes to the Family Birth Centre or Ward 4 hospital based MGP for VMS.</p>	<p><b>Postnatal Women:</b></p> <ul style="list-style-type: none"> <li>Complete the <b>CMP Discharge Form MR 089</b> and fax to <b>93019218</b></li> <li><b>Call the CMP midwife's number on the first page of the PHR</b> to give a verbal handover</li> <li>If any issues contact the on-call Community Midwifery Manager on <b>0424 156 691</b> who will advise you who to call.</li> </ul> <p><b>Fax CMP form MR 089 to 9301 9218</b></p> <p>File form in patient's notes- do not place in the VMS book.</p>	<p><b>AN Women:</b></p> <ul style="list-style-type: none"> <li><b>Inform Adolescent VMS via phone on 0416 729 358 or Ext 82738 on discharge.</b></li> </ul> <p><b>Postnatal Women:</b></p> <p>Regardless of 5 day stay <b>all young women within the Adolescent Service will receive VMS.</b></p> <ul style="list-style-type: none"> <li>STORK – Visiting Midwifery Referral.</li> </ul> <p>Don't forget to add a green sticker with an <b>A</b> written on it to let the managers know the referral is for <b>ADOLESCENT services.</b></p> <ul style="list-style-type: none"> <li>Home and Community Visit Risk Assessment MR255.04</li> </ul>
<p><b>Paperwork to accompany women Antenatal Women:</b></p> <p>Pregnancy Health Record &amp; 1 sheet of patient ID address labels.</p> <p><b>Postnatal Women:</b></p> <ul style="list-style-type: none"> <li>Personal Health Record (Purple Book)</li> <li>Child Health Service Summary – STORK</li> <li>1 sheet mother ID address labels</li> <li>1 sheet baby ID address labels</li> <li>Vaginal MR249.60 <b>or</b> Caesarean Clinical Pathway MR249.61</li> <li>Care of the Well Neonate Pathway MR425.10</li> </ul>	<p><b>Paperwork to accompany women Antenatal Women:</b></p> <p>Pregnancy Health Record &amp; 1 sheet of patient ID address labels.</p> <p><b>Postnatal Women:</b></p> <ul style="list-style-type: none"> <li>Personal Health Record (Purple Book)</li> <li>Child Health Service Summary – STORK</li> <li>1 sheet mother ID address labels</li> <li>1 sheet baby ID address labels</li> <li>Vaginal MR249.60 <b>or</b> Caesarean Clinical Pathway MR249.61</li> <li>Care of the Well Neonate Pathway MR425.10</li> </ul>	<p><b>Paperwork to accompany women Antenatal Women:</b></p> <ul style="list-style-type: none"> <li>Pregnancy Health Record.</li> </ul> <p><b>Postnatal Women:</b></p> <ul style="list-style-type: none"> <li>Child Health Summary – STORK</li> <li>Personal Health Record (Purple Book)</li> </ul>	<p><b>Paperwork to accompany women Antenatal Women:</b></p> <p>Pregnancy Health Record &amp; 1 sheet of patient ID address labels.</p> <p><b>Postnatal Women:</b></p> <ul style="list-style-type: none"> <li>Personal Health Record (Purple Book)</li> <li>Child Health Service Summary – STORK</li> <li>2 sheets mother ID address labels</li> <li>2 sheets baby ID address labels</li> <li>Vaginal MR249.60 <b>or</b> Caesarean Clinical Pathway MR249.61</li> <li>Care of the Well Neonate Pathway MR425.10</li> </ul>

## Related WNHS policies, procedures and guidelines

WNHS Policies:

[Discharge Policy](#)

[Medical Records and Patient Information \(Confidentiality\)](#)

[Clinical Handover](#)

KEMH Clinical Guidelines:

[Discharge: Midwifery / Nursing Considerations](#)





[Transfer of a Patient to Agnes Walsh Lodge / House](#)

[VMS: Readmission of a Baby / Babies to KEMH](#)

[Eligible Midwives at KEMH](#)

Intrapartum Care: [Community Midwifery Programme \(CMP\): KEMH Admission](#)

Postnatal Care, Subsequent Care: [Transfer of a Postnatal Woman by Midwife to Home / VMS / GP Care](#)

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