Indications for MFM Consultation

Scope of care:
Preconception, specialized prenatal and intrapartum care, obstetric and medical complications of pregnancy, diagnosis and management of fetal anomalies, fetal complications, and fetal testing. While it is recognized that the list below does not always need a Maternal-Fetal Medicine specialist and that not all the conditions below would be considered “high risk”, it is a part of the continuum of care provided by Maternal-Fetal Medicine specialists.

Services provided:
- MFM consultation only
  1. Single visit, recommendations made, no follow-up

- MFM co-management
  1. Primary responsible for general obstetrical care and delivery
  2. MFM responsible for care of high-risk condition and complications
  3. MFM responsible for maternal/fetal testing

- Transfer of care to MFM
  1. MFM takes over all care
  2. MFM to deliver patient
  3. MFM to manage post-partum care

- Preconception care
  1. Preconception evaluation of women to optimize maternal and perinatal outcomes, such as women with underlying illness, previous adverse pregnancy outcome, or considering advanced reproductive technology.

- Specialized prenatal care
  1. Evaluation of pregnant women needing counseling regarding prenatal care issues and nutrition
  2. Ultrasound: standard, limited, and specialized (eg, detailed sonography, fetal echocardiogram, Doppler studies)
  3. Prenatal diagnosis, aneuploidy screening, and fetal therapy
  4. Genetic screening for women at increased risk for genetic disorders

- Labor and delivery and associated complications
  1. Any antepartum patient admitted for “other than delivery” support for intrapartum care

- Obstetric complications
  1. Recurrent pregnancy loss
2. Preterm birth prevention
3. Meconium complications
4. Malpresentation and malposition
5. Shoulder dystocia
6. Abnormal third stage of labor
7. Placenta accreta, increta, percreta
8. Second- or third-trimester vaginal bleeding
9. Preeclampsia with severe elements/eclampsia with HELLP syndrome or end-organ damage
10. Severe postpartum hemorrhage
11. Cesarean hysterectomy
12. Acute fatty liver of pregnancy
13. Amniotic fluid embolism

• Maternal complications
  1. Hypertensive disorders
  2. Cardiac disease
  3. Respiratory disease
  4. Obesity
  5. Endocrinologic disorders
  6. Gastrointestinal disease
  7. Hematologic diseases
  8. Renal disease (includes renal transplantation)
  9. Neurologic diseases
  10. Psychosocial issues and abuse
  11. Rheumatologic disorders
  12. Thromboembolic disorders
  13. Infectious disorders
  14. Trauma and critical care
  15. Skeletal, connective tissue
  16. Dermatoses
  17. Cancer before or during pregnancy
  18. Nonobstetric abdominal surgery in the current pregnancy

• Fetal anomalies
  1. Structural abnormalities
  2. Family history of abnormality
  3. Aneuploidy or increased risk for aneuploidy
  4. Teratogen exposure

• Fetal complications
  1. Threatened miscarriage
  2. Multifetal pregnancies
  3. Growth disorders
  4. Infections (eg. cytomegalovirus, toxoplasmosis, parvovirus, Herpes, varicella)
5. Fetal death
6. Hemolytic disease (red cell alloimmunization)
7. Neonatal alloimmune thrombocytopenia
8. Nonimmune hydrops

• Fetal testing
  1. Antepartum fetal monitoring
  2. Sonographic assessment of amniotic fluid abnormalities
  3. Fetal blood sampling/intrauterine transfusion
  4. Screening for fetal anemia
  5. Specialized fetal procedures

• Gynecological issues related to pregnancy and their impact on pregnancy
  1. History of infertility
  2. The adnexal mass

• Postpartum care
  1. Postpartum care
  2. Breast feeding
  3. Contraception
  4. Complications such as severe hemorrhage, refractory infections
  5. Complicated preeclampsia, eclampsia
  6. Difficult postcesarean complications

Reference: