OBSTETRICAL RISK STRATIFICATION GUIDELINES

It is expected that consultation will be obtained whenever appropriate for significantly ill patients and in difficult diagnostic or therapeutic situations where additional expertise might be helpful in resolving the problem.

IA Moderate Risk – consider obstetrical consultation. (Consultation determined by the physician’s privileges.)

IB Moderately High Risk – At least one formal consultation (documented in the patient’s electronic record) indicated with a VCMC obstetrician or family physician with privileges to manage high risk obstetrics.

II High Risk – these patients will be referred to and managed by a VCMC privileged obstetrician or family physician with privileges to manage high risk obstetrics.

I “Moderate and Moderately High Risk”

Initial prenatal factors
1. Drug dependency IA
2. Contracted pelvis IA
3. Grand multiparity (greater than 5) IA
4. History of Class A diabetes mellitus IA
5. Previous fetal or neonatal demise IA
6. History of preterm delivery IB
7. Heart disease class I IB
8. Severe anemia, unresponsive to iron therapy IB
9. Pelvic mass or neoplasm IB
10. Previous cesarean section IB
11. Hyper/hypothyroidism IB
12. History of postpartum hemorrhage requiring transfusion IB
13. History of placenta accreta IB

Subsequent prenatal and intrapartum factors
1. Pregnancy at 42 weeks or greater IA
2. Suspected fetal macrosomia IA
3. Vaginal bleeding in the second or third trimester IA
4. Induction of labor IA
5. Manual extraction of placenta IA
6. Ruptured membranes beyond 18 hours IA
7. Second stage beyond 2 hours (3 hours with epidural) IA
8. Arrest normal labor curve IA
9. Category II tracing IA
10. 4th degree laceration IB
11. Estimated fetal weight <6lbs or 10%ile at term IB
12. Class A1 gestational diabetes (diet controlled) IB
13. Preeclampsia without HELLP or DIC IB
14. Fetal malformation by AFP screening, ultrasound, or amniocentesis IB
15. Polydramnios IB
16. Preterm labor/PPROM (pregnancy less than 36 weeks) IB
17. Vacuum extraction failure x 3 IB
18. Abnormal antenatal testing (NST, CST, Biophysical Profile, others) IB
19. Major Fetal anomaly IB
20. Cholestasis of Pregnancy IB
II “High Risk”

Patients presenting with the following prenatal or intrapartum risk factors will be referred to and managed by a VCMC privileged obstetrician or family physician with privileges to manage high risk obstetrics. (Resident physicians will manage these patients in conjunction with an obstetrician or family medicine attending with high risk privileges):

Initial prenatal factors
1. All multiple pregnancy
2. Pre-gestational diabetes
3. Chronic hypertension
4. Renal failure
5. Heart disease, class II or greater
6. Rh isoimmunization
7. Chronic active hepatitis
8. Convulsive disorder, poorly controlled
9. Isoimmune thrombocytopenia
10. Intrauterine growth restriction
11. Pre-term premature rupture of membranes
12. Lupus or other autoimmune disorders
13. Human Immunodeficiency Virus (HIV)

Subsequent prenatal and intrapartum factors
1. Eclampsia
2. Preeclampsia with either HELLP or DIC
3. Mid-forceps delivery
4. Placenta previa
5. Abruptio placenta
6. Gestational diabetes Class A2 or more
*7. Active genital herpes in labor
*8. Cord prolapse
*9. Abnormal presentation at term

* If the managing family physician has cesarean section privileges, consultation with an obstetrician may not be necessary and is not required.