William Osler Health System

Central West ONTARIO HEALTH TEAM

Patient Identification

OB Care Connect Referral Form

Service Information

OB Care Connect is intended for patients who are not currently attached to an obstetrical care provider. It provides a single access point for referrals, ensuring timely connection to the most appropriate provider based on pregnancy risk level. Patients planning to deliver at Brampton Civic Hospital (BCH) or Etobicoke General Hospital (EGH) will be assessed and referred to a Primary Care Obstetrics Group (PCOG) physician or a midwife for low-risk pregnancies, or to an obstetrician for moderate- or high-risk pregnancies. A referral is required. **Fax referrals to 905-494-6509**. Patients who have already been seen by an obstetrical provider should follow up with their existing provider for ongoing care. Please include all relevant test results and ultrasound reports with your referral. Patients with two consecutive no-shows will be discharged from the program. All patients will return to their primary care provider for postpartum care. Patients requiring Maternal-Fetal Medicine care should be referred directly to the appropriate service.

Patient Information

Patient's Last Name: _____ Patient's First Name: _____

Date of Birth: (DD/MM/YY) _____ Phone # (primary): _____ Phone # (alt): _____

Health Card Number: _____ Version: _____ No OHIP: ☐

Address: _____ City: _____ Province: _____ Postal Code: _____

Patient's E-mail: _____ ☐ Interpretation Services Required; Language: _____

Person and phone # to contact for booking *(If different than patient)*: _____

Patient plans to deliver at: ☐ Brampton Civic Hospital ☐ Etobicoke General Hospital

Preferred OB care provider: ☐ Family Doctor ☐ Midwife ☐ Obstetrician

Relevant Patient History

Maternal Age: ____years LMP:_____ EDC: _____ Gestational Age: weeks_____ days_____

My patient has a chronic medical disorder/comorbidity? Yes__No__. If yes, select all that apply:

☐ Type 1 or 2 diabetes ☐ Stable hypothyroidism ☐ Active hyperthyroidism (e.g., Graves' Disease)
☐ BMI greater than 40 ☐ Stable hypertension ☐ Mood disorders that require additional support
☐ Other: _____

My patient has experienced the following complications during previous pregnancies:

☐ Preterm birth (less than 35 weeks) ☐ C-section ☐ Preeclampsia or eclampsia ☐ Placenta implantation disorders
☐ Fetal growth restriction ☐ Myomectomy ☐ Uterine anomalies
☐ Other: _____

Inclusion Criteria:	**Exclusion Criteria:**
• Pregnant and planning to deliver at BCH or EGH • Insured (OHIP, IFH)	• Connected to a delivery provider • Requires maternal fetal medicine care. See attached maternal fetal medicine referral resource.

Please send any lab tests, bloodwork, ultrasounds or specialist reports pertinent for referral with this form

Referring Physician

Referring Physician Name: _____ OHIP Billing Number: _____

Phone #: _____ Fax #: _____ E-mail: _____

Family Physician *(If different from above)*: _____ ☐ **patient is unattached to primary care**

Signature of Referring Clinician: _____ **Referral Date:** _____

Clinic Use Only

Date Referral Screened: _____
Date Appt. Booked: _____
Date of Appt. _____

Referral Received Actions:

☐ Approved
☐ Patient Declined
☐ Redirected to _____
☐ Two consecutive no shows

01^REFERRAL

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Patient Identification

Risk Stratification Criteria

The following risk stratification criteria are provided for information purposes to help referring providers understand how patients may be connected to obstetrical care through OB Care Connect. All referrals are reviewed by the Nurse Navigator, who assesses each patient's clinical information and assigns them to the most appropriate care provider based on risk level, eligibility, and provider availability.

Patients may be connected with a Primary Care Obstetrics Group (PCOG) physician, midwife, or obstetrician. While patient and provider preferences are considered whenever possible, **assignment to a specific provider or provider type cannot be guaranteed and is subject to clinical appropriateness and capacity.**

As this is a pilot initiative, the referral and matching process will continue to be evaluated, with future program enhancements potentially incorporating additional opportunities for patient choice. Our goal is to ensure timely access to the most appropriate obstetrical care for each patient.

Low Risk (All Providers)	Moderate/High Risk (OB)
• Healthy low risk pregnancy • IVF pregnancy • Stable hypothyroidism/ gestational hypothyroidism • Previous history of gestational diabetes mellitus • Patients who would benefit from additional support ○ Social work, Mood Disorders, etc. *Stable/controlled hypertension more appropriate for physician-led care	• Multiple Gestation • Previous-C-section or history of myomectomy • Previous preterm birth (less than 35 weeks) • Previous severe preeclampsia or eclampsia • Previous fetal growth restriction • Uterine anomalies • Placenta implantation disorders • Preexisting type 1 or 2 diabetes • BMI greater than 40 • Low PlGF/Papp-a on eFTS • High AFP on eFTS • Active hyperthyroidism (Graves' disease)