

LATE REFERRALS:

THE FETAL MEDICINE SPECIALIST'S NIGHTMARE



LIZETTE DE CONING
(SASUOG 2010)



SHATTERED BODY



- Grim reality
- Regular basis
- Late in pregnancy
- Severe abnormality
- Unsure dates



SHATTERED DREAMS



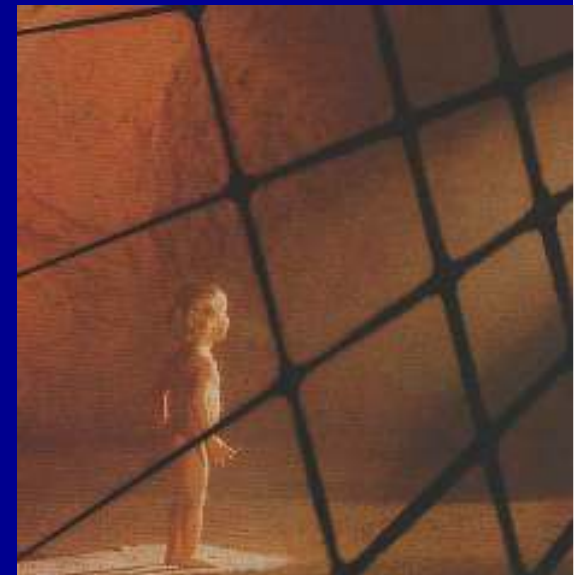
- Uninformed parents
- Name chosen
- Room prepared
- Clothes & accessories bought
- Baby showered held



SHATTERED EXPECTATIONS



- Everything is NOT “all right”
- Final Diagnosis expected
- Quick fix not possible
- INFORMATION OVERLOAD
- Implications explained
- Management options discussed
- Why was it missed?



SHATTERED SCHEDULE



- Priority
- Time (3-4h) cleared in schedule
- Contact different specialists
- Contact and involve referring doctor
- Available for “delayed reaction” questions
- Trauma counseling initiated
- Time allocated for further follow up /
invasive tests / fetocide



SHATTERED DAY



IN THE END:

- Patient managed as best as could
- Referral doctor protected
- FMS left, mentally and physically exhausted, with a backlog of patients





- Some abnormalities do present late
- Some are difficult to diagnose
- Not all patients are ill informed
- Not all referring doctors are at fault
- Still an emergency, and time consuming



UNAVOIDABLE FACTORS

■ Patient

- Late diagnosis of pregnancy
- Financial constraints
- Rural areas
- Long distances

■ Fetus

- Develop late
- Present late



AVOIDABLE PATIENT FACTORS

- Do not expect an abnormality
 - Delayed diagnosis of pregnancy
 - Poor follow up
 - Financial decisions
 - Ill informed
- Blind faith in:
 - Social 3D scans
 - All people that perform ultrasound
 - In a machine!!
- Obesity
- Delaying decisions
- Change decisions



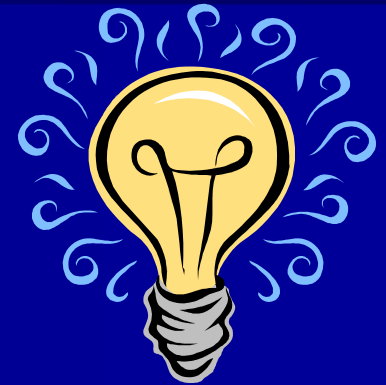
SONOGRAPHER FACTORS

- Poor training
- Poor ultrasound quality
- Expect a normal fetus
- Do not know limit of own capabilities
- Not informing patients of known limits
- Poor recordkeeping of dating scan
- Delay in referral
- Inadequate information



WHAT WOULD HELP?

- Accreditation
- National guidelines
 - Machine capabilities
 - Who may do what
- Combination tests
 - Alpha feto protein and NTD
 - Papp A & β -HCG and Trisomy 21
- Easier access to first trimester screening
- Education of patients and physicians of what is available



FETOCIDE





HILARIOUS STUDY IN GRAY

(If it was a shade darker it wouldn't have been so funny)

FETOCIDE



- IMPORTANT TOOL, BUT OPEN TO ABUSE
 - WORRISOME (because of it's availability)
 - Referral is delayed
 - Invasive tests are delayed to decrease miscarriage risk

FETOCIDE

■ GUIDELINES

- Medical failure “to do....”
 - Fail to perform screening
 - Fail to act on abnormal results / findings
 - Late development of abnormality
- Patient failure “....or not to do”
 - Refuse screening
 - Decline to act on abnormal findings
 - Delaying decisions into third trimester



FINAL NOTES



- Write dating scan information and all subsequent findings down
- Send all information with, when you refer
- Remember: You only find what you are looking for (takes time and effort)
- Rather refer "unnecessary" than too late
- Be honest with your patients, they will respect you for it
- Discuss with specific FMS which options are available before informing patients

THANK YOU

