

INTRODUCTION

NGH Fetal Medicine Unit (FMU) has been receiving increased referrals resulting in overbooked clinics and unnecessary delays in review within appropriate time frames. An audit was conducted to assess work load of FMU and to optimize referral pathways. Standards were taken from Fetal anomaly screening programme and NGH guidelines on Prevention of FGR and Anomaly scan at 18-20 weeks.

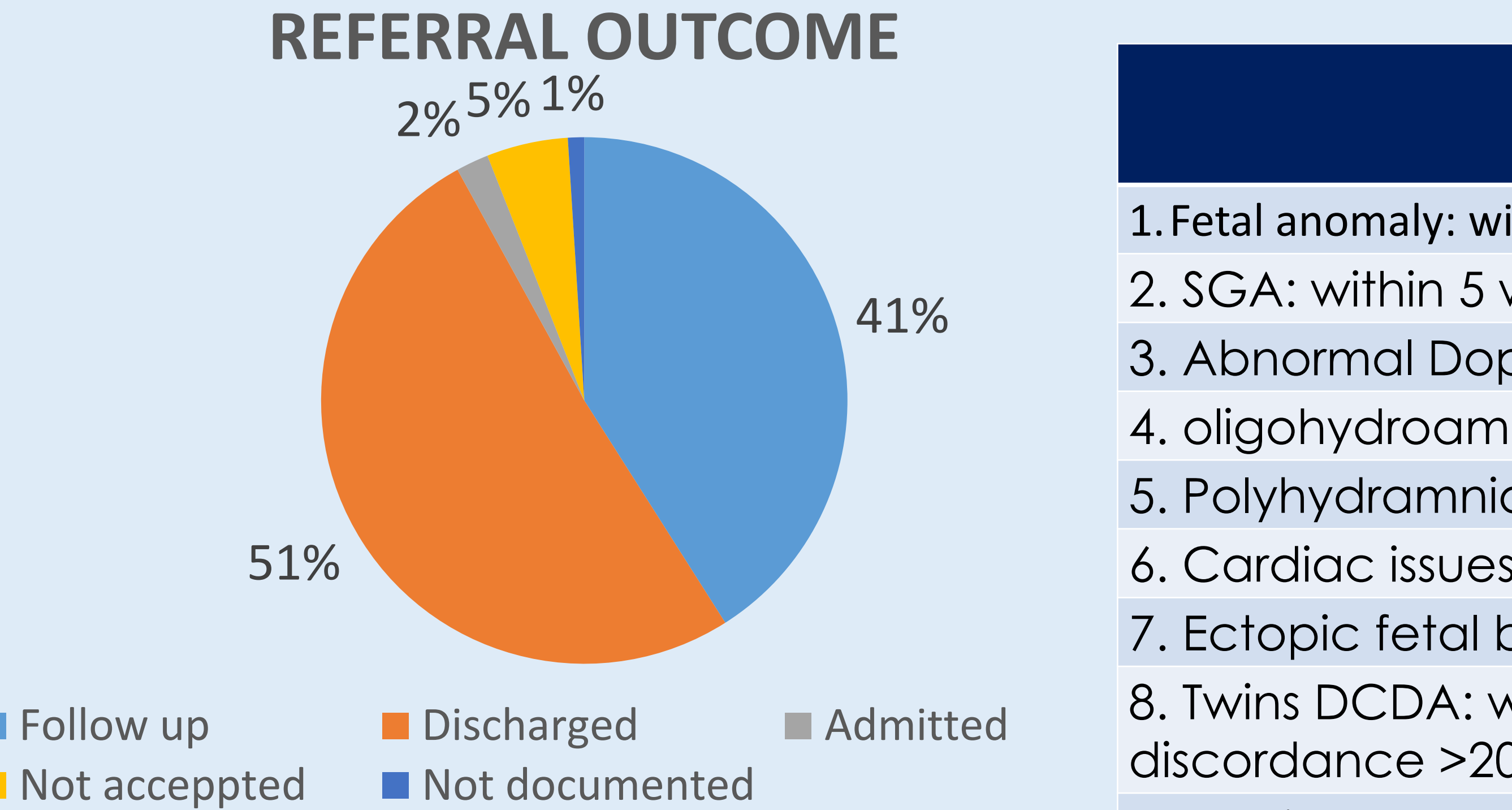
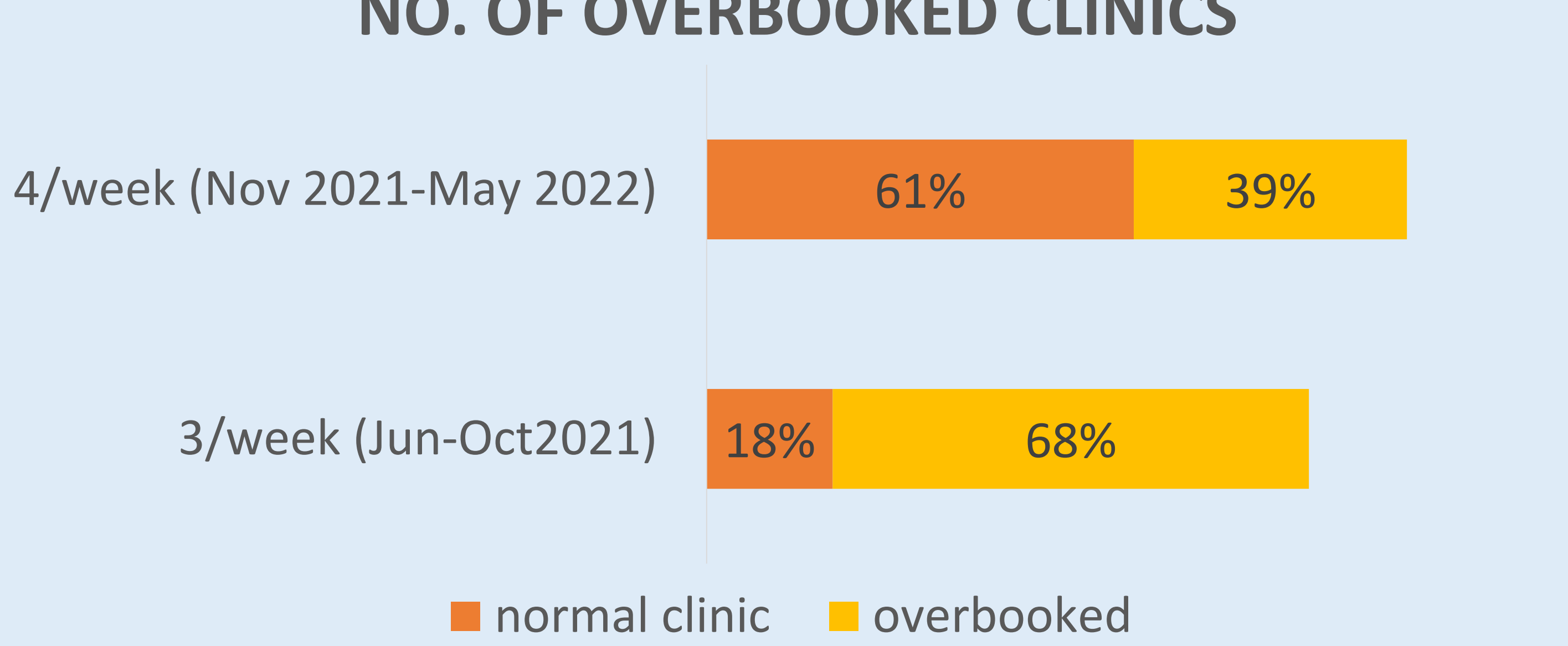
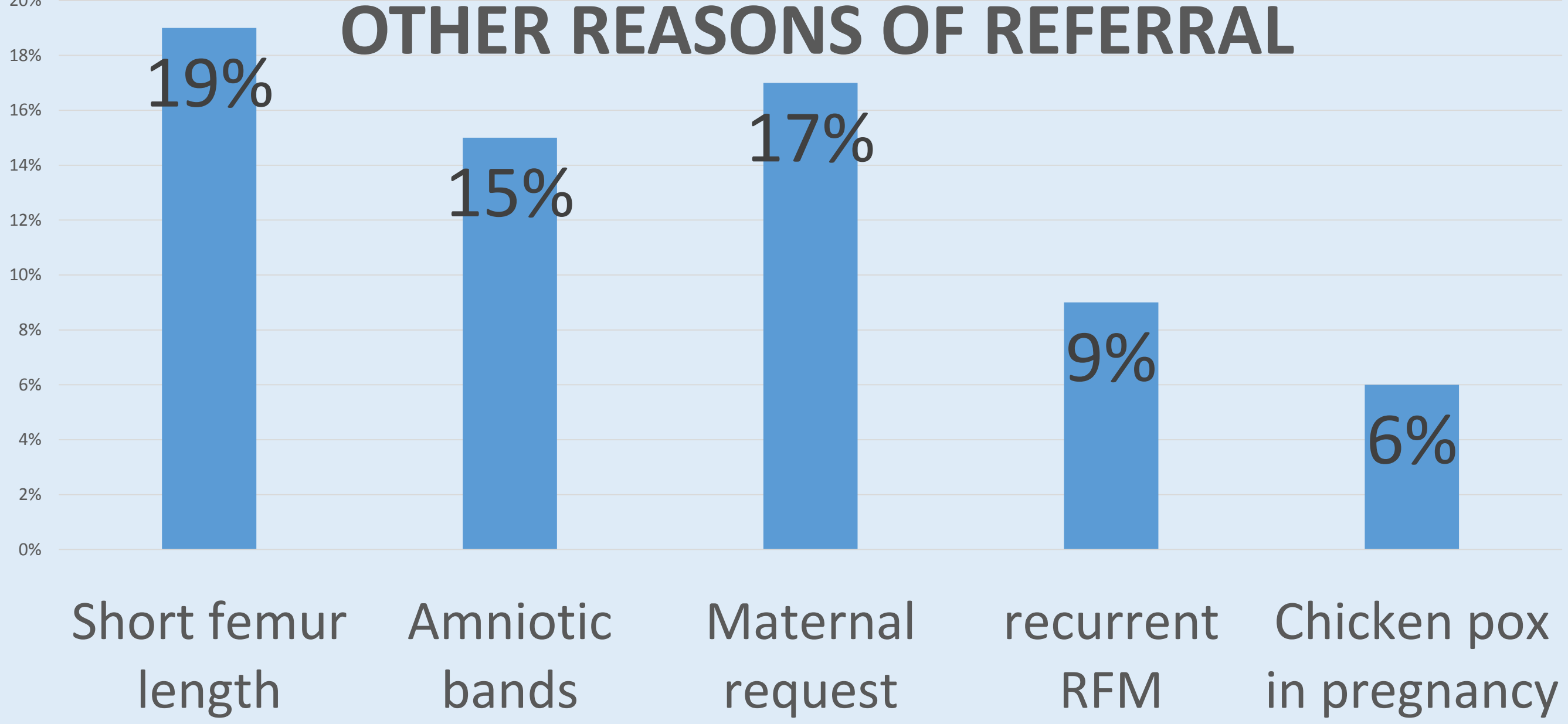
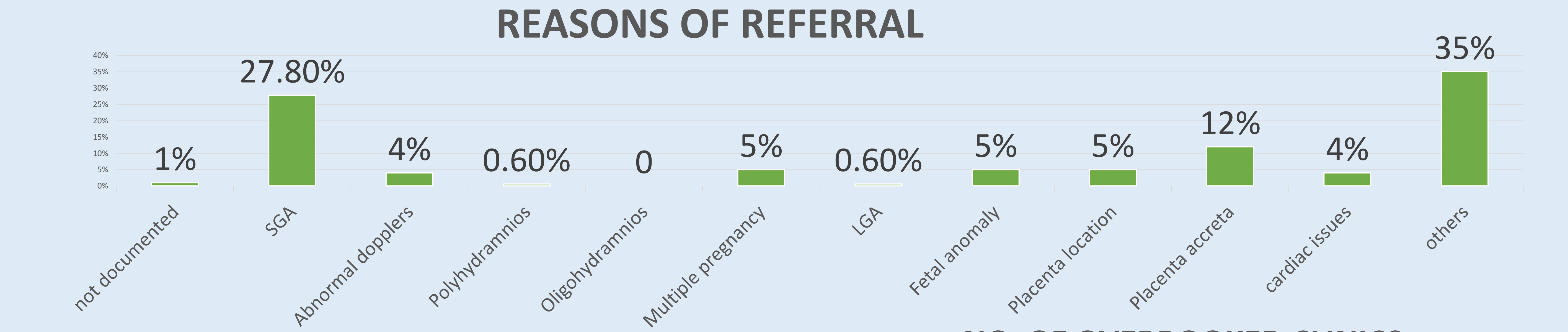
OBJECTIVE

- 1.To improve maternity services for pregnant women needing Fetal medicine review.
- 2.To identify most common reason of referral.
- 3.To assess outcome of referrals.
- 4.To assess time intervals between referral and appointment in different cases and compare it to the standards

DESIGN AND METHOD

Retrospective retrieval of required information was done from 145 referral forms sent to FMU over 1 year (June 2021-May 2022). Total number of normal and overbooked clinics was recorded and time interval between referral and appointment was calculated.

RESULTS



CRITERIA	TARGET	ACHIEVED TARGET
1.Fetal anomaly: within 3 working days in local unit	100%	57%
2. SGA: within 5 working days	100%	34%
3. Abnormal Dopplers: 2-7 working days	100%	57%
4. oligohydroamnios: within 5 working days	100%	100%
5. Polyhydramnios: 2-14 working days	100%	67%
6. Cardiac issues: within 3 working days	100%	100%
7. Ectopic fetal beats: within 7 working days	100%	67%
8. Twins DCDA: within 5 working days if growth discordance >20%	100%	20%
9. Previous 1 c/s and LLP: at 26-28 /40	100%	39%
10. Short Femur <3 rd centile: within 5-7 working days	100%	71%

CONCLUSION

- 1.Most of the women were referred for reasons not mentioned on referral form. The most common reason from referral form was small for gestational age.
- 2.41% of the referred women were followed up in the FMU clinic.
- 3.Increasing the number of clinics from 3 to 4/week resulted in reduction in the overbooked clinics.
- 4.Lack of target achievement due to avoidable referrals.

RECOMMENDATION

- 1. To devise hospital guidelines regarding referral pathway to FMU with appropriate time intervals for review for different reasons.
- 2. Develop electronic referral form with additional referral reasons and level of urgency.
- 3. Introduce specialized clinics.
- 4. Re-audit in 1 year to assess the implemented measures.
- 5. Conduct patient and staff satisfaction survey.

REFERENCES

- 1. Fetal anomaly Screening Programme (SO8a &b)
- 2. Risk assessment, prevention, surveillance of pregnancies at risk of FGR(singleton pregnancy) (NGH-GU-1090)
- 3. Scan at 18 – 20 weeks (NGH Guideline)