

## Guideline

## Risk Assessment for Model of Pregnancy Care

Peninsula Care Goal

Safe

### Contents

1	Target Audience and Setting .....	1
1.1	Inclusion Statement .....	1
2	Purpose.....	1
3	Definitions N/A .....	2
4	Standard Requirements N/A.....	2
5	Guideline.....	2
5.1	Booking Appointment.....	2
5.2	Obstetric Review .....	2
5.3	Categories of Risk.....	2
5.4	Models of Pregnancy Care .....	3
6	Key Aligned and/or Related Documents .....	5
7	Related Legislation and References .....	5
8	Evaluation and Compliance .....	5
9	Appendix .....	5
10	Keywords .....	13

## 1 Target Audience and Setting

Clinical staff in women's health including midwives, doctors, and student midwives and doctors.

### 1.1 Inclusion Statement

This guideline should be used to direct care planning for all women attending Peninsula Health for pregnancy care. This guideline refers to 'women' when describing consumers of care. However, this should be taken to also refer to a person who does not identify as a woman who is pregnant or has female reproductive organs. Staff should ensure that they identify the gender identity and pronouns of patients in their care to ensure the care is appropriate for all Peninsula Health consumers.

## 2 Purpose

This guideline is intended to aid assessment and decision making of the optimal model of pregnancy care for women, ensuring evidence based, safe and patient centered care. The model of care is determined at pregnancy booking and may be reviewed at subsequent pregnancy care visits. Models of care identify the appropriate lead clinicians during pregnancy care based on risk stratification, and guide key additional visits with other multidisciplinary clinicians to ensure a comprehensive and safe pregnancy care

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## Guideline

## Risk Assessment for Model of Pregnancy Care

experience.

### 3 Definitions N/A

### 4 Standard Requirements N/A

### 5 Guideline

Models of care are determined by initial and ongoing risk assessments that enable the woman to have care lead by the most appropriate clinician for her level of complexity. In principle, all women should see a midwife at least twice during pregnancy. Whether a woman sees a midwife or doctor for the majority of their ongoing pregnancy visits is determined by a comprehensive risk assessment and shared decision making at the beginning of pregnancy and at each pregnancy visit ongoing.

#### 5.1 Booking Appointment

The midwife will complete an initial comprehensive history and physical examination late in the first trimester or early in the second trimester of pregnancy. This includes a review of key medical, obstetric, and psychosocial factors. The midwife will use the tables below to identify any current or potential risks to the woman and her baby, consider the woman's preferences and determine the appropriate model of pregnancy care

The midwife will advise the woman of her recommended model of care, and which care providers she should see during her pregnancy care. Care providers will review this model of care at each visit, acknowledging that models may temporarily or permanently change as risk assessments are reviewed.

#### 5.2 Obstetric Review

A visit with an obstetrician should be arranged for women having shared care with a GP or private midwives or assessed as category B and C. The timing of the appointment will vary dependent on their model's schedule of appointments. If the obstetrician identifies additional medical concerns they may, in consultation with the woman, change the model of care. If this occurs, the woman must be advised of the reason for the change and the impact on her care. The obstetrician must also document this in BOS, including updating the Model of Care tab and Management Plan section.

#### 5.3 Categories of Risk

There are three risk stratification categories upon which pregnancy care models are based. These categories identify key risk factors and the ideal clinicians who should lead the woman's care based on the presence of these risk factors. These categories align with key regulatory bodies for Australian maternity care.

PROMPT doc no: 116383 Version: 7.0		
First created: 09/07/2015	Page 2 of 13	Last reviewed: 06/01/2026
Version changed: 06/01/2026	UNCONTROLLED WHEN DOWNLOADED	Next review: 06/01/2029

## Guideline

## Risk Assessment for Model of Pregnancy Care

Risk stratification is assessed by considering relevant maternal, fetal and pregnancy factors that may impact the woman’s pregnancy, birth and postpartum course. Tables for risk stratification can be found in Appendix 1

Risk stratification categories are as follows:

**Category A:** Primary maternity care (low risk)

Suitable for women with no or minimal risk factors for complications during pregnancy, birth or after birth. The majority of care should be provided by primary care providers – midwives or GPs.

**Category B:** Collaborative maternity care (intermediate risk)

Suitable for women with some risk factors for complications during pregnancy, birth or after birth. Women may need early care planning and monitoring during pregnancy. Care is shared with primary care providers (midwives or GPs) and obstetricians as a team. Visits with the obstetrician occur at key weeks, but may vary according to the individual circumstances.

**Category C:** Obstetrician-led maternity care (high risk)

Suitable for women who have significant risk factors for complications during pregnancy, birth or after birth. These women benefit from having Obstetricians leading their pregnancy care, with some midwife visits at key gestations as well as other multidisciplinary teams.

### 5.4 Models of Pregnancy Care

Once a woman’s pregnancy risk category has been assessed, the model of care can then be determined. The model of care considers the optimal care providers based on risk category, whilst also considering the woman’s preferences and hospital resourcing.

**Category A:** Primary Maternity Care Models

Model of care options for women with a low risk assessment include:

**Hospital Primary Care:** Pregnancy care provided by hospital midwives.

**Hospital & Community Primary Care:** Pregnancy care provided by a shared care GP or private midwife in the community, with some key visits with the hospital doctors and midwives.

**Category B:** Collaborative Maternity Care Models

Model of care options for women with an intermediate risk assessment include:

**Hospital Collaborative Care:** Pregnancy care provided by hospital midwives and obstetricians

**Hospital & Community Collaborative Care:** Pregnancy care provided by a team of hospital midwives and obstetricians, with input from a shared care GP or private midwife at the request of the woman\*.

*\*NB: The hospital team with the woman will lead her pregnancy care, however additional visits can be made with a shared care provider at the patient’s request.*

**Category C:** Obstetrician-led Maternity Care Models

PROMPT doc no: 116383 Version: 7.0		
First created: 09/07/2015	Page 3 of 13	Last reviewed: 06/01/2026
Version changed: 06/01/2026	UNCONTROLLED WHEN DOWNLOADED	Next review: 06/01/2029

## Guideline

## Risk Assessment for Model of Pregnancy Care

Model of care options for women with a high-risk assessment include:

**Hospital Obstetric Care:** Pregnancy care provided by a hospital team of Obstetricians, with key midwife visits.

In addition to the pregnancy care models listed above, a woman may choose to have pregnancy care outside the hospital with:

- A private obstetrician in the community as their primary care provider. Private obstetricians can support women of any risk category booking to birth at Bayside Health. In this instance, women will have key visits with the hospital midwives, whilst the private obstetrician will be responsible for leading their care.
- Primary or collaborative care with a private midwife in the community. In this instance, the private midwife will be responsible for leading their care however women may be offered key visits or be referred to the hospital doctors or midwife by the primary midwife.
- Primary or collaborative care with [First Peoples Health](#) services. First nation's women or women who have a first nation's partner or whose baby will identify as Aboriginal and or Torres Strait Islander may have all or some of their care within a local First Peoples Health service. These women should also be offered hospital KMS service as a link between community and hospital Aboriginal services and may be referred for some hospital obstetric visits as required.
- Primary or collaborative care with a community GP who is not accredited with Peninsula Health via the accredited GP shared care program. In this instance they can be offered a hospital model appropriate for their level of risk with the woman electing to have additional visits with the non-accredited provider for support. However, if the woman chooses to continue care with her GP it is important to respect the woman's choice of care provider.

It is important to remember that a woman's care model may change as her pregnancy evolves. This may be due to changes in her risk factors, or at her request. Care should be taken to optimise continuity of care wherever possible when changing models of care.

The recommended schedule of pregnancy visits for each model of care can be found in the Routine Pregnancy Care CPG.

### ***Pregnancy Care Teams:***

Once a woman's pregnancy risk category and optimal model of care is determined, women will be allocated to a hospital team for their pregnancy care.

Peninsula Health offers team-based care for all women. This enables optimisation of continuity and pregnancy outcomes. Each team is made up of obstetricians, midwives, GPs and multidisciplinary specialists who provide support to women of any risk category or model of care. Women will be booked into a specific team for the duration of their pregnancy journey.

PROMPT doc no: 116383 Version: 7.0		
First created: 09/07/2015	Page 4 of 13	Last reviewed: 06/01/2026
Version changed: 06/01/2026	UNCONTROLLED WHEN DOWNLOADED	Next review: 06/01/2029

## Guideline

## Risk Assessment for Model of Pregnancy Care

In addition to the standard pregnancy care teams, some women may require additional care by one of the specialised pregnancy teams (e.g. Fetal Diagnostic Unit, Diabetes, Perinatal Mental Health). These are teams designed to provide specialist services for women with particular medical, fetal or psychosocial complexities.

Specialised pregnancy teams requiring an additional referral include:

**Fetal Diagnostic Service:** a hospital team of specialised obstetricians, sonographers and midwives, with experience advising the management of complex fetal and pregnancy conditions and performing advanced fetal and maternal ultrasound.

**Koori Maternity Service (KMS) Team:** additional support for women, or their partners, or infants who will be born identifying as Aboriginal or Torres Strait Islander origin.

**Perinatal Mental Health Team:** additional support for any women experiencing acute or chronic mental health concerns during pregnancy, with specific need for acute psychiatrist input or and/or no previous community management.

## 6 Key Aligned and/or Related Documents

[Routine Pregnancy Care Guideline](#)

## 7 Related Legislation and References

[6.1 National Midwifery Guidelines for Consultation and Referral. Edition 4.1 March 2025](#)

[6.2 RANZCOG Maternity Care in Australia. 1<sup>st</sup> Edition. A framework for a health new generation of Australians. 2017](#)

[6.3 Australian Pregnancy Guidelines. Living Evidence for Australian Pregnancy and Postnatal Care.](#)

[6.4 Gender Equality Act 2020](#)

## 8 Evaluation and Compliance

Feedback systems such as incident reports, complaints, performance indicators and specific audits should be used to facilitate evaluation of compliance.

## 9 Appendix

### APPENDIX 1: Pregnancy Risk Assessment Tool

Use the following criteria to confirm the category of pregnancy risk. Risk categories are open to change as potential

PROMPT doc no: 116383 Version: 7.0		
First created: 09/07/2015	Page 5 of 13	Last reviewed: 06/01/2026
Version changed: 06/01/2026	UNCONTROLLED WHEN DOWNLOADED	Next review: 06/01/2029

## Guideline

## Risk Assessment for Model of Pregnancy Care

complications arise in pregnancy. Any midwife or doctor can suggest a change in risk category in discussion with the medical or midwife team lead.

### Category A: Primary Maternity Care

Category A care criteria:

Maternal Considerations	Fetal Considerations
<p><b>Age:</b> 16-39 years inclusive  <b>BMI:</b> 18-35 inclusive  <b>Parity:</b> Para 0-7 inclusive</p> <p><b>Medical Co-morbidities – stable / no specialist input:</b></p> <p><b>Systemic conditions:</b></p> <ul style="list-style-type: none"> <li>- Skin disease requiring topical therapy</li> <li>- Pre-pregnancy CMV, toxoplasmosis, rubella, varicella or parvovirus infection</li> </ul> <p><b>Mental Health conditions:</b></p> <ul style="list-style-type: none"> <li>- Depression/Anxiety, incl postnatal, GP input</li> <li>- Eating disorder with recent stable weight</li> </ul> <p><b>Haematological conditions:</b></p> <ul style="list-style-type: none"> <li>- Elemental deficiencies – Fe, B12, Folate</li> <li>- Anaemia &gt;90mg/dL - cause known and managed</li> <li>- Haemaglobinopathy – carrier only, partner negative</li> </ul> <p><b>Endocrine conditions:</b></p> <ul style="list-style-type: none"> <li>- Subclinical hypothyroidism – Ab negative</li> </ul> <p><b>Respiratory conditions:</b></p> <ul style="list-style-type: none"> <li>- Asthma – any inhaler</li> <li>- Current tobacco smoking or vaping</li> </ul> <p><b>Gastrointestinal conditions:</b></p> <ul style="list-style-type: none"> <li>- Asymptomatic Cholelithiasis, normal LFTs</li> <li>- Irritable bowel syndrome</li> <li>- Simple dietary intolerances</li> </ul> <p><b>Urological conditions:</b></p> <ul style="list-style-type: none"> <li>- UTI in pregnancy – test of cure complete</li> <li>- Pyelonephritis or kidney stone pre-pregnancy</li> </ul> <p><b>Gynaecological conditions:</b></p> <ul style="list-style-type: none"> <li>- HPV positive (non-16/18, surveillance only)</li> <li>- Single LLETZ or laser procedure</li> <li>- Previous STI with complete treatment including genital herpes with no active lesions</li> </ul> <p><b>Surgical conditions:</b></p> <ul style="list-style-type: none"> <li>- Breast implant or reduction</li> </ul> <p><b>Musculoskeletal conditions:</b></p> <ul style="list-style-type: none"> <li>- Carpal Tunnel Syndrome</li> <li>- Pelvic instability, no mobility aids</li> </ul>	<p><b>Clinical Findings:</b></p> <ul style="list-style-type: none"> <li>- FGR risk at first AN visit – Level 1 (refer routine pregnancy guideline for FGR risk matrix)</li> </ul> <p><b>Ultrasound Findings:</b></p> <ul style="list-style-type: none"> <li>- Large for gestational age &gt;90-95<sup>th</sup> centile at 36/40 – no other risk factors</li> <li>- Cephalic presentation confirmed post ECV</li> </ul> <p><b>Pregnancy Considerations</b></p> <p><b>Previous Pregnancy:</b></p> <ul style="list-style-type: none"> <li>- Miscarriage (2 or less)</li> <li>- Gestational hypertension</li> <li>- Gestational diabetes (GDM) - any treatment</li> <li>- Placental disorder – placenta praevia, no abruption or birth complications</li> </ul> <p><b>Previous Birth:</b></p> <ul style="list-style-type: none"> <li>- Uncomplicated instrumental birth</li> <li>- Third degree tear without persistent pelvic floor dysfunction or incontinence*</li> <li>- Vulval or perineal haematoma requiring theatre*</li> <li>- Shoulder dystocia – no neonatal injury*</li> <li>- Postpartum haemorrhage 500-1000mL</li> <li>- Uncomplicated manual removal of placenta</li> <li>- Uncomplicated single caesarean section*</li> <li>- GBS colonisation</li> </ul> <p><b>Current Pregnancy:</b></p> <ul style="list-style-type: none"> <li>- Unexplained infertility requiring any assisted reproductive methods</li> <li>- Rh Negative Status – negative antibodies</li> <li>- GDM – diet controlled and uncomplicated</li> <li>- Post-term gestation up to 42 weeks with normal fetal monitoring – refer to obstetrics by 41+3 if not planning IOL by 42/40</li> </ul> <p><i>*Patients with these conditions should see an obstetrician at 32-34/40 for birth planning discussions.</i></p>

### Category B: Collaborative Maternity Care

Category B care criteria:

PROMPT doc no: 116383 Version: 7.0		
First created: 09/07/2015	Page 6 of 13	Last reviewed: 06/01/2026
Version changed: 06/01/2026	UNCONTROLLED WHEN DOWNLOADED	Next review: 06/01/2029

## Guideline

## Risk Assessment for Model of Pregnancy Care

<b>Maternal Considerations</b>	
<p><b>Age:</b> &lt;16yo and &gt;40yo, no comorbidities  <b>BMI:</b> &lt;18 or 36-40 inclusive, no medical comorbidities  <b>Parity:</b> Para &gt;8</p> <p><b>Medical Co-morbidities:</b> specialist input but inactive/stable</p> <p><b>Systemic conditions:</b></p> <ul style="list-style-type: none"> <li>- Skin disease requiring systemic therapy</li> <li>- Maternal genetic condition</li> <li>- Pre-pregnancy syphilis with appropriate treatment</li> </ul> <p><b>Mental Health conditions:</b></p> <ul style="list-style-type: none"> <li>- Depression/anxiety, incl postnatal, psychiatrist input</li> <li>- Edinburgh Postnatal Depression Scale (EDPS) &gt;12 or positive response to self harm</li> <li>- Other psychiatric disorder</li> <li>- Alcohol or drug dependency</li> <li>- Eating disorder with recent weight instability</li> </ul> <p><b>Neurological conditions:</b></p> <ul style="list-style-type: none"> <li>- Neuromuscular condition or family history of same</li> <li>- Epilepsy, no seizure &gt;12 months</li> </ul> <p><b>Haematological conditions:</b></p> <ul style="list-style-type: none"> <li>- Anaemia 80-90g/L or any anaemia under Ix</li> <li>- Platelet count 100-150g/L</li> <li>- Thrombophilia not requiring anticoagulants</li> <li>- Prev thromboembolism, not requiring anticoagulants</li> <li>- Haemoglobinopathies – minor affected, or carrier status with partner also carrier</li> <li>- Blood group antibodies – low risk for HDFN (Lewis, ABO incompatible)</li> <li>- Women declining blood products</li> </ul> <p><b>Respiratory conditions:</b></p> <ul style="list-style-type: none"> <li>- Severe asthma – not requiring ICU</li> <li>- Influenza or COVID requiring hospital admission</li> </ul> <p><b>Cardiovascular conditions:</b></p> <ul style="list-style-type: none"> <li>- Palpitations under investigation</li> </ul> <p><b>Endocrine conditions:</b></p> <ul style="list-style-type: none"> <li>- Non-immune thyroid disorder, no active goitre</li> <li>- Uncomplicated endocrine disorders, no mass lesions</li> </ul> <p><b>Autoimmune conditions:</b></p> <ul style="list-style-type: none"> <li>- Conditions not requiring immunomodulators (eg. APS, Ankylosing spondylitis, rheumatoid arthritis, psoriasis)</li> <li>- Multiple Sclerosis – stable symptoms</li> </ul>	<p><b>Gastrointestinal conditions:</b></p> <ul style="list-style-type: none"> <li>- New abnormal LFTs</li> <li>- Jaundice, complicated cholelithiasis or cholecystitis</li> <li>- Hepatitis - low viral load and mild LFT changes</li> <li>- Inflammatory bowel disease - no immunomodulators</li> <li>- Gastro-oesophageal reflux disease (GORD)</li> <li>- Coeliac disease</li> </ul> <p><b>Urological conditions:</b></p> <ul style="list-style-type: none"> <li>- Recurrent UTI in pregnancy or resistant bacteria</li> <li>- Pyelonephritis or kidney stone in pregnancy</li> </ul> <p><b>Gynaecological conditions:</b></p> <ul style="list-style-type: none"> <li>- HPV positive (16/18) with normal cytology</li> <li>- Surgical history:               <ul style="list-style-type: none"> <li>• 2 or more LLETZ or laser</li> <li>• 1 or more cone biopsy</li> <li>• 4 or more uterine instrumentations eg. D&amp;C, IVF procedure</li> </ul> </li> <li>- Fibroid uterus</li> <li>- Ovarian lesion in pregnancy</li> <li>- Uterine malformation / septum / endometrial lesion</li> <li>- Cervical lesion with normal CST</li> <li>- Vaginal malformation / septum / lesion</li> <li>- IUD in situ post-conception</li> <li>- Female genital mutilation – no vaginal obstruction</li> <li>- Pelvic floor reconstruction - anterior, posterior or perineal repair including revisions post obstetric trauma or other anal sphincter procedures</li> <li>- Active STI requiring treatment in pregnancy including genital herpes with active lesions</li> </ul> <p><b>Surgical conditions:</b></p> <ul style="list-style-type: none"> <li>- Bariatric surgery with &gt;12 months stable weight</li> </ul> <p><b>Musculoskeletal conditions:</b></p> <ul style="list-style-type: none"> <li>- Pelvic instability – hosp admission or mobility aid</li> <li>- Pelvic deformity or previous fracture</li> <li>- Scoliosis without rods</li> <li>- Spinal condition no disc impact</li> <li>- Spinal fracture, injury or surgery</li> <li>- Developmental skeletal disorder</li> </ul>

### Category B: Cont...

<b>Fetal Considerations</b>	<b>Pregnancy Considerations</b>
<p><b>Clinical Findings:</b></p> <ul style="list-style-type: none"> <li>- FGR risk at first AN visit – Level 2 (refer routine)</li> </ul>	<p><b>Previous Pregnancy:</b></p> <ul style="list-style-type: none"> <li>- Miscarriage (3 or more)</li> </ul>

## Guideline

## Risk Assessment for Model of Pregnancy Care

<p>pregnancy guideline for FGR risk matrix)</p> <ul style="list-style-type: none"> <li>- Fundal height deviation &gt;2cm from dates or altered growth trajectory</li> <li>- Recurrent reduced fetal movements</li> <li>- Non-engaged cephalic presentation at 40 weeks</li> <li>- Breech presentation at 36 weeks or planned vaginal breech birth</li> </ul> <p><u>Ultrasound Findings:</u></p> <ul style="list-style-type: none"> <li>- SGA: EFW 3-10<sup>th</sup> with normal liquor / dopplers</li> <li>- LGA: EFW &gt;90-95<sup>th</sup> – additional risk factors, or &gt;95<sup>th</sup></li> <li>- Falling centiles – &gt;25% variation</li> <li>- Polyhydramnios – AFI 25-34 or DVP 8-15</li> <li>- Placenta praevia – Grade 1-2</li> <li>- Unstable presentation on ultrasound from 36 weeks</li> </ul>	<ul style="list-style-type: none"> <li>- Molar pregnancy</li> <li>- Pre-eclampsia &gt; 34/40, uncomplicated</li> <li>- Obstetric cholestasis</li> <li>- Chorioamnionitis or neonatal infection incl. GBS</li> <li>- Fetal Growth Restriction</li> <li>- Placental disorder – placental abruption, insufficiency</li> </ul> <p><u>Previous Birth:</u></p> <ul style="list-style-type: none"> <li>- Preterm birth 32-36+5 weeks</li> <li>- Preterm pre-labour rupture of membranes 28-36+5</li> <li>- Complex instrumental birth</li> <li>- Shoulder dystocia – complicating neonatal injury</li> <li>- Postpartum haemorrhage &gt;1L</li> <li>- Cervical laceration</li> <li>- Third degree tear with persistent pelvic floor dysfunction or incontinence</li> <li>- Fourth degree tear</li> <li>- Uncomplicated caesarean section – two or more</li> <li>- Fully dilated caesarean section</li> <li>- Stillbirth or previous neonatal loss</li> </ul> <p><u>Current Pregnancy:</u></p> <ul style="list-style-type: none"> <li>- Assisted reproduction for infertility with known maternal factors</li> <li>- Consanguinous relationship</li> <li>- Hyperemesis Gravidarum</li> <li>- Short cervix &lt;25mm at morphology TVUS</li> <li>- Gestational Hypertension</li> <li>- GDM on Insulin &lt;40units or metformin without complications</li> </ul>
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## Guideline

## Risk Assessment for Model of Pregnancy Care

### Category C: Obstetrician-led Maternity Care

Category C care criteria:

<b>Maternal Considerations</b>	
<p><b>Age:</b> &lt;16yo and &gt;40yo, with comorbidities  <b>BMI:</b> &lt;18 or 36-40 inclusive, with medical comorbidities; or BMI &gt;40</p> <p><b>Medical Co-morbidities:</b> specialist input, active/unstable</p> <p><b>Systemic conditions:</b></p> <ul style="list-style-type: none"> <li>- Skin disease with neonatal risks</li> <li>- Systemic infection requiring medical therapy</li> <li>- Previous malignancy – no treatment, surveillance only</li> <li>- Teratogenic medications taken in early pregnancy</li> </ul> <p><b>Mental Health conditions:</b></p> <ul style="list-style-type: none"> <li>- Periparturient psychosis</li> <li>- Inpatient psych admission in current pregnancy</li> <li>- Current eating disorder</li> </ul> <p><b>Neurological conditions:</b></p> <ul style="list-style-type: none"> <li>- Epilepsy, seizure within previous 12 months</li> </ul> <p><b>Haematological conditions:</b></p> <ul style="list-style-type: none"> <li>- Anaemia &lt;80g/L, any cause</li> <li>- Platelet count &lt;100g/L, any cause</li> <li>- Prev thromboembolism, requiring anticoagulation – normal ECHO and no IVC filter</li> <li>- Coagulation disorders – haemolytic anaemia, haemophilia, VWD, thrombocytopenia</li> <li>- Blood group antibodies – intermediate or high risk for HDFN (Rh System – Anti-D/c/C/e/E; Kell System – Anti-K; Duffy System – Anti-Fya; MNS System – Anti-M/N/S/s; Kidd System – Anti-JKa/b)</li> </ul> <p><b>Respiratory conditions:</b></p> <ul style="list-style-type: none"> <li>- Severe asthma – requiring ICU</li> <li>- Influenza or COVID requiring ICU admission</li> <li>- Chronic respiratory condition with normal or abnormal spirometry (mild only)</li> </ul> <p><b>Cardiovascular conditions:</b></p> <ul style="list-style-type: none"> <li>- Essential Hypertension</li> <li>- Valve disease (regurgitation type only, normal ECHO)</li> <li>- Congenital heart disease with corrected anatomy and normal ECHO</li> </ul> <p><b>Endocrine conditions:</b></p> <ul style="list-style-type: none"> <li>- Pre-existing diabetes – Type 1 or Type 2</li> <li>- Non-immune thyroid disorder – unstable disease</li> <li>- Immune thyroid disorder or active goitre</li> <li>- Adrenal disorders – addisons, cushings, CAH, lesions</li> <li>- Any endocrine disorder requiring immunomodulators</li> </ul>	<p><b>Autoimmune conditions:</b></p> <ul style="list-style-type: none"> <li>- Autoimmune conditions requiring immunomodulators</li> <li>- Multiple Sclerosis –</li> <li>- Systemic lupus erythematosus</li> <li>- Sjogren's syndrome</li> <li>- Other conditions associated with Anti-Ro / Anti-La antibodies</li> </ul> <p><b>Gastrointestinal conditions:</b></p> <ul style="list-style-type: none"> <li>- Active cholecystitis or cholecystectomy in pregnancy</li> <li>- Hepatitis - high viral load or mod-severe LFT changes</li> <li>- Cirrhosis – mild, no varices</li> <li>- Inflammatory bowel disease requiring immunomodulators</li> <li>- Appendicitis in current pregnancy</li> </ul> <p><b>Urological conditions:</b></p> <ul style="list-style-type: none"> <li>- Chronic renal disease</li> <li>- Maternal hydronephrosis in pregnancy</li> <li>- Abnormal renal function at any point of pregnancy</li> <li>- Single kidney</li> <li>- Previous renal tract surgery</li> </ul> <p><b>Gynaecological conditions:</b></p> <ul style="list-style-type: none"> <li>- Any HPV with abnormal cytology under current colposcopic assessment</li> <li>- Cervical lesion with abnormal CST</li> <li>- Uterine surgery: hysterotomy or myomectomy (regardless of cavity breach)</li> <li>- Pelvic floor reconstruction - colposuspension, any mesh procedure including sling, hysteropexy, fistula repair</li> </ul> <p><b>Surgical conditions:</b></p> <ul style="list-style-type: none"> <li>- Bariatric surgery with &lt;12 months stable weight</li> </ul> <p><b>Musculoskeletal conditions:</b></p> <ul style="list-style-type: none"> <li>- Connective tissue disorders eg. Ehler's Danlos Syndrome</li> <li>- Scoliosis or other spinal deformity with rods</li> <li>- Spinal condition with disc impact</li> </ul>

## Guideline

## Risk Assessment for Model of Pregnancy Care

### Category C: Cont..

Fetal Considerations	Pregnancy Considerations
<p><u>Clinical Findings:</u></p> <ul style="list-style-type: none"> <li>- FGR risk at first AN visit – Level 3 (refer routine pregnancy guideline for FGR risk matrix)</li> </ul> <p><u>Ultrasound Findings:</u></p> <ul style="list-style-type: none"> <li>- FGR: EFW &lt;3<sup>rd</sup>, any liquor / dopplers</li> <li>- SGA: EFW 3-10<sup>th</sup> with abnormal liquor / dopplers</li> <li>- Polyhydramnios – AFI 35 or above or DVP &gt;15, or fetal anomaly contributing</li> <li>- Oligohydramnios – AFI &lt;7 or DVP &lt;3</li> <li>- Placenta praevia – Grade 3-4</li> <li>- Vasa praevia</li> </ul>	<p><u>Previous Pregnancy:</u></p> <ul style="list-style-type: none"> <li>- Pre-eclampsia &lt;34/40, or &gt;34/40, complicated</li> <li>- Eclampsia, HELLP or HUS spectrum disorder</li> <li>- Fatty Liver of Pregnancy</li> <li>- Placental disorder – placenta accreta or percreta</li> <li>- Neonatal haemolytic disease of the newborn</li> </ul> <p><u>Previous Birth:</u></p> <ul style="list-style-type: none"> <li>- Preterm birth &lt;32 weeks or tertiary transfer</li> <li>- Preterm pre-labour rupture of membranes &lt;28 weeks or tertiary transfer</li> <li>- Caesarean requiring classical or T incision</li> </ul> <p><u>Current Pregnancy:</u></p> <ul style="list-style-type: none"> <li>- Multiple gestation (monochorionic diamniotic (MCDA), or any dichorionic pregnancy)</li> <li>- Gestational Hypertension – unstable / recent admit</li> <li>- Pre-Eclampsia at any gestation</li> <li>- GDM on Insulin &lt;40units or metformin with complications (LGA / polyhydramnios)</li> <li>- GDM on Insulin &gt;40units (+/- metformin)</li> <li>- Obstetric Cholestasis</li> </ul> <p>High risk infection in pregnancy: CMV, parvovirus, varicella, toxoplasmosis, zika virus, TB, syphilis</p>

## Guideline

## Risk Assessment for Model of Pregnancy Care

Conditions that require Tertiary / MFM management – transfer of care to be arranged:

<b>Maternal Considerations</b>	
<p><u>Age:</u> &gt;50yo  <u>BMI:</u> BMI &gt;50 prior to 34 weeks gestation</p> <p><u>Medical Co-morbidities:</u> any condition requiring concurrent tertiary obstetrics and specialised medical oversight</p> <p><u>Systemic conditions:</u></p> <ul style="list-style-type: none"> <li>- Active infection requiring specialist ID input – eg. HIV, Tertiary Syphilis, Complicated STIs</li> <li>- Current or new malignancy, or previous malignancy with ongoing treatment</li> <li>- Previous organ donation recipient</li> </ul> <p><u>Mental Health conditions:</u></p> <ul style="list-style-type: none"> <li>- Any condition requiring postnatal mother baby unit admission</li> </ul> <p><u>Neurological conditions:</u></p> <ul style="list-style-type: none"> <li>- Epilepsy, recurrent seizures in pregnancy</li> <li>- Brain lesion with active growth in pregnancy</li> <li>- Intracranial aneurysm or other vascular lesions</li> <li>- History of intracranial haemorrhage</li> <li>- Paraplegia or quadriplegia</li> <li>- Degenerative neurological disorder with impaired function eg. Muscular dystrophy</li> </ul> <p><u>Haematological conditions:</u></p> <ul style="list-style-type: none"> <li>- Current thromboembolism with abnormal ECHO or requiring IVC filter</li> <li>- Haemoglobinopathies – major type or active treatment</li> <li>- Sickle cell disease</li> <li>- Rare maternal blood type without access to universal donors eg. Bombay group</li> </ul>	<p><u>Respiratory conditions:</u></p> <ul style="list-style-type: none"> <li>- Current respiratory condition with decompensation requiring HDU antenatally or intrapartum</li> <li>- Chronic respiratory condition with abnormal spirometry (moderate-severe)</li> <li>- Pulmonary Hypertension</li> </ul> <p><u>Cardiovascular conditions:</u></p> <ul style="list-style-type: none"> <li>- Valve disease (stenotic type, mechanical valves, any with abnormal ECHO)</li> <li>- Congenital heart disease with persisting abnormal anatomy or abnormal ECHO</li> <li>- Peripartum cardiomyopathy or other cardiac failure</li> </ul> <p><u>Endocrine conditions:</u></p> <ul style="list-style-type: none"> <li>- Thyroid disease with goitre impacting airway – pending anaesthetic review</li> </ul> <p><u>Autoimmune conditions:</u></p> <ul style="list-style-type: none"> <li>- Conditions with high risk of cardiovascular complications in pregnancy eg. Marfan syndrome, scleroderma</li> </ul> <p><u>Gastrointestinal conditions:</u></p> <ul style="list-style-type: none"> <li>- Chronic liver disease with coagulopathy</li> <li>- Cirrhosis – moderate or severe, any varices</li> <li>- Liver failure (acute or chronic)</li> </ul> <p><u>Urological conditions:</u></p> <ul style="list-style-type: none"> <li>- Single kidney with abnormal renal function</li> <li>- Past or Current Renal dialysis</li> </ul> <p><u>Gynaecological conditions:</u></p> <ul style="list-style-type: none"> <li>- Severe FGM with vaginal obstruction requiring specialty FGM tertiary team (located at RWH)</li> </ul>
<b>Fetal Considerations</b>	<b>Pregnancy Considerations</b>
<p><u>Ultrasound Findings:</u></p> <ul style="list-style-type: none"> <li>- FGR: EFW &lt;3<sup>rd</sup> centile - prior 28 weeks, regardless of dopplers or liquor</li> <li>- Persistent abnormal fetal dopplers &lt;32 weeks</li> <li>- Polyhydramnios – requiring amnioreduction</li> <li>- Oligohydramnios – prior 28 weeks</li> <li>- Placenta accreta or percreta on FDS US</li> <li>- Fetal anomaly likely to require immediate NICU or neonatal surgical care postpartum – in discussion with FDS/Paediatric Teams</li> </ul>	<p><u>Current Pregnancy:</u></p> <ul style="list-style-type: none"> <li>- Multiple gestation (monochorionic monoamniotic (MCMA), or higher order pregnancy)</li> <li>- Twin-twin transfusion syndrome (any stage)</li> <li>- Any twin pregnancy with short cervix detected &lt;24/40</li> <li>- Threatened preterm labour with high clinical suspicion of birth &lt;32/40</li> <li>- Pre-eclampsia &lt;28/40, or with maternal complications requiring delivery &lt;32/40</li> <li>- High risk or suspected haemolytic disease of newborn – moderate or high risk antibody titres &gt;1:32, hydrops or abnormal MCA PSV at &lt;32 weeks gestation</li> <li>- Confirmed fetal infection in pregnancy: CMV, parvovirus, varicella, toxoplasmosis, zika virus, TB, syphilis – in discussion with FDS/Paeds</li> </ul>

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**Guideline****Risk Assessment for Model of Pregnancy Care**

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## Guideline

## Risk Assessment for Model of Pregnancy Care

### 10 Keywords

Pregnancy care, Models of care, Category of pregnancy care, Pregnancy Risk Assessment, Pregnancy Care teams

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